



## Smoke Alarm Subsidy Scheme – Application Form

There is a subsidy available from the Queensland Fire and Emergency Service (QFES) for specialised smoke alarms to Deaf and hard of hearing people. It is managed by Deaf Connect and is called the Smoke Alarm Subsidy Scheme (SASS).

The total price for a Smoke Alarm Kit is \$754.60, however with the subsidy it is available to eligible community members for just \$50, or \$20 with a Concession Card. That price includes 1 smoke alarm detector. To comply with the new Queensland legislation, you may be required to purchase additional detectors at \$209.80 each.

To apply for the subsidy, please complete this form in full. There are some criteria that you need to meet in order to have the smoke alarm delivered to your home.

**To be eligible for the Smoke Alarm Subsidy Scheme, a person must meet the following criteria:**

- Be aged 65 years or older;
- For applicants under 65, not be a participant in the NDIS;
- Be a resident of Queensland
- Provide evidence of hearing loss through an audiogram. Eligibility may vary depending on the results of the audiogram.

**not eligible for the Smoke Alarm Subsidy Scheme if they:**

- Are receiving NDIS funding.
- Have an audiogram indicating normal or better hearing.
- Hold a Gold DVA card.
- Do not reside in Queensland.

To purchase a smoke alarm using your NDIS plan or your own funds, please order from our eShop <https://deafconnect.org.au/shop>

Our organisation does not provide installation. However, if you are over 65, the link to services that provide installation for seniors.

<https://www.qld.gov.au/housing/buying-owning-home/homeowners-financial-help/home-assist-secure>

If you have any questions about the status of your application, or have questions about the SASS, please contact us.

Phone: (07) 3892 8500

Email: [smoke.alarms@deafconnect.org.au](mailto:smoke.alarms@deafconnect.org.au)

## SECTION A – INFORMATION ABOUT YOU

Full name			
Address			
	Suburb/ town	Postcode	
Daytime number	Please tick: <input type="checkbox"/> Voice <input type="checkbox"/> SMS		
Email address			
Preferred method of communication	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post		
Age	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 – 64 <input type="checkbox"/> 65+		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		
Are you an Australian citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your method of communication?	<input type="checkbox"/> Auslan <input type="checkbox"/> Cochlear <input type="checkbox"/> Fingerspelling <input type="checkbox"/> Lip Reading <input type="checkbox"/> Speech <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Other (please specify)		
Do you live in:	<input type="checkbox"/> Own home <input type="checkbox"/> QLD Government Housing Commission <input type="checkbox"/> A rental		
Did you get a smoke alarm under the previous SASS with Queensland Fire and Rescue Service (QFES)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, what year? _____ If yes, does it still work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## SECTION B – ELIGIBILITY

Deaf or hard of hearing–You must provide evidence of ONE of the following:

- ☐ A copy of your last audiogram
- ☐ Confirm that you are on the Disability Support Pension due to your hearing loss
- ☐ Confirm that you are a member of the signing Deaf community (you may require a witness)

Concession Card - You must hold a current Concession Card with a Queensland address.

Do you hold a concession card?

☐ Yes ☐ No

**If yes, you must provide a copy of both sides of your concession card with this form.**

## SECTION C – PAYMENT DETAILS

☐ Concession card holder \$20      ☐ Non-concession \$50

☐ Electronic Funds Transfer (Direct Debit)

Account Name: Deaf Services Limited

Bank: Westpac

BSB: 034-033

Account: 236947

Reference: Please type 'SASS' then your FULL NAME (e.g. SASS JOHN SMITH)

If you prefer, we can arrange a withdrawal from your account. If so, please provide your bank details:

☐ Credit Card:

☐ Visa      ☐ Mastercard

Cardholder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Expiry date: \_\_\_\_ / \_\_\_\_

Thank you for your application. We aim to respond within 10 business days to let you know the outcome.

Please return this form to: Smoke Alarm Subsidy Scheme

Deaf Connect

5/88 Tribune Street, South Brisbane 4101

Or via email [smoke.alarms@deafconnect.org.au](mailto:smoke.alarms@deafconnect.org.au)



The Queensland Smoke Alarm Subsidy scheme is funded by the Queensland Fire and Emergency Services.

### Privacy Statement

*We respect your privacy and will keep your personal information securely and not allow it to be misused. For full details on how we handle your information, please see our Privacy Policy which can be found on our website (<https://www.deafconnect.com.au/privacy>) or by emailing [privacy@deafconnect.org.au](mailto:privacy@deafconnect.org.au)*