



Smoke Alarm Subsidy Scheme (SASS)

Application Form

SECTION A – APPLICANT INFORMATION

| YOUR CONTACT INFORMATION | |
|--------------------------|--|
| 1 | First Name: <input style="width: 95%;" type="text"/> |
| 2 | Last Name: <input style="width: 95%;" type="text"/> |
| 3 | Street Address: <input style="width: 95%;" type="text"/> |
| | Suburb: <input style="width: 50%;" type="text"/> Postcode: <input style="width: 30%;" type="text"/> |
| 4 | Postal Address: <input style="width: 95%;" type="text"/> <input type="checkbox"/> (Tick if same as above) |
| | Suburb: <input style="width: 50%;" type="text"/> Postcode: <input style="width: 30%;" type="text"/> |
| 5 | Best contact number during work hours: <input style="width: 50%;" type="text"/> Please tick: Voice <input type="checkbox"/> SMS <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> |
| 6 | Second contact number: <input style="width: 50%;" type="text"/> Please tick: Voice <input type="checkbox"/> SMS <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> |
| 7 | Email: <input style="width: 95%;" type="text"/> |
| INFORMATION ABOUT YOU | |
| 8 | <div style="display: flex;"> <div style="flex: 1;"> <p>Do you live in:</p> <p>*Please contact them directly. They will arrange for you to get a visual/tactile smoke alarm.</p> </div> <div style="flex: 2;"> <p><input type="checkbox"/> Your own home (you are the owner)</p> <p><input type="checkbox"/> A rented home</p> <p><input type="checkbox"/> * Housing NSW house/unit (e.g. Public Housing/ H.C.)</p> <p><input type="checkbox"/> * Community Housing: _____</p> <p><input type="checkbox"/> * Accommodation supported by Housing NSW (e.g. Housing NSW pays part/ all of your rent)</p> <p><input type="checkbox"/> * Disability funded accommodation (e.g. Community Residential Unit)</p> <p><input type="checkbox"/> Other (please state): _____</p> </div> </div> |

| | | |
|----|---|--|
| 9 | <p>Do you have a Department of Veterans' Affairs Gold Card or White Card issued for hearing conditions?</p> <p>*Please contact them directly. They will arrange for you to get a visual/tactile smoke alarm.</p> | <p><input type="checkbox"/> * Gold Card</p> <p><input type="checkbox"/> * White Card issued for hearing conditions</p> <p><input type="checkbox"/> No, I don't have a Veterans' Affairs card</p> |
| 10 | <p>What is your age?</p> | <p><input type="checkbox"/> Under 16 (If you are under 16, do you live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> 16 – 18 (If you are 16 – 18, do you live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> 19 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 – 44</p> <p><input type="checkbox"/> 45 – 64 <input type="checkbox"/> 65 +</p> |
| 11 | <p>Are you a client of Enable NSW? (formerly PADP - NSW Health)</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 12 | <p>Are you Aboriginal or Torres Strait Islander?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 13 | <p>What language do you use at home?</p> | <p><input type="checkbox"/> Auslan</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Other: _____</p> |
| 14 | <p>Who lives in your home?</p> | <p><input type="checkbox"/> I live alone</p> <p><input type="checkbox"/> I live in a deaf household (a house without any hearing adults)</p> <p><input type="checkbox"/> I live in a hearing household (a house with at least one hearing adult)</p> |
| 15 | <p>Do you have a physical disability or limited mobility?</p> | <p><input type="checkbox"/> Yes: _____</p> <p><input type="checkbox"/> No</p> |
| 16 | <p><u>Optional Question:</u></p> <p>Is there other information that you would like the Deaf Society to know when we are deciding how urgently you need an alarm?</p> | |

