

Confidential report from a hearing specialist

For example, from an Audiologist or Ear, Nose and Throat Specialist.
Please return the completed form to your nearest Department of
Communities (Housing and Homelessness services) office.)

Tenant to complete

I (name) have no objection to the release of the information requested in this form to the Department of Communities (Housing and Homelessness Services) for the purpose of determining installation of a suitable smoke alarm

Signature:

Date:

Rental Agreement Number:

Personal Information Privacy Notice

The Department of Communities is collecting personal information on this form to provide you with housing assistance or assess grant funding applications. This is authorised by the *Housing Act 2003*. To assist you with your housing needs and services, relevant personal information may, in very limited and specific circumstances, be disclosed to: Partner agencies, Service providers, Agencies authorised by legislative provisions, and local governments and non-governmental agencies that now, or will, provide you with housing and/or support services. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, your personal information will not be passed on to any other third party without your consent. More information about the department's privacy policy is available on our website at: www.communities.qld.gov.au/privacy.

To the hearing specialist

The Department of Communities (Housing and Homelessness Services) is installing smoke alarms in its properties as part of a Government initiative to increase safety. This form allows the department to determine if the standard alarm will meet the needs of your patient. We appreciate you taking the time to fill out the following on their behalf and returning it to allow appropriate action to be organized.

Information contained within this form is to be used as a guide only by the Department of Communities (Housing and Homelessness Services). All personal information provided in this form will be kept confidential and will not be disclosed to any unauthorized person.

Hearing specialist to complete

Patient's Name:

Address:

Postcode:

When was their last hearing assessment?

1. Would a signal of 89dB at a frequency of 2kHz be audible to this person with wearing hearing aids?

Yes

No

Comments:

2. Please indicate the degree of hearing impairment in the better ear.

Mild

Moderate to Severe

Severe to Profound

3. Is the client's condition

Permanent

Temporary

Improving

Other

Deteriorating

4. If known, what other facilities would be required by this person?

PLEASE USE BLOCK LETTERS or STAMP

Name of Hearing Specialist:

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Address:

Telephone:

Fax:

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Email:

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Signature:

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Date:

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Please return the completed form to your nearest Housing Service Centre.