

# Claim for Disability Support Pension

## When to use this form

Use this form if you are claiming **Disability Support Pension**

A payment for people who:

- are permanently blind, **OR**
- have a physical, intellectual, or psychiatric condition that stops them from working or being retrained for work within the next 2 years, **AND**
- are aged 16 years or over and under age pension age at the time of claiming.

## What else you may need to provide

You may need to provide identity documents. For a list of acceptable documents refer to *Confirming your identity* in the **Information Booklet**.

## Online Services

You can access your Centrelink, Medicare and Child Support Online Services through myGov. myGov is a fast and secure way to access a range of government services online with one username and password. You can create a myGov account at **my.gov.au** and link it to your Centrelink, Medicare and/or Child Support online account. To make a claim online, access your Centrelink online account through myGov, then select 'Online Claims' from the menu.

## Filling in this form

- Please use black or blue pen.
- Print in BLOCK LETTERS.
- Mark boxes like this  with a ✓ or ✗.
- Where you see a box like this  **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

## Returning your form

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents to us **within 14 days** so we can process your application or claim. If you cannot do this **within 14 days**, you must contact us at the earliest possible date to make an arrangement.

You can return this form and any supporting documents:

- online – submit your documents online (excluding identity documents). For more information about how to access an Online Account or how to lodge documents online, go to **humanservices.gov.au/submitdocumentsonline**
- by post – return your documents by sending them to:  
**Department of Human Services**  
**Disability Services**  
**Reply Paid 7806**  
**CANBERRA BC ACT 2610**
- in person – if you are unable to submit this form and any supporting documents online or by post, you can provide them in person to one of our service centres.

## Forms in your claim pack

In your claim pack, you should have the following:

- **Claim for Disability Support Pension** form (**SA466**)
- **Income and Assets** form (**SA369**)

## For more information

Go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp) or call us on **132 717** or visit one of our service centres.

If you need a **translation** of any documents for our business, we can arrange this for you free of charge.

To speak to us in languages other than English, call **131 202**.

**Note:** Call charges may apply.

If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ **1800 810 586**. A TTY phone is required to use this service.

## How to claim

Complete the claim form and any additional forms required. You may choose to use an accountant or financial adviser to complete your **Income and Assets** form (**SA369**) but you must sign it. If you need other people to complete forms, make sure you give them the forms as soon as possible.

## Supporting medical evidence

You will need to supply medical evidence to help us determine how your condition impacts your ability to work. Please refer to the *Medical Evidence Requirements*, on page 31, for details on what medical evidence you will need to provide us.

If you cannot provide supporting medical evidence with your claim, call us on **132 717** to discuss.

## Other payments or services

You may be eligible for other payments or services such as Newstart Allowance or a Low Income Health Care Card while we are assessing your claim for Disability Support Pension (DSP).

If you are receiving Newstart Allowance or another payment with participation requirements, you will be exempt from looking for work while your claim for DSP is being assessed.

If you would like us to assess your eligibility for Newstart Allowance or another payment, you will need to lodge a separate claim.

For more information, go to [humanservices.gov.au/jobseekers](http://humanservices.gov.au/jobseekers)

If your disabilities, illnesses or injuries make it difficult for you to use public transport, you may be eligible for Mobility Allowance.

This is a payment for people with a disability who are unable to use public transport, without substantial assistance, permanently or for an extended period of time (1 year or more). To be eligible, you must be undertaking work, vocational training or voluntary work or participating in job search activities.

For more information, go to [humanservices.gov.au/mobilityallowance](http://humanservices.gov.au/mobilityallowance)

If you are currently studying, you may be eligible for Pensioner Education Supplement.

For more information, go to [humanservices.gov.au/pensionereducation](http://humanservices.gov.au/pensionereducation)

If your disabilities, illnesses or injuries make it difficult for you to care for yourself and if you have someone caring for you, they may be eligible for Carer Payment and/or Carer Allowance.

For more information, go to [humanservices.gov.au/carers](http://humanservices.gov.au/carers)

If you use, or provide care for someone that is using, essential medical equipment or medically required heating/cooling in your current residence, you may be eligible for Essential Medical Equipment Payment.

For more information about how to claim, go to [humanservices.gov.au/emepr](http://humanservices.gov.au/emepr)

1 Please read this before answering the following question.

If you are in gaol (prison) or detained in any form of custody, including a psychiatric institution, because you were **charged** with an offence you may not be eligible to receive Disability Support Pension. Before completing the claim form go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp) or call us on 132 717.

Are you in gaol (prison) or detained in any form of custody including psychiatric confinement because you have been **charged** with an offence?

No  **Go to 3**

Yes  **Go to next question**

2 What is the name of the institution where you are detained?

3 Do you need an interpreter when dealing with us?

This includes an interpreter for people who have a hearing or speech impairment.

No  **Go to 6**

Yes  **Go to next question**

4 What is your preferred spoken language?

5 What is your preferred written language?

6 Do you want to authorise another person or organisation to make enquires, get payments and/or act on your behalf?

No  **Go to next question**

Yes

 You will need to complete and attach an **Authorising a person or organisation to enquire or act on your behalf** form (SS313). If you do not have this form or want more information about nominee arrangements, go to [humanservices.gov.au/nominees](http://humanservices.gov.au/nominees)

7 Please read this before answering the following question.

The following questions are about the person claiming Disability Support Pension.

Your name

Mr  Mrs  Miss  Ms  Other

Family name

BOTTERILL

First given name

BRYAN

Second given name

KIM

8 Have you ever used or been known by any other name (e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name)?

No  **Go to next question**

Yes  Give details below

1 Other name

Type of name (e.g. name at birth)

2 Other name

Type of name (e.g. maiden name)

If you have more than 2 other names, attach a separate sheet with details.

