

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## CAEP Plus TD Grant Application Form

The **CAEP Plus TD Grant** provides eligible individuals, who experience thermoregulatory dysfunction access to essential air conditioning to one area/room of their primary residence, to assist with controlling the temperature in their home.

Thermoregulatory Dysfunction (TD) is defined as significant loss of a person's capacity to control body temperature and is associated with medical conditions that result in the person's health and bodily function being seriously affected when exposed to extremes of environmental temperatures.

The grant is available to individuals who are eligible for the Community Aids and Equipment Program (CAEP) to fund equipment and AT that is not currently available through CAEP.

More information on CAEP eligibility can be found on the Government of Western Australia website. Use the following link: <https://www.wa.gov.au/service/health-care/community-health-services/community-aids-and-equipment-program-caep> or contact your CAEP service provider.

For further information or to discuss the CAEP Plus TD Grant, please contact a member of the CAEP Plus Grants Team.

### Submitting Grant Applications

CAEP Plus TD Grant applications can be submitted via email or mail.

To ensure the timely assessment of your grant application, please ensure:

- ALL relevant Grant Applicant and Allied Health Professional (AHP) sections of the application form are completed in full, are legible, and are signed as required.

### Contact Information

**Website:** [www.ilaaustralia.org.au/CAEP-grants](http://www.ilaaustralia.org.au/CAEP-grants)

**Phone:** (08) 6202 4700

**Email:** [caepplus@ilaaustralia.org.au](mailto:caepplus@ilaaustralia.org.au)

Please use '**CAEP Plus TD Grant**' in the subject line of the email.

**Postal Address:**

CAEP Plus Grants

iLA

Freda Jacob House, 7 Tully Road

EAST PERTH

WA 6004

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Grant Applicant Section – Part 1 of 9



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Grant Applicant Section

Please complete all Parts of this Grant Application Form. If you are living in your own home, you do not have to complete the Tenant Request for Installation section – Part B.

The following questions relate to the Grant Applicant. This is the person who is to benefit from the grant funding.

### Part 1: Grant Applicant's Details

Title:

Mr  Mrs  Ms  Miss  Other

First Name:

Last Name:

Gender:

Male  Female  Non-Binary  
 Prefer not to say

Employment:

Yes   
 No

Centrelink pension concession card (PCC) holder:

Yes PCC Expiry   
 No PCC CRN

Relationship status:

Single  Married/De-facto  
 Divorced  Widowed

How did you find out about the CAEP Plus Grant?

CAEP Service Provider  Allied Health Professional  GP  Other

#### Contact Details:

Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

#### Cultural Details:

Main language spoken:

Do you require an interpreter?

Yes  No

Are you of Aboriginal or Torres Strait Islander origin?

Yes Aboriginal  Yes Torres Strait Islander  Yes Both  No Neither  Prefer Not to Say

#### Alternative Contact Details:

First Name:

Last Name:

Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Grant Applicant Section – Part 2 of 9



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 2: Grant Applicant Consent and Declaration

### Privacy and Consent

#### Collection, Storage and Use of Personal and Sensitive Information:

The CAEP Plus Grant Team at Independent Living Assessment (iLA) are committed to respecting your privacy by complying with our obligations under the Privacy Act 1988, including the Australian Privacy Principles. You can expect that personal and sensitive information about you is only collected, stored, and used for the purposes of providing quality services to you.

For more information on how we manage your personal and sensitive information, visit the iLA website at: [www.ilaustralia.org.au/about-us/our-policies/privacy-policy](http://www.ilaustralia.org.au/about-us/our-policies/privacy-policy) to view our Privacy Collection Statement, Contact Information and link to the full iLA Privacy Policy document.

#### Sharing of Personal and Sensitive Information

It may be necessary to share personal and sensitive information about you to other individuals and agencies to allow us to deliver services to you. This might include your authorised representative, health professionals, suppliers or government agencies. You may withdraw your consent for the CAEP Plus Grant Team to share your personal and sensitive information at any time by contacting us, however this may limit our ability to process your application.

**Consent and Declaration:** To be completed and signed by Grant Applicant (or representative).

- I consent to iLA collecting, storing, using and disclosing my personal and sensitive information for the purpose of the CAEP Plus Grant Program.
- I consent to the CAEP Plus Grant Team to share my personal and sensitive information with external parties for the purposes of considering, processing and/or finalising my grant application.
- I agree that additional personal and sensitive information can be sourced by and provided to the CAEP Plus Grant Team should it be required to support consideration of this application.
- I understand that I may withdraw my consent at any time and that withdrawing my consent means I can no longer receive the service.
- I confirm that all the information provided for this application is true and correct to the best of my knowledge.
- I confirm the equipment and assistive technology (AT) being purchased is agreed to and meets my needs.
- I understand that the grant must be approved before the AT is purchased.
- I understand that once I have received the AT purchased with the CAEP Plus Grant Program funding, I will own and be responsible for any future costs associated with insurance, repairs and maintenance.

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Grant Applicant Section Part 2 of 9 (cont.)



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 2: Grant Applicant Consent and Declaration

Who is signing the Grant Applicant consent and declaration?

Grant Applicant     Guardian/EPA     Grant applicant representative

Full Name:

Signed:

Date:

*Use a copy of your signature or an electronic signature*

*DD/MM/YYYY*

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section – Part 3 of 9



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Allied Health Professional Section

The following questions are to be completed by an allied health professional (AHP) who is recognised by CAEP for the prescription of the specific item (i.e. occupational therapist,) who can confirm the person's functional disability, need and suitability of the item requested.

### Part 3: CAEP Plus Eligibility

To check the CAEP eligibility of the grant applicant please contact their local CAEP service provider. To identify their local CAEP service provider, use the link below to locate their postcode in the Postcode Listings Document: [www.wa.gov.au/system/files/2024-03/caep-postcode-listings-health-service-providers.pdf](http://www.wa.gov.au/system/files/2024-03/caep-postcode-listings-health-service-providers.pdf).

For more information regarding CAEP please visit: [www.wa.gov.au/service/health-care/community-health-services/community-aids-and-equipment-program-caep](http://www.wa.gov.au/service/health-care/community-health-services/community-aids-and-equipment-program-caep).

Please provide the following information regarding the Grant Applicant

1. Is the applicant CAEP eligible?  Yes  No
2. Does the applicant have any equipment funded through CAEP?  Yes  No
3. Has the applicant had a previous CAEP Plus grant?  Yes  No
4. Has this application been discussed/endorsed by a CAEP service provider?  Yes  No

If yes, please provide the CAEP service provider's contact details:

#### CAEP Service Provider Contact Details:

First Name:

Last Name:

Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

CAEP Region:

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section - Part 4 of 9



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 4: Allied Health Professional Details

I understand the CAEP Plus Team may contact me to verify the information I have provided in this grant application form. I declare all information I have provided on this grant application form is true and correct to the best of my knowledge.

### Allied Health Professional contact details:

First Name:

Last Name:

Work Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

Position:

Qualification:

Signed:

*Use a copy of your signature or an electronic signature*

Date:

*DD/MM/YYYY*

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section - Part 5 of 9



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 5: Clinical Report

A Clinical Report must be provided to support the grant application. Additional relevant documentation may be attached if required. Completing the fields below can comprise the Clinical Report.

Please Note: The answer boxes below have a limited character capacity. If you require more space to provide your responses, please use the additional 'Report Information Box' at the end of Part 3: Clinical Report. Alternatively, a separate Clinical Report that addresses the fields below can be attached.

1. Disability / Diagnosis (include date of onset):

2. Social Situation:

3. Clinical Rationale for Air Conditioning:

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section - Part 5 of 9 (cont.)



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 5: Clinical Report

### Clinical Report Prepared By:

First Name:

Last Name:

Qualifications:

Work Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

Position:

Qualification:

Signed:

*Use a copy of your signature or an electronic signature*

Date:

*DD/MM/YYYY*

When is the best time to contact you? Please indicate days of the week and times.



# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section – Part 6 of 9



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 6: Confirmation of Thermoregulatory Dysfunction

### Qualifying conditions

The grant applicant **must meet at least two of these three qualifying conditions** and be certified by a doctor or specialist who has been treating them for at least three months. A grant applicant who only meets one of the qualifying conditions is not eligible for the grant.

- A medical condition with an evidence-based association of deterioration in temperature extremes. For example, severe cases of spinal cord injury, stroke, brain injury, neurodegenerative disorders, multiple sclerosis and familial dysautonomia.
- Loss of skin integrity or loss of sweating capacity. For example, significant burns to greater than 20 per cent of body surface area, severe inflammatory skin conditions and some rare forms of disordered sweating.
- Objective reduction of autonomic regulation and physiological functioning at extremes of environmental temperatures (excessive sweating, heart rate increases or changes in blood pressure) resulting in dehydration, dizziness or fainting.

To be eligible for the **CAEP Plus TD Grant** the applicant will be required to provide confirmation of their condition by supplying one of the following documents:

- **A medical report** confirming your condition with rationale by a doctor or specialist who has been treating you for at least three months. The medical report should address the following information by your treating doctor:
  1. Name of the condition causing thermoregulatory dysfunction.
  2. Date of onset.
  3. Is the condition permanent? Yes/No
  4. How do these conditions affect thermoregulation?
- **Proof of eligibility for Thermoregulatory Dysfunction Energy Subsidy Scheme** managed by the Department of Finance – RevenueWA. For further information about the subsidy visit: [www.wa.gov.au/government/publications/apply-the-thermoregulatory-dysfunction-energy-subsidy](http://www.wa.gov.au/government/publications/apply-the-thermoregulatory-dysfunction-energy-subsidy).

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section – Part 7 of 9



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 7: Details of Air Conditioner and Installation Request

Does the Grant Applicant own and live in the Property requiring air conditioning installation:?

Yes  No

*If yes, they will need to complete the Property Owner consent and signed approval for the installation of air conditioning – ‘Form A’.*

**If the Grant Applicant does not own the Property requiring air conditioning installation:**

Please select all that apply.

Community/Public housing  Private rental  Strata managed

*If they reside in a rental or strata managed property, they will need to provide a copy of the property owner/property manager’s consent and signed approval for the installation of air conditioning – ‘Form B’.*

Is there currently air conditioning in any area of the house?  Yes  No

If yes, where?

If yes, please explain why another air conditioner has been requested.

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section - Part 7 of 9 (cont.)



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 7 - Details of Air Conditioner and Installation Proposal

Details of Air Conditioner make/model proposed for installation: *(As detailed on the quotes)*

What location / room in the house has been identified for the air conditioner be installed in?

Are there any special considerations / requirements relating to the installation of the proposed air conditioner in the identified location?  Yes  No

If yes, provide details:

For split system air conditioning units, the condenser unit is generally positioned on an external wall. What external wall location has been identified for the condenser unit to be installed in?

Are there any special considerations / requirements relating to the installation of the condenser unit in the identified location?  Yes  No

If yes, provide details:

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section Part 7 of 9 (cont.)



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Diagram/Plan:

Please provide a diagram or plan of the house / room where the air conditioner and external condenser unit will be installed. Show on the diagram /plan the placements of the units using the following key:

- A. Air conditioner will be installed
- B. External condenser unit will be installed

A large, empty rectangular box with a thin black border, intended for the applicant to draw a diagram or plan of the house or room for air conditioner installation.

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section Part 8 of 9



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 8: Air Conditioner and Installation Quote Details

TWO quotes for the requested air conditioner and its installation cost must accompany the application. In circumstances where only one quote is provided, rationale must be provided.

### The supplier quotes must detail:

- The grant applicant's full name.
- Relevant air conditioner specifications.
- Installation quotes.
- GST (where applicable).
- Delivery/freight charges (where applicable).

### Quote 1

Reason for Selection:

Item	Supplier	Cost ex. GST	GST	Total cost inc. GST
Delivery costs (if applicable)				
	<b>Total</b>			

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section – Part 8 of 9 (cont.)



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Quote 2

Reason for selection:

Item	Supplier	Cost ex. GST	GST	Total cost inc. GST
Delivery costs (if applicable)				
	<b>Total</b>			

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Allied Health Professional Section – Part 9 of 9



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

## Part 9: Grant Funding Request Details

### What is the preferred quote?

It is generally expected that the preferred quote will be for the lower price. Where the more expensive quote is preferred, a sound rationale, must be provided.

Preferred Quote Selection:  Quote 1  Quote 2

Detail the Rationale for the Quote Selection:

### Grant request details:

What is the total cost of air conditioner, excluding GST? A\$

What is the total cost of installation? A\$  What is the delivery/freight? A\$

Will the grant applicant be contributing to the cost of the air conditioner?  Yes  No

If yes, what is the amount? A\$

Will another entity be contributing to the cost of the air conditioner?  Yes  No

If yes, what is the name of the entity?

Who is the contact person of the entity? Please provide full name and contact details.

First Name:  Last Name:

Work Address:

Suburb:  State:  Postcode:

Contact Phone Number:  Email:

What amount is the entity contributing? A\$

What is the total grant amount being requested (including the cost of the air conditioner, installation, and delivery/freight charges)? A\$

Is this an urgent funding request?  Yes  No

If Yes, why?

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Consent to Install Air Conditioning  
For Owner Occupied Properties



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

Form A - 1 of 1

## Owner Occupier - Installation of Air Conditioning Consent

### Owner Occupier Consent

As the owner and occupier of the property listed in this Grant application, I hereby give my consent for the chosen air conditioning to be fitted as specified in the quotations submitted by me, the Grant Applicant.

First Name:

Last Name:

Property Owner Signature:

*Use a copy of your signature or an electronic signature*

Date:

*DD/MM/YEAR*



# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Request to Install Air Conditioning  
For Rental or Strata Managed Properties



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

Form B – 1 of 6

## Tenants Requesting to Install Air Conditioning

The information below outlines the steps tenants of rental or strata managed properties need to take when applying for the **CAEP Plus Thermoregulatory Dysfunction (TD) Grant**.

1. Tenants applying for the **CAEP Plus Thermoregulatory Dysfunction (TD) Grant**, must have the Property Owner's written approval for the installation of an air conditioner, for their grant application to be considered.
2. A copy of the signed approval for air conditioning installation in Public Housing, Private Rentals or Strata Managed Properties must accompany the CAEP Plus TD Grant Application.
3. If you require a template form to use, please complete the 'Request to Install Air Conditioning for Rental or Strata Managed Properties Form' starting on page 3.
4. When you have completed the '**Request to Install Air Conditioning for Rental or Strata Managed Properties Form**', give the Request Letter and Form to your landlord, property manager or strata manager to consider your request and provide their response and decision on the approval.
5. Once you have received signed approval for the installation of the air conditioner from your landlord, property manager or strata manager, you can submit your completed **CAEP Plus TD Grant Application**.

Outlined below for your reference are the '**Standard Terms Applicable to All Residential Tenancy Agreements**' regarding, '**Alterations and Additions to the Premises**', copied from Form IAA Residential Tenancy Agreement, Residential Tenancies ACT 1987 (WA) Section 27a, Part B. STANDARD TERMS APPLICABLE TO ALL RESIDENTIAL TENANCY AGREEMENTS.

The Residential Tenancies Act 1987 and the Residential Tenancies Regulations 1989 apply to this agreement. Both the lessor and the tenant must comply with these laws. Some of the rights and obligations in that legislation are outlined below.

### ALTERATIONS AND ADDITIONS TO THE PREMISES

- 33B. Under the Residential Tenancies Act 1987 section 47(5):
- 33B.1 the cost of making the prescribed alterations must be borne by the tenant; and
- 33B.2 the tenant must give written notice to the lessor of the tenant's intention to make the prescribed alterations; and
- 33B.3 work on the prescribed alterations must be undertaken by a qualified tradesperson, a copy of whose invoice the tenant must provide to the lessor within 14 days of the alterations being completed; and
- 33B.4 the prescribed alterations must be effected having regard to the age and character of the property and any applicable strata company by-laws or scheme by-laws for a community titles scheme; and
- 33B.5 the tenant must restore the premises to their original condition at the end of the residential tenancy agreement if the lessor requires the tenant to do so and, where restoration work has been undertaken by a tradesperson, must provide to the lessor a copy of that tradesperson's invoice within 14 days of that work having been performed.

Link: [www.commerce.wa.gov.au/sites/default/files/atoms/files/rtagreeform1aa.pdf](http://www.commerce.wa.gov.au/sites/default/files/atoms/files/rtagreeform1aa.pdf)

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Request to Install Air Conditioning  
For Rental or Strata Managed Properties



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

Form B – 2 of 6

## To be Completed by the Tenant of the Property

Title:

Mr

Mrs

Ms

Miss

Other

*Please specify*

First Name:

Last Name:

### Tenant Details:

Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

### Property Address:

Address:

Suburb:

State:

Postcode:

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Request to Install Air Conditioning  
For Rental or Strata Managed Properties



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

Form B – 3 of 6

## Tenant Declaration

- Approval must be granted by the property owner in writing prior to work commencing.
- You are responsible for all costs (e.g. applications, permits).
- All works must be carried out by a qualified trades person and licensed contractor.
- A qualified trades person and licensed contractor must have Personal Liability Insurance, copy or details to be provided.
- If the work carried out is electrical, you must provide a Certificate of Electrical Safety after installation.
- If the work carried out is gas related, you must provide a Notice of Completion after installation.
- You are responsible for all maintenance and repairs relating to the air conditioner.
- Strata Company approval is required for all property improvements to strata titled properties.
- The property owner will not reimburse you for any property improvements/additions.
- You may be required to remove the air conditioner should this be agreed with the property owner, when your tenancy ends and are vacating the premises. If the air conditioner is not removed upon vacation, tenant liability will be charged.

