

GUIDELINES FOR APPLICANTS

SPECTACLES ASSISTANCE SCHEME 2009

ELIGIBILITY CONDITIONS AND ENTITLEMENTS

Eligibility for assistance is based on a parental/guardian/independent student's income test. Assistance is available for the provision of spectacles for full-time students from kindergarten through to senior secondary level who either must be attending a State or registered non-government school or college, or be a school aged child provided with home education where the parent is registered as home educator.

Approved applicants will receive assistance with the cost of only one pair of **standard** prescribed lenses and **standard** frames in any 12 month period unless special circumstances apply (eg. prescription change). **If other than standard frames and lenses are chosen, the additional cost is payable by the applicant to the optometrist.** Contact lenses may be provided only if an optometrist or eye specialist certifies that they are required for medical reasons.

Assistance is only available through optometrists participating in the scheme and applicants should establish this at the time of consultation or phone 6233 8297 for the location of participating optometrists.

Application forms are available from optometrists participating in the scheme and the Department of Education, postal address GPO Box 169, Hobart, 7001.

LODGEMENT OF APPLICATION

Following consultation with an **optometrist** participating in the scheme, complete the Application Form and forward it to the **Financial Assistance Unit, Department of Education, GPO Box 169, Hobart 7001 or by fax to 6233 6520** for assessment. All details must be fully completed. Please make sure that your application is signed at the bottom of the form and, if required, proof of income is attached before forwarding it to the Department.

NOTIFICATION TO APPLICANTS

- Applicants will receive written notification from the Department as to the approval or reasons for non-approval of their application.
- The optometrist will also receive official advice

from the Department and a purchase authority will be issued directly to the optometrist after the application is approved.

INCOME TEST

The income test is used to determine eligibility:

- The total parental taxable income for the 2007-08 financial year must be below the figures in the taxable income table to be eligible for assistance. Youth Allowance or ABSTUDY payments for **dependent** students **do not** have to be included.

INCOME ASSESSMENT

You and your partner's (if applicable) combined taxable income must be no more than the figures as shown in the taxable income table.

Your application will be assessed on the basis of you and your partner's taxable income for the 2007-08 financial year. If you or your partner's circumstances have changed since last financial year, your application can be assessed based on current circumstances.

Your information is subject to verification with Centrelink.

If you have been approved for the Student Assistance Scheme (STAS) in the current school year, you will be approved for spectacles assistance.

If you do not receive Student Assistance, **you and your partner must both provide a copy of:**

- A Taxation Notice of Assessment for 2007-08
- OR
- Two consecutive pay slips

INDEPENDENT STUDENTS

Independent students are generally: not living at home; supporting themselves; receiving a Centrelink payment and meet the Centrelink independence criteria. In special circumstances certification of a student's independent status may be provided by a college student counsellor or school social worker.

DEPARTMENT OF EDUCATION

APPLICATION NUMBER



APPLICATION FORM - SPECTACLES ASSISTANCE SCHEME 2009

The Spectacles Assistance Scheme provides assistance towards the cost of spectacles for eligible school aged children from Kindergarten through to Senior Secondary level. The scheme guidelines and eligibility conditions are on the back of this form.

COMPLETED APPLICATION FORM TO BE FORWARDED TO: Financial Assistance Unit, Department of Education, GPO Box 169, Hobart, 7001 or by Facsimile to 6233 6520. If you need assistance in completing this form, please contact: Financial Assistance Unit – Phone 6233 8297.

STUDENTS REQUIRING SPECTACLES

	Given Names	Family Name	Date of Birth	Grade	School (if applicable)
1.					
2.					

OTHER DEPENDENT CHILDREN

	Given Names	Family Name	Date of Birth	Grade	School (if applicable)
1.					
2.					
3.					

Total number of dependent children (at school (s) and at home)

YOU AND YOUR PARTNER'S PERSONAL DETAILS

YOU

Mr Mrs Ms Miss Other

Full Name

Postal Address

Post code

YOUR PARTNER - if you have one

Mr Mrs Ms Miss Other

Full Name

Postal Address

Post code

YOUR CONTACT DETAILS

Home () Work () Mobile Email Address

INCOME ASSESSMENT

Have you been approved for the Student Assistance Scheme (STAS) (assistance towards the cost of school levies) for the current school year? Yes / No (please circle)

If YES please write the name of the school where the application was submitted then go to Optometrist Details:

If NO please provide us with either your 2007-08 Tax Assessment Notice or 2 consecutive pay slips for both you and your partner (if you have one)

TAXABLE INCOME TABLE 2007-08

Number of Dependent Children	1	2	3	4	5	6	7	8 •
Income Per Week *	\$520	\$599	\$683	\$772	\$867	\$973	\$1,078	\$1,184
Annual Parental Income *	\$27,018	\$31,162	\$35,521	\$40,150	\$45,101	\$50,591	\$56,080	\$61,570

• For more than 8 children, add \$106 per week or \$5,512 per annum for each additional dependent * Gross Taxable Income

OPTOMETRIST DETAILS (This must be an Optometrist participating in the Spectacles Assistance Scheme)

Optometrist Use Only (If this request is for replacement spectacles)

Optometrist Telephone (.....).....

Address: Postcode:

Does requirement include a prescription change? Yes No

Items required (Please tick box)

Frames & Lenses Lenses only Frames only

DECLARATION AND AUTHORISATION

I declare that I am the parent/guardian of the student(s) or an independent student for whom assistance is claimed and that all the information contained herein is correct. I authorise (if applicable) the Department of Education Tasmania to access the relevant information as provided on the current years Student Assistance (STAS) Scheme application form as proof of meeting the requirements of the Spectacles Assistance Scheme's means test.

I authorise Department of Education Tasmania to confirm with Centrelink the basic details about my entitlement. This includes whether or not the details I have provided the Department of Education Tasmania match Centrelink or DVA records and whether or not I am still receiving a Centrelink or DVA benefit.

I agree, unless I revoke my consent, this Customer Consent Record is a permanent consent, and may be relied on by Department of Education Tasmania until such time as I revoke it.

I may revoke this Customer Consent record at any time by giving Department of Education Tasmania **written** notice my consent is revoked. I understand if I revoke this consent, I may not be eligible for the concession provided by Department of Education Tasmania. I acknowledge I have read and understood this customer **Consent Record**.

Please Note: Personal information will be collected from you to assess eligibility for assistance under the Spectacles Assistance Scheme. The collection of this information is authorised under the *Education Act 1994*.

Failure to provide this information will result in the department being unable to process your application. Your personal information will be used for the primary purpose for which it is collected. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Department of Education.

Before signing, ensure that you have read the declaration and authorisation above

Your Signature Date Your Partner's Signature Date

**DEPT
USE
ONLY**

Approved: Yes No If No, reason

Additional comments: Officer: Date:...../...../.....

Previous Issue: