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**Confirmation of Gap (Out of Pocket Expense) Form**

**State Wide Equipment Program**

**For*:*** *(Consumer Name)*

**Of:***(Consumer Address)*

**Re:***(Assistive Technology Item)*

***Gap Amount:* $ SWEP ID:**

**Application ID:**

**CONSUMER CONTRIBUTION**

I, ……………………………………………………………………**,** of the above address, acknowledge that by signing the below I have agreed to pay a non-refundable amount, directly to the supplier, of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_towards the supply of the above item.

I will inform SWEP of any change in my residential address within 14 days of such change.

I will refrain from making inappropriate use of, or modification to, AT items supplied unless authorisation is received from SWEP prior to modifying the item.

Signed ……………………………………………………………………………………………. Date ………………………………….

□ **I have contributed more than 50% of the total cost of this item and wish to retain ownership. I understand that by choosing to retain ownership I will be responsible for all repairs and maintenance of this item.**

**THIRD PARTY CONTRIBUTION**

***TO BE COMPLETED BY THE AGENCY PROVIDING OR APPROVING FUNDING FROM CONSUMER’S FUNDS***

**I**……………………..……………………………………………………………………………………………….………..…………. ***(Full Name)***

**Position**………………………………………………..………………………………………………………….…….……………………………..

**From** ..……………………………………………………………………………………………………..….……………… ***(Agency Name)***

**Address**..………………………………………………………………………..……..…………………**Post Code**…………..……

**Telephone (Bus. Hrs)** .……………………………………  **Email** …………..….…………………….…………………………………………

confirm that this agency will be responsible for / pay on behalf of / pay from the consumer’s funds to the extent legally authorised to do so *(cross out whichever is not applicable)* a non-refundable amount, payable directly to the supplier, of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the item mentioned above.

Signed …………………………………………………………………………………… Date ………………………………………….

□ **I have contributed more than 50% of the total cost of this item and wish to retain ownership. I understand that by choosing to retain ownership I will be responsible for all repairs and maintenance of this item.**

Completed form can be emailed to [swep@bhs.org.au](mailto:swep@bhs.org.au) or attached to the application by your AT Practitioner