First Name:

Last Name:

Tenant Signature:

*Use a copy of your signature or an electronic signature*

Date:

DD/MM/YEAR

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Request to Install Air Conditioning  
For Rental or Strata Managed Properties



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

Form B - 4 of 6

## Letter Requesting the Installation of Air Conditioning

*To be given to the Property Owner or Strata Manager*

Dear Property Owner / Strata Manager,

Your tenant is applying for a **CAEP Plus Thermoregulatory Dysfunction (TD) Grant**, which provides eligible persons, who experience thermoregulatory dysfunction, access to essential air conditioning to one area/room of their primary residence, to assist with controlling the temperature in their home.

Thermoregulatory dysfunction is defined as significant loss of a person's capacity to control body temperature and is associated with medical conditions that result in the person's health and bodily function being seriously affected when exposed to extremes of environmental temperatures.

To be eligible for the **CAEP Plus TD Grant**, approval for the installation of an air conditioner must be provided by the property owner. A signed copy of the Approval for the Installation of Air Conditioning in Public Housing, Private Rentals or Strata Managed Properties is required for grant applications to be considered.

Please find attached the 'Request to Install Air Conditioning in a Rental or Strata Property' for your consideration. If you, the Property Owner, approve the request, please provide your written consent and the end of this request letter.

For more information on the **CAEP Plus TD Grant** or if you would like to speak to a member of the CAEP Plus Grants Team, please see the contact information below.

### Contact information

**Website:** [www.ilaustralia.org.au/CAEP-grants](http://www.ilaustralia.org.au/CAEP-grants)

**Phone:** (08) 6202 4700

**Email:** [caeppplus@ilaustralia.org.au](mailto:caeppplus@ilaustralia.org.au)

Please use '**CAEP Plus DT Grant**' in the subject line of the email.

### Postal address:

CAEP Plus Grants Team

iLA

Freda Jacob House, 7 Tully Road

EAST PERTH

WA 6004

Regards,  
CAEP Plus Grants Team

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Request to Install Air Conditioning  
For Rental or Strata Managed Properties



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

Form B - 5 of 6

## Property Owner or Property/Strata Manager to Complete

### Property Location Details:

Address:

Suburb:

State:

Postcode:

### Property Owner Details:

Title:

Mr    Mrs    Ms    Miss    Other  

First Name:

Last Name:

Contact Phone Number:

Email:

### Property Manager Details:

Title:

Mr    Mrs    Ms    Miss    Other  

First Name:

Last Name:

Contact Phone Number:

Email:

### Tenancy Contract Details

How long has the tenant occupied the premise?

When will the tenancy contract renew or expire?

Will the tenant be offered a renewed term of tenancy beyond this period?  Yes  No

Has the tenant discussed with you their need for air conditioning and application to CAEP Plus to obtain a grant to assist with the cost of this?  Yes  No

Please provide details of the request that your tenant has made to you relating to the proposed installation of an air conditioner at the above property.

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant

Request to Install Air Conditioning  
For Rental or Strata Managed Properties



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

Form B – 6 of 6

## Property Owner Declaration

I have received the *Request to Install Air Conditioning in a Rental or Strata Property Letter* and considered the proposal.

Strata Company Approval:  Yes  Not Applicable

Installation of Air Conditioner is:  Yes  Not Approved

Reason:

### Conditions of the Approval of the Air Conditioning Installation:

Please provide details of the relevant terms of agreement under the current tenancy contract that relate to 'Alterations and Additions to the Premises' below or attach a supporting document.)

### Property Owner

First Name:

Last Name:

Property Owner Signature:

*Use a copy of your signature or an electronic signature*

Date:

*DD/MM/YEAR*

### Property Manager (if applicable)

First Name:

Last Name:

Property Manager Signature:

*Use a copy of your signature or an electronic signature*

Date:

*DD/MM/YEAR*

# CAEP Plus Program Thermoregulatory Dysfunction (TD) Grant



Supported by the Department of Health  
Government of **Western Australia**  
Department of **Health**

Please use this page if additional information is required

Please use the space below to add any additional information. If it refers to a particular section and question, please state which and then continue with your added information.