

When to use this form

You should only submit this form when applying to IPTAAS for voluntary assisted dying related appointments.

Eligibility

To be eligible for assistance from IPTAAS for voluntary assisted dying, a patient must:

- Be a resident of New South Wales (NSW) or Lord Howe Island.
- Be enrolled with Medicare.
- Not be receiving, or eligible for, financial assistance for travel and accommodation from third party insurance or other Australian State and Territory government services.
- Travelling from their residence at least 100 km (one way)

Eligible Assistance

Travel and accommodation assistance is available for eligible journeys for your appointments. Assistance is provided for the patient and one accompanying adult as an escort. A patient is eligible for two escorts if they are an Aboriginal or Torres Strait Islander person.

Travel assistance is available for a range of modes of travel.

- Private Vehicle travel will be reimbursed at 40c per km.
- The full cost (including booking fees) of public transport is reimbursed less the GST.
- The full economy cost less GST is reimbursed for air travel.
- Taxi and ridesharing will be reimbursed based on length of appointment with a minimum of \$20 and a maximum of \$160.

A copy of the tax invoice is required all travel except private vehicle.

Accommodation assistance is available if an overnight stay is necessary.

- Private accommodation will be reimbursed at \$40 per night, per person (this includes Airbnb accommodation)
- \$75 per night if you are staying in not-for-profit or commercial accommodation for the first seven nights and \$120 per night from day eight onwards.

A copy of the tax invoice is required for accommodation except for private accommodation. The tax invoice must include the accommodation providers ABN.

Please note assistance is not available to cover the costs of meals and incidental expenses such as road tolls, parking and booking fees.

How to apply

To apply for assistance, complete this form and email it to: HSNSW-vadassistance@health.nsw.gov.au

Or mail it to:

Locked Bag 3005
Sydney Markets NSW 2129.

You will need to attach any supporting documentation.

Your application will be assessed, and payment will be made into the bank account nominated on this form.

For information about how to complete the application form or reimbursements please email:

HSNSW-vadassistance@health.nsw.gov.au

Part A – Eligibility Details

Patients receiving financial assistance for travel and accommodation from other services are not eligible for reimbursement.

Has the patient received, or are they eligible for financial assistance for travel and accommodation from:

another Australian federal, state, or territory government travel scheme (not including IPTAAS)?

Yes No

Workers compensation?

Yes No

Department of Veterans' affairs (DVA)?

Yes No

Motor vehicle insurance?

Yes No

Part B – Patient Details

Title _____ First Name _____

Middle name _____

Surname _____

Date of birth _____

Gender Male Female Other

Medicare card number _____

Line no. _____

Residential address

Postal address (if different to residential)

Contact details (provide one)

Email _____

Phone number _____

Mobile number _____

Does the patient identify as Aboriginal and or Torres Strait Islander?

Yes No

Patient's authorised contact

Name _____

Relationship to patient _____

Contact number _____

Part C – Coordinating, Consulting or Administering Practitioner Details

Full name

Location

Part D – Travel and Accommodation Details

Please complete the travel diary on the following page.

Part E – Payment Details

Please provide the bank details where to the subsidy is to be paid.

Account name _____

BSB _____ Account Number _____

Part F – Patient Declaration and Privacy

The information contained in this application is protected by law from unauthorised access and misuse. The information will only be accessed by health service staff directly involved in providing services to the applicant, or with other lawful excuse.

I declare that:

- The information I have provided in this form is complete and correct and the documents provided are genuine.
- If applicable, I am authorised to complete this application on behalf of the person listed in Part A.

I understand that:

- NSW Health may make relevant enquiries to assess this application and make sure I receive the correct payment.
- Giving false or misleading information is an offence.

Signature: _____

Part D – Travel and Accommodation Details

Travel mode:
 Private vehicle –PV
 Public transport –PT
 Commercial air –AIR
 Community transport –CT
 Emergency transport –ET
 Taxi –TX

People travelling:
 Patient only –P
 Escort only –E
 Patient and escort –PE

Accommodation type:
 Private accommodation (e.g. family and friends) –PR
 Paid accommodation –PA

Trip type:
 One way –O
 Return –R

Travel dates	Travel mode	People travelling	Trip type	Address	Appointment date	Hospitalisation dates (if applicable)	Accommodation dates (if applicable)	Acc Type
Start __/__/__ End __/__/__				From _____ To _____	Start __/__/__ End __/__/__	Admission __/__/__ Discharge __/__/__	Check in __/__/__ Check out __/__/__	
Start __/__/__ End __/__/__				From _____ To _____	Start __/__/__ End __/__/__	Admission __/__/__ Discharge __/__/__	Check in __/__/__ Check out __/__/__	
Start __/__/__ End __/__/__				From _____ To _____	Start __/__/__ End __/__/__	Admission __/__/__ Discharge __/__/__	Check in __/__/__ Check out __/__/__	
Start __/__/__ End __/__/__				From _____ To _____	Start __/__/__ End __/__/__	Admission __/__/__ Discharge __/__/__	Check in __/__/__ Check out __/__/__	
Start __/__/__ End __/__/__				From _____ To _____	Start __/__/__ End __/__/__	Admission __/__/__ Discharge __/__/__	Check in __/__/__ Check out __/__/__	
Start __/__/__ End __/__/__				From _____ To _____	Start __/__/__ End __/__/__	Admission __/__/__ Discharge __/__/__	Check in __/__/__ Check out __/__/__	
Start __/__/__ End __/__/__				From _____ To _____	Start __/__/__ End __/__/__	Admission __/__/__ Discharge __/__/__	Check in __/__/__ Check out __/__/__	
Start __/__/__ End __/__/__				From _____ To _____	Start __/__/__ End __/__/__	Admission __/__/__ Discharge __/__/__	Check in __/__/__ Check out __/__/__	