



**Statewide Spectacles and Intra Ocular
Assistance Scheme Application Form**

The Scheme is a State Government initiative and is subject to a means test.

DETAILS OF APPLICANT

Pension or Health

Care Card Number: Date of Birth: / /

Title: Given Names:

Surname:

Postal Address:

Town/Suburb: Post Code:

Telephone:

Are you a permanent resident of Tasmania who has resided in this State for at least 3 months? Yes No

Do you identify as being Aboriginal or Torres Strait Islander? Yes No

Are you able to claim a rebate for your spectacles from i.e. Private Health Fund, Workers Compensation, Employment Agency, Community Package or any other source? Yes No

Marital Status (including defacto)

Number of dependent children under 16 Age(s)

INCOME DETAILS:

(All sources of income must be declared)

Amount Received Per Fortnight

A. Centrelink Payments	Self	Spouse
1. Abstudy/Austudy	\$	\$
2. Age Pension	\$	\$
3. Carer Payment	\$	\$
4. Carer Allowance	\$	\$
5. Disability Support Pension	\$	\$
6. Family Tax Benefit	\$	\$
7. Newstart Allowance	\$	\$
8. Parenting Payment	\$	\$
9. Service Pension	\$	\$
10. Youth Allowance	\$	\$

P.T.O.

B. Other Sources of Income (per fortnight)	Self	Spouse
1. Child Support	\$	\$
2. Overseas Pension	\$	\$
3. Return on Investments	\$	\$
4. Superannuation	\$	\$
5. Wage Before Tax (Gross)	\$	\$
6. Workers Compensation	\$	\$
7. Other	\$	\$

Please provide details of the following:

If nil amounts, mark box/boxes with N/A

	Self	Spouse
Current bank balance	\$ <input type="text"/>	\$ <input type="text"/>
Stocks, shares, investments (Total Value)	\$ <input type="text"/>	\$ <input type="text"/>
Superannuation re-invested	\$ <input type="text"/>	\$ <input type="text"/>
Superannuation rollover (Preserved)	\$ <input type="text"/>	\$ <input type="text"/>
Funds set aside for funeral expenses (in bank account)	\$ <input type="text"/>	\$ <input type="text"/>

STATUTORY DECLARATION:

I,

.....
(insert name, address and occupation)

do solemnly and sincerely declare that the information provided is true and correct. I make this solemn declaration under the Oaths Act 2001. (as amended)

.....
(signature of declarant)

Declared at **on**

(place) (date)

Before me

(signature of person before whom the declaration is made)

.....
(print full name and address)

Justice Commissioner for Declaration Authorised person

PLEASE RETURN COMPLETED FORM TO:

Statewide Spectacles Assistance Scheme:
GPO Box 125
Hobart 7001

Ph: 1800 232 148
Fax: 6173 0418

Email: spectacles@ths.tas.gov.au

OFFICE USE ONLY

COMMENTS:

Dollar Total:

APPROVED/NOT APPROVED: ORDER No.:

APPROVING OFFICER'S SIGNATURE: Date: / /

PERSONAL INFORMATION PROTECTION ACT 2004

The Spectacles and Intra-Ocular Assistance Scheme and your Personal Information.

The Spectacles and Intra-Ocular Assistance Scheme (SAS) forms part of the Health Services Group, which operates within the Department of Health and Human Services (DHHS).

When you apply for access to our service, we will need to collect some personal information from you (including financial information) to enable us to make a fair and equitable assessment of your financial circumstances, in order to approve or otherwise your application for subsidy assistance towards optical related services.

We will manage your personal information in accordance with the *Personal Information Protection Act 2004*. Under this Act, the Department of Health and Human Services is the official custodian of your Information.

What Personal Information do we Collect?

We will collect your:

- Name, Address and Telephone No.
- Date of Birth
- Indigenous Status
- Personal Income Details/Income Source
- Partner's Income
- Cash Assets
- Optometrists Name
- Other Service Provider Name

What Health Information do we Collect?

We will collect your:

- Optical service provider's clinical details of your sight problems

We will use all information provided to allow us to provide you with a full assessment towards eligibility, in accordance with our guidelines' criteria.

Providing your Information to Others:

The *Personal Information Protection Act 2004* defines and controls the circumstances under which we may provide your details to another person or service.

We may have to provide relevant information about you to other people or services who are involved in your eye care and treatment.

These may include:

- Your Optometrist
- Your other optical service provider
- Your General Practitioner

Consent:

Generally your personal and health information will only be provided to other people and services who have direct input into assisting in your optical care and/or to which you have been referred, with your permission.

However, there may be circumstances defined in the *Personal Information Protection Act 2004*, in which we are required or permitted to provide your personal and health information without consent.

Research and Statistics:

Your health information and financial circumstance that does not specifically identify you may be used to help us monitor the effectiveness of the Scheme and to assist in future plan changes in the provision of financial assistance to Tasmanians who are financially disadvantaged or those on very low incomes, who are in need of optical related services in order to maintain quality of life.

What Happens If You Don't Provide Your Information Accurately:

If you do not provide all the required personal and financial information we need, the quality of your application will be impaired. In such circumstances, we may not be able to assess your application until such information is provided. This will delay the assessment of your application.

Details of Services Provided:

The Spectacles and Intra-Ocular Assistance Scheme provides a financial subsidy to assist eligible Tasmanians (non school age) to obtain low cost frames and lenses, low vision aids, eye prostheses and non cosmetic contact lenses.

Accessing Your Personal Information:

If you wish to access personal information then such a request must be made in writing. If you think that any personal information is out of date or incomplete you can ask us to correct where appropriate. There may be a charge for providing an extract of your personal information from the Scheme.

For further information, telephone: 1800 232 148