



**MASS CFP10
Cystic Fibrosis Program Application**

(Affix identification label here)

Family name:

Given name(s):

Date of birth:

Gender: M F I

Applicant Information Sheet – Provide a copy for the applicant / carer for their records

Eligibility

Administrative eligibility is dependent upon the applicant being a permanent Queensland resident. The applicant must hold one of the following eligibility cards – in the name of the applicant:

- Centrelink Pensioner Concession Card
- Centrelink Health Care Card
- Centrelink Confirmation of Concession Card Entitlement Form (conditions apply)
- Department of Veteran’s Affairs (DVA) Pensioner Concession Card (conditions apply)
- Queensland Government Seniors Card

To confirm eligibility: Please provide a signed consent to access Centrelink information ([MASS 84 Proxy Access to Centrelink Information](#)) OR a copy of both sides of the eligibility card.

Clinical eligibility will be determined by the Cystic Fibrosis Program (CFP) based on the information provided by the CFP designated prescriber as detailed in the CFP administrative guidelines.

CFP Aids and equipment are not provided by the program for hospital inpatients and high care residents of Commonwealth funded facilities.

How to Apply

The CFP operates through a prescriber model in that CFP designated prescribers, in consultation with the applicant submit an application (on behalf of the applicant) to the CFP for consideration for aids and equipment assistance. The CFP designated prescriber completes the application form in accordance with the Application Guidelines for Cystic Fibrosis. The guidelines are available on the MASS website at health.qld.gov.au/mass/

The CFP designated aids and equipment prescribers are:

- Physiotherapists associated with a cystic fibrosis centre or clinic.
- Registered nurses associated with a cystic fibrosis centre or clinic (for nebulisers only).

MASS-eApply is the preferred method for prescribers to submit applications. More information can be found on health.qld.gov.au/mass/mass-online-applications.

Applicant Acknowledgements

I confirm that:

- a I have actively participated in the assessment and trial of aid/s and associated modifications and accessories.
- b The features and options of the aid/s, and any appropriate alternatives have been fully explained to me by my prescribing health professional.
- c The possible cost implications that I may incur as a result of CFP administrative guidelines have been explained to me by my prescribing health professional.
- d The aid/s prescribed are suitable for my needs. I have a safety switch (residual current device) installed in my home and am using a surge protection device (only applicable for aids that require charging/operation through mains power).

I acknowledge that:

- e The aids provided by the CFP are owned by me and that repairs and maintenance become my responsibility.
- f The CFP takes no responsibility for any injury sustained by me when using the aid/s.
- g The aid/s will only be used by me and for the purpose prescribed.
- h Unless the aid/s is supplied to me with a written notice confirming that it has been tested for electrical safety and that the aid/s was found to be electrically safe, I should assume that it has not been tested and where the assumption applies, Queensland Health makes no warranty as to the electrical safety of the equipment (only applicable for aids that require charging/operation through mains power).

I agree to:

- i Notify my health professional prescriber should I cease to be able to use the use the aid/s safely and effectively.
- j Inform CFP within 14 days of any changes in my residential address or eligibility for assistance e.g. no longer eligible for a Health Care Card.

DO NOT WRITE IN THIS BINDING MARGIN





Queensland Government Medical Aids Subsidy Scheme (MASS) Queensland Health

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Privacy Statement

The Queensland Health, Medical Aids Subsidy Scheme (MASS) collects administrative, demographic and clinical data as part of the MASS application processes, in accordance with the *Information Privacy Act 2009* and *Hospital and Health Boards Act 2011*, in order to assess your eligibility for funding assistance for the supply of aids and equipment.

The information will only be accessed by Queensland Health officers. Some of this information may be given to the applicant's carer or guardian; other government departments who provide associated services; the prescribing health professional for further clinical management purposes; and to those parties (e.g. commercial suppliers, community care and repairers) requiring the information for the purpose of providing aids, equipment and services. Your information will not be given to any other person or organisation, except where required by law.

Part A – To be completed by the applicant / carer

Applicant's Personal Details

1 Name

Title	Family name	Given name(s)
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2 Date of birth

3 Gender

Male Female Intersex or Other

4 Address details

Permanent residential address

	Suburb / town	Postcode
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Postal address Same as delivery address

	Suburb / town	Postcode
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5 Contact Numbers

Telephone	Mobile
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6 Does the applicant identify with Aboriginal or Torres Strait Islander descent?

Aboriginal Torres Strait Islander Both Neither

7 Country of Birth

Australia Other

8 Language spoken at home

English Other

9 Concession Eligibility Card

- Queensland Government Seniors Card
- Centrelink Pensioner Concession Card
- Centrelink Health Care Card
- Department of Veterans' Affairs Card

Card Number

NOTE: To confirm eligibility, please provide a copy of both sides of your eligibility card OR for Centrelink/Department of Veterans' Affairs Card Holders: a completed **MASS 84 Proxy Access to Centrelink Information**

Applicant Confirmation

10 I agree to accept the conditions stated in the *Applicant Information Sheet*

11 I acknowledge that my information listed in this application is current and correct

12 I consent to MASS contacting via email: other government departments who provide associated services; the prescribing health professional for further clinical management purposes; and to those parties (e.g. commercial suppliers, community care and repairers) requiring the information for the purpose of providing aids, equipment and services.

13 Signature of Applicant/Guardian or authorised decision-maker on behalf of applicant

Signature	Name	Date
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If the applicant is located in a rural or remote area the designated prescriber/s may sign above as a proxy, with consent, on behalf of the applicant.

A copy of these acknowledgements can be found on our website on

health.qld.gov.au/mass/docs

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Part B – To be completed by the prescriber

Aids Prescribed and Clinical Eligibility

- 1 **The applicant has cystic fibrosis?** Yes No
- 2 **The aid/s listed below has been trialed by the applicant and is suitable for the applicant:**
 - Nebulisers** LC Sprint
 - Nebuliser Masks** Child EFR mask Baby size 0 Baby size 1 Baby size 2 Baby size 3
 - Positive Expiratory Pressure (PEP) Systems** S1 PS
 Pressure Manometer Pressure Indicator
 Magnet driven AB
 - Oscillating PEP** Ball driven Magnet driven AB
 - PEP Masks** Child Silicone mask size 2 Child Silicone mask size 3-4
 Adolescent/Adult Silicone mask size 4-5
- 3 **Clinical Justification** Delivery of inhaled medication Airway clearance

Prescriber Details to be completed in full for all applications

4 Name	
Family name	Given name(s)
5 Profession	6 Current Registration?
<input type="checkbox"/> Respiratory Physiotherapist <input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Organisation Details	
Organisation name	Branch
Address	Suburb / town Postcode
8 Contact Details	
Telephone	Mobile Email
9 Signature and Date	
<i>I certify that the information contained in this application is in accordance with the <u>Application Guidelines for Cystic Fibrosis</u>.</i>	
Signature	Date

Please send completed application to the MASS service centre

Website: health.qld.gov.au/mass/

PO Box 281, Cannon Hill Qld 4170
 CFP184@health.qld.gov.au
 Telephone: 07 3136 3510

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