SECTION B – REFEREE/ PROOF OF ELIGIBILITY

| TO CONFIRM THAT YOU ARE ELIGIBLE FOR A VISUAL/TACTILE SMOKE ALARM, YOU MUST PROVIDE <u>ONE</u> OF THE FOLLOWING THREE OPTIONS: | |
|--|--|
| 1 | <p><input type="checkbox"/> OPTION 1: A reference (on the form below) from the Deaf Society of NSW, or another deaf social or sports organisation stating that you are a deaf member of the Deaf Community;</p> <p>OR</p> <p><input type="checkbox"/> OPTION 2: A reference (on the form below) from Better Hearing Australia, Australian Hearing or private audiologist stating that you have a profound hearing loss, or a severe hearing loss in the better ear;</p> <p>OR</p> <p><input type="checkbox"/> OPTION 3: An audiogram from an audiologist showing you have a profound hearing loss or a severe hearing loss in the better ear.</p> |
| REFEREE TO COMPLETE (OPTION 1 or 2) | |
| Statement by Referee (deaf organisation, Better Hearing Australia, Australian Hearing or private audiologist) | |
| 2 | <p>I certify that _____ (name) is</p> <p><input type="checkbox"/> Deaf (a deaf member of the Deaf Community in NSW)</p> <p><input type="checkbox"/> Hard of Hearing (with a profound hearing loss) >90dB</p> <p><input type="checkbox"/> Hard of Hearing (with a severe hearing loss in the better ear) between 66-90dB</p> |
| Referee Details | |
| Name: | |
| Organisation: | |
| Role: | |
| Email: | |
| Phone: | Please tick: Voice <input type="checkbox"/> SMS <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> |
| Referee Signature: | Date: |

SECTION C – Smoke Alarm Selection

To help you decide which alarm you want, please read and understand the following information. If you would like more information before you make a decision, look at the videos at www.deafsociety NSW.org.au. All alarms have a smoke detector, flashing light and vibrating pad. These alarms also make a sound when they detect smoke.



| Features | Brooks Battery | Brooks Wired | Mains Smokie |
|--|---------------------|---------------------|---------------------|
| Meets the mandatory Australian Standard 3786. | ✓ | ✓ | ✓ |
| Meets the non-mandatory Australian Standard 1603.17. | x | x | x |
| Can take it with you when you move house. | ✓ | x | ✓ |
| Needs an electrician to install. Suitable if you own or build your house. | x | ✓ | x |
| Smoke detector is powered by a 10 year lithium battery. | ✓ | x | x |
| Smoke detector is powered by electricity from a power point. It is connected to the strobe with a cable. | x | x | ✓ |
| Strobe is powered by electricity from a power point. Vibrating pad is connected to the strobe. | ✓ | ✓ | ✓ |
| Has a test button so you can check it is working. | ✓ | ✓ | ✓ |
| Has a “hush” button so you can make it quiet for false alarms. | ✓ | ✓ | x |
| For false alarms, alarm will stop after 30 seconds. | x | x | ✓ |
| Warranty period. | 5 years | 5 years | 2 years |
| Can be connected to other smoke alarms and house coded so that all alarms will work if there is a fire. | ✓ | ✓ | x |
| The strobe can be fixed to the wall. | ✓ | ✓ | ✓ |
| Accessories or other components may be purchased at extra cost. | Detector/ strobe | Detector/ strobe | Detector/ strobe |

| I want this alarm: | | | |
|--------------------|--|--|--|
| 1 | <input type="checkbox"/> Brooks Battery | <input type="checkbox"/> Brooks Wired | <input type="checkbox"/> Mains Smokie |

SECTION D – Payment Details

A standard alarm costs around \$50. The equivalent for deaf and hard of hearing costs \$400 - \$650. You are required to pay the standard fee of \$50 and SASS will make up the difference. Please note that if you wish to withdraw your application at any time, we will refund your fee.

| PAYMENT DETAILS – THE \$50 FEE | |
|--|--|
| 1 | <p>I am paying by:</p> <p><input type="checkbox"/> CASH (pay in person)</p> <p><input type="checkbox"/> CHEQUE/MONEY ORDER (<i>make payable to The Deaf Society of New South Wales</i>)</p> <p><input type="checkbox"/> ELECTRONIC FUNDS TRANSFER Deaf Society of NSW Commonwealth Bank Account #: 00800332 / BSB #: 062-255 (<i>Please type your last name, your first initial and 'SASS' as the payment reference</i>)</p> <p><input type="checkbox"/> CREDIT CARD (3% extra charge = \$51.50 total) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD</p> <p>Credit Card Number: ____ / ____ / ____ / ____ Expiry Date: __ / __</p> <p>Cardholder's Name: _____ Signature: _____</p> |
| If the fee would cause you financial difficulty, you can ask not to pay it by attaching to this application form: | |
| 2 | <ol style="list-style-type: none"> 1. Details of your valid Health Care Card: _____; or 2. Evidence that you receive the Disability Support Pension (DSP); 3. If you are under 18, evidence that your parent/ guardian receives a Carers Pension or the DSP; 4. A letter of support from a case manager; or 5. Other documents to explain that you cannot afford the \$50 fee. |

SECTION E – Installation Support

| INSTALLATION SUPPORT (only available for the Brooks Battery and Mains Smoke alarms) | |
|---|--|
| 1 | <p>If you are under 65 and can safely climb a ladder and change a light bulb, you can install a battery-operated alarm yourself. More information about how to install each alarm is at www.deafsocietynsw.org.au/smokealarms or on the DVD (contact DSNSW and we will send you a copy).</p> <p>If you are over 65 or have difficulty climbing a ladder to reach a light bulb/smoke alarm and have no family or friends to help you, you can get support to install the alarm.</p> <p>Do you need help to install the alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 2 | <p>Have you looked at the information available (DSNSW website, DVD) about the installation of smoke alarms? If you have, do you still require an interpreter for the installation? Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you ticked 'Yes', you will be contacted by Fire and Rescue NSW. They will make a time to come and install the alarm. You then need to contact the Deaf Society of NSW and let us know when you need an interpreter. We will book an interpreter for you.</p> |

SECTION F – Final Checklist

| APPLICANT TO COMPLETE | | | |
|---|--|-------------------------------|--------------|
| 1 | I, _____ (name) confirm the information I have provided is correct and that I have: | | |
| 2 | <input type="checkbox"/> Answered all questions in Section A ; | | |
| 3 | <input type="checkbox"/> Had a referee complete Section B OR attached an audiogram; | | |
| 4 | <input type="checkbox"/> Chosen the alarm I want and I understand how it works. I understand that once I have chosen my alarm, I cannot change my mind and ask for a different one. I also understand that the alarm I have chosen meets the mandatory Australian Standard 3786 but that it does not fully meet the non-mandatory Australian Standard 1603.17. | | |
| 5 | <input type="checkbox"/> Completed the payment details in Section D ; | | |
| 6 | <input type="checkbox"/> Answered Section E about installation support; | | |
| 7 | <input type="checkbox"/> I understand that the Deaf Society of NSW will give my information to the supplier of my smoke alarm for the purpose of supplying and maintaining my alarm. I understand the Deaf Society of NSW may also give my information to the NSW Government for statistical reporting purposes. I understand that the Deaf Society of NSW may contact me to ask for feedback about the SASS. I understand my information will not be shared with any other businesses or organisations, or used for any other purposes at any time. | | |
| 8 | <input type="checkbox"/> To manage demand, I understand that the Deaf Society of NSW will allocate the smoke alarms over eight rounds during the next three years. I understand that if I am successful in the round I apply, it may take two months to receive my alarm. If I am unsuccessful at the time I apply, the Deaf Society will keep my application and fee for the next round, so that I do not have to apply again. If I wish to withdraw my application at any time, the Deaf Society will refund my fee. | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Applicant's Signature:</td> <td style="padding: 5px;">Date:</td> </tr> </table> | | Applicant's Signature: | Date: |
| Applicant's Signature: | Date: | | |

Please return this form to:

Smoke Alarm Subsidy Scheme
The Deaf Society of NSW
PO Box 1060
PARRMATT A NSW 2124
(02) 8833 3699 (Fax)
smokealarms@deafsociety.com

If you need clarification about this form please contact us.