



PARKES SHIRE COUNCIL

# **WATER CHARGES FOR HOME DIALYSIS**

## **POLICY**

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## WATER CHARGES FOR HOME DIALYSIS POLICY

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### CONTROLLED DOCUMENT INFORMATION

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Officer	Water Officer		
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Version Number	Date Changed	Modified by	Details & Comments
0	Created	Tanya Klein	Policy Created
1	16.06.2020	Madelyn Cusack	Reviewed - Application Form Attached

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## **1. Introduction**

This policy will cover applications from consumers who incur an increased water consumption due to the use of a home dialysis machine.

## **2. Purpose**

The policy will establish specific guidelines for the staff and the public regarding the provisions of a water usage concession to ratepayers and residents required to operate a home dialysis machine in their principal place of residence.

## **3. Responsibility**

The Rates Department is responsible for checking and processing of all applications.

## **4. Policy**

A non-chargeable water allowance of up to 100kl per year (step one tariff) will be granted to those patients on a home dialysis machine.

To be eligible, an application form from Council must be completed along with confirmation from the doctor or hospital advising that treatment is being undertaken.

This non-chargeable water concession will be subject to annual confirmation from the treating hospital/doctor and application form.





## Home Dialysis - Water Charges Application Form



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### Section 1 Application Details

Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Mobile Number \_\_\_\_\_ Phone Number \_\_\_\_\_

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### Section 2 Property Details

Street Number \_\_\_\_\_ Property Name \_\_\_\_\_  
Street/Road \_\_\_\_\_ Town \_\_\_\_\_  
Property Number \_\_\_\_\_

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### Applicants Declaration

I declare that I have read and accept the *Water Charges for Home Dialysis Policy*.

I confirm all particulars supplied in this application are correct.

I understand that inaccurate or false statements may cause my application to be delayed or rescinded.

I understand that I must apply for this on a yearly basis.

I have attached confirmation from the doctor or hospital advising that treatment is being undertaken

I understand that this non-chargeable water concession will be subject to annual confirmation from the treating hospital/doctor and application form being completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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