

Life support equipment registration

It's critical to register any Life Support Equipment that's in use so we can make sure it continues to function

We know that for some of our customers the continual supply of electricity to power life support systems at home is critical. If your home has registered life support equipment, we'll work with you to ensure that you are given advanced notice of any planned outages in your area.

Complete and return the Life Support Equipment Registration form within 20 days

To make sure your property is registered as having life support equipment, you need to complete the Life Support Equipment Registration form, and have this certified by a medical practitioner. You need to do this within 20 days of notifying us of your need to register life support equipment.

We'll contact you to confirm your registration once per year

You'll need to be re-certified by a medical practitioner once every three years to make sure your registration is kept up to date.

Eligible life support equipment

Life support equipment is eligible if designated under the Life Support Electricity Subsidy Scheme, including:

- + Ventilators (VPAP, BPAP or CPAP)
- + Oxygen concentrators
- + Suction pumps
- + Heart pumps
- + Dialysis equipment
- + Feeding pumps
- + Apnoea monitors
- + Nebulisers



You need to have an action plan in case the power goes out

While we aim to deliver a continuous power supply, electricity interruptions can happen.

Talk to any carers, family and friends about making a backup plan. This should cover what to do if the electricity supply goes off without warning.

- ✓ Always have an alternative power source nearby- such as a battery backup system or a generator.
- ✓ Know the location of your nearest hospital. Always have a phone available that doesn't rely on mains power.
- ✓ Have a battery-operated radio and torch on hand with fresh batteries.
- ✓ During a storm, listen to the radio to keep up with the latest weather conditions.
- ✓ Be prepared to leave your home if an extended outage occurs.
- ✓ Keep emergency phone numbers handy — for your doctor, fire department, police and ambulance services.

Submission of this application:



Please either post this application to GPO Box P1145 Perth WA 6844, or email your nearest Horizon Power office.

Head Office

Stovehill Road
KARRATHA WA 6714

PO Box 817
Karratha WA 6714

P: (08) 9159 7250
E: karratha@horizonpower.com.au

East Pilbara

18 Anderson Street
PORT HEDLAND WA 6721

PO Box 314
Port Hedland WA 6721

P: (08) 9173 8282
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East Kimberley

Lot 228, Messmate Way
KUNUNURRA WA 6743

PO Box 916
Kununurra WA 6743

P: (08) 9166 4700
E: kununurra@horizonpower.com.au

Gascoyne Mid West

Cnr Iles Road and Robinson Street
CARNARVON WA 6701

PO Box 825
Carnarvon WA 6701

P: (08) 9941 6299
E: carnarvon@horizonpower.com.au

Goldfields Esperance

143 Sims Street
ESPERANCE WA 6450

PO Box 148
Esperance WA 6450

P: (08) 9072 3400
E: esperance@horizonpower.com.au

West Kimberley

Nila Janyba Broome Experience Centre
Shop 25 and 26 Paspaley Plaza,
8 Short Street
BROOME WA 6725

PO Box 345
Broome WA 6725

P: (08) 9192 9900
E: broome@horizonpower.com.au

Life support equipment registration form

We know that for some of our customers the continual supply of electricity to power life support systems at home is critical. If your home has registered life support equipment, we'll work with you to ensure that you are given advanced notice of any planned outages in your area.

For any unplanned outages it's critical you also have a prearranged action plan.

To complete this form:

- The patient information must be completed in **Section 1**, and the account holder must sign and date the declaration under **Section 2**; AND
- Your medical practitioner or hospital must complete and sign **Section 3**.

Section 1: Life support patient details

First name: _____ Surname: _____

Mobile: _____ Phone: _____

Email (if applicable): _____

Postal address (complete if different to below): _____

Address where life support needs to be registered

Unit No.: _____ Street No.: _____

Street name: _____

Suburb: _____ Postcode: _____

Section 2: Horizon Power account holder details and declaration

Horizon Power Account Number (located on your bill): _____

Full name: _____

Applicant (or carer) Authorisation and Declaration

- All information provided on this life support equipment application is, to the best of my knowledge and belief, accurate, true and not misleading.
- I reside at the address listed in Section 1 and my life support equipment is in use at this address.
- I acknowledge and agree that I will be required to renew this life support equipment application annually (without requiring production of medical certification unless requested).
- I will immediately notify Horizon Power in writing if life support equipment is no longer required at the supply address or of any changes that affect either the validity of this application or my entitlement to the Life Support account Identification.
- I consent to Horizon Power providing information concerning me, the patient and/or this application to the relevant government agencies for purposes related to this life support equipment application.
- I acknowledge that life support equipment applications which are misleading or contain misrepresentations or fraudulent statements or claims will be referred to the relevant authority for appropriate action.
- I understand that it is my responsibility to have a pre-arranged action plan ready in the event my energy supply is interrupted.
- I acknowledge by returning this form, I consent and agree to Horizon Power collecting, managing and disclosing the personalising information you have provided to us with the Privacy Act and our Privacy Policy (as amended from time to time).

Signature of applicant / carer: _____ Date: _____

(continued over)

Section 3: Medical Practitioner authorisation

This section is to be completed by your doctor or general practitioner if he or she also works on an occasional basis from a local hospital or rural health service, or hospice doctor.

Medical Practitioner name: _____ Job title: _____

Name of health service: _____ Provider no: _____

Phone: _____ Mobile: _____

Please specify the life support equipment registered at the supply address as per Section 1.

Specified Life Support Equipment	
Ventilators - VPAP or BPAP	
Ventilator- CPAP-only when required as life support equipment*	
Oxygen concentrator (standard capacity-Adult)	
Oxygen concentrator (high capacity'New Life Intensity'-Adult)	
Oxygen concentrator (standard capacity-Child)**	
Feeding pump	
Suction pump	
Appnoea monitor (Child only)**	
Heart pump	
Nebuliser (Child only-used every day for 1-2 hours per day)**	
Nebuliser (Adult-adults with a tracheostomy expected to be in place for more then six months where nebulised therapy is required for life support purposes)	
Machine Assisted Peritoneal Dialysis Equipment	

* Only CPAP machines that are clinically prescribed for severe obstructive sleep apnoea critical for life support with use for over four hours per night are eligible.

** A child is defined as being under the age of 16 years.

I confirm that the life support equipment identified above has been provided for the patient details as per Section 1 of this form. I consent to Horizon Power contacting me concerning the patient and/or this certification.

Medical Practitioner signature: _____ Date: _____

Submission of this application:

Please post, email or fax this application form to your nearest Horizon Power office (details on first page).