9 Your gender

Male

Female

10 Your date of birth

23 / 12 / 1988

11 Your Centrelink Reference Number (if known)

3 | 2 | 0 - 4 | 2 | 0 - 2 | 4 | 4 - S



CLKOSA466 1801

**12 Your permanent address**

2 GARDNER COURT

Postcode 3104

**13 Your postal address (if different to above)**

Postcode

**14 Please read this before answering the following question.**

If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to [humanservices.gov.au/em](http://humanservices.gov.au/em) or visit one of our service centres.

Your contact details

Home phone number ( 03 ) 98594689

Is this a silent number? No  Yes

Mobile phone number 0423379146

Is this a silent number? No  Yes

Fax number ( )

Work phone number ( )

Alternative phone number ( )

Email

BRYANBOTTERILL@GMAIL.COM

@

**15 Please read this before answering the following questions.**

Question 15 will help us work out if you are eligible for Telephone Allowance.

Are you under 21 years of age with no dependent children?

No  *Go to next question*

Yes  Give details below

Whose name is the home phone account in?

My name

My partner's name

Another name

Not applicable

Whose name is the mobile phone account in?

My name

My partner's name

Another name

Not applicable

If you (and/or your partner) have a home internet connection, what is the name of your Internet Service Provider (ISP)? The ISP is the company that provides your internet access.

Whose name is the ISP account in?

My name

My partner's name

Another name

Not applicable

**Go to 17**

**16 Please read this before answering the question.**

The pension supplement helps you to meet the costs of your daily household and living expenses. It is automatically paid each fortnight with your regular pension.

You have the option to receive part of the pension supplement on a quarterly basis. This component/part is known as the minimum pension supplement amount. You may find this option useful for budgeting purposes. If you choose this option, the minimum pension supplement amount accrues daily during the quarter and is paid as soon as possible after 20 March, 20 June, 20 September and 20 December with your fortnightly pension payment.

The option to get the minimum pension supplement as a fortnightly payment or quarterly payment can be changed at any time.

How often do you wish to receive the minimum pension supplement amount?

Fortnightly

Quarterly

**17 Please read this before answering the following question.**

This question is voluntary and will not affect your payment. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

Are you of Aboriginal or Torres Strait Islander Australian descent?

If you are of both Aboriginal and Torres Strait Islander Australian descent, please tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

**18 Please read this before answering the following question.**

This question is voluntary and will not affect your payment. If you do answer, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

Are you of Australian South Sea Islander descent?

No

Yes

**19 Where do you want your payment made?**

The bank, building society or credit union account must be in your name. A joint account is acceptable.

**Note:** Payments cannot be made into an account used exclusively for funding from the National Disability Insurance Scheme.

Name of bank, building society or credit union

CBA

Branch where the account is held

BALWYN NORTH

Branch number (BSB)

0 6 3 1 5 5

Account number (this may not be your card number)

10220667

Account held in the name(s) of

BRYAN BOTTERILL

**20 Please read this before answering the following question.**

We recognise both different-sex and same-sex relationships. This includes de facto relationships and relationships registered under state or territory law.

Select **ONE** option below that best describes your current relationship status.

What is your **CURRENT** relationship status?

Married

Go to 21

Registered relationship

(different-sex or same-sex relationship registered under state or territory law)

Go to 21

Partnered

(living together in a different-sex or same-sex relationship, including de facto)

Go to 22

Separated

(previously lived with a different-sex or same sex partner, including in a marriage, registered or de facto relationship)

Go to 29

Divorced

Go to 29

Widowed

(previously partnered with a different-sex or same-sex partner, including in a marriage, registered or de facto relationship)

Go to 28

Never married or lived with a partner

Go to 38

**21 What is your date of marriage or relationship registration?**

/ /  Go to 23

**22 When did you and your partner start living together as a member of a couple?**

/ /

**23 Do you currently live in the same home as your partner?**

No  Go to next question

Yes  Go to 31

**24 Your partner's permanent address**

.....  
.....  
.....  
.....  
Postcode

**25 Your partner's postal address (if different to above)**

.....  
.....  
.....  
.....  
Postcode

26 Why are you not living with your partner?

Partner's illness

Your illness

Partner in prison

Partner's employment

Other  Give details below

27 Period not living with your partner

From  /

To  /  OR indefinite  **Go to 31**

28 Please give the following details about your deceased partner.

Full name

Date of birth

/

Date of death

/

► **Go to 37**

29 Do you live in the same home as your former partner?

No  **Go to 37**

Yes  **Go to next question**

SS293

30 Please give the following details about your former partner.

Full name

Date of birth

/

Date relationship ended

/

Current address (if known)

Postcode

► **Go to 37**

31 Your partner's name

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

32 Has your partner ever used or been known by any other name (e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name)?

No  **Go to next question**

Yes  **Give details below**

1 Other name

Type of name (e.g. name at birth)

2 Other name

Type of name (e.g. maiden name)

If your partner has more than 2 other names, attach a separate sheet with details.

33 Your partner's gender

Male

Female

34 Your partner's date of birth

/

35 Your partner's Centrelink Reference Number (if known)

-  -  -

36 Do you give permission for your partner to speak to us on your behalf?

You can change this authority at any time.

No  **Go to 40**

Yes

37 Are you married, in a registered relationship or partnered (including de facto)?

No  **Go to next question**

Yes  **Go to 40**

38 Do you share your accommodation