

Transport for Health Application for Travel Assistance



SWIS-H
STATEWIDE INFANT
SCREENING - HEARING

To be eligible the following criteria apply:

- Residency – the baby must be a permanent New South Wales or Lord Howe Island resident, or temporary resident who is Medicare eligible.
- Distance – required to travel at least 100km (one way) from the baby's usual place of residence to the assessment facility.
- Referral – a formal referral must be made by the SWIS-H Coordinator to an identified tertiary assessment facility.

Benefits payable under SWIS-H Travel

- The Scheme provides reimbursement for the costs of one return journey only.
- The Scheme provides assistance for one adult only to travel with the baby.
- Assistance is available for a range of modes of travel, including air travel.
- If using a private vehicle, full petrol costs for one return journey may apply (receipts for petrol must be provided).
- Parents/guardians wishing to travel via Aboriginal Medical Service vehicle, should consult their local SWISH Coordinator for further information.
- Costs incurred in using local and metropolitan taxis and/or public transport may be claimed. A maximum of \$40 can be claimed for taxi fares.
- Commercial accommodation costs are claimable if an overnight stay is necessary. This will cover the cost for the number of overnight stays required with a maximum of \$120 per night. Necessity of an overnight stay and the number of nights required will need to be verified by the SWIS-H Coordinator.
- Private accommodation stays may be reimbursed, at a rate of \$20/night.

Please note

- Assistance is not available to cover the cost of meals and incidental expenses such as road tolls, parking and booking fees.
- Tax invoices/receipts (original or copied) for all public transport and accommodation costs must clearly identify the issuer. Commercial accommodation providers must have an ABN. Reimbursements include GST.
- Please note that incomplete claim forms will be returned to the parent/guardian, copying the SWIS-H Coordinator, for further information.
- Payment will be made to the nominated bank account.

Before you submit this form, please ensure that the following have been completed. Incomplete claim forms will be returned for further information.

Section A – Personal Details

- Copy of current pension or health care card attached.

Section B – Screening Details

- This is the location where the baby was originally screened.

Section C – Diagnostic Assessment Details

- This section must be certified by the Diagnostic Audiologist assessing the baby at the relevant tertiary facility.

Section D – Claim Details

- This section must be signed by the parent/guardian completing this form.
- This section must be certified by the SWIS-H Coordinator.
- Original (or copied) travel tickets and receipts including local and/ or metropolitan taxi and/or public transport attached.
- For air travel, Boarding Passes AND the original ticket or E-Ticket confirmation must be attached.
- If claiming overnight accommodation, original receipts/ tax invoices must be attached.



Health

Section A – Personal Details

(to be completed by the parent or guardian travelling with the baby)

Title Mr Mrs Ms Dr

Your Family Name

Your First Name

Your Residential Address

Postcode

Contact number/s Home

Work

Mobile

Baby's Family Name

Baby's First Name

Baby's Date of Birth

Baby's Medical Record Number

Is the baby a permanent New South Wales or Lord Howe Island resident, or temporary resident who is Medicare eligible? Yes No

Are you (the parent/guardian) a Pension or Health Care Card holder? Yes No

If yes, please provide a photocopy of your card and your Card Number:

Section B – Screening Details

Date baby screened

Hospital/health centre baby was screened at

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.

Certification (parent/guardian completing the form)
I certify that the information provided on this form is correct

Name

Signature

Date

Section C – Diagnostic Assessment Details

(to be certified by the diagnostic audiologist)

Hospital baby assessed at

Children's Hospital at Westmead

Sydney Children's Hospital

John Hunter Hospital

Other tertiary assessment facility

Date baby assessed

Time of appointment am/pm

Name

Print and Sign

Signature

Section D – Claim Details

(to be completed by parent/guardian after return travel completed)

Mode of travel

Bus/coach

Rail

Air (to be approved by SWIS-H Coordinator)

Private Vehicle – Estimated Distance KM

Other

Did you use a local or metropolitan taxi or other form of public transport for which you are claiming? Yes No

Are you claiming an overnight accommodation? Yes No

Is the accommodation commercial or private stay? commercial private stay

Number of nights required

If your mailing address is different to your residential address, please provide your mailing address.

Name

Address

Postcode

Certification (SWIS-H Coordinator)

Name

Signature

Date

Print and Sign

Print and Sign

Banking Details

Give details of the bank account you want your payments made to. Reimbursements will be made by Electronic Funds Transfer (EFT). If the details provided are incorrect, your payment will be delayed

Account Name

Name of bank, building society or credit union

BSB Number

Account Number

Email address for payment notice

SWIS-H Coordinators Contact Details

Give details of the bank account you want your payments made to. Reimbursements will be made by Electronic Funds Transfer (EFT). If the details provided are incorrect, your payment will be delayed.

Local Health District	Contact phone number
Sydney Children's Hospital Network (outreach to South Eastern Sydney)	02 9382 1462
Illawarra Shoalhaven	02 4253 4208
South Western Sydney	02 8738 9784
Sydney	02 9515 8139
Northern Sydney	02 9462 9189
Central Coast	02 4328 7900
Western Sydney	02 8759 3393
Nepean Blue Mountains	02 4734 3246
Hunter New England (Hunter)	02 4921 3555
Hunter New England (New England)	02 6767 8150
Western NSW LHD (Southern)	02 6369 3300
Western NSW LHD (Northern)	02 6809 8653
Far West NSW	08 8080 1386
Northern NSW and Mid North Coast	02 6620 2563
Murrumbidgee & Southern NSW	02 4475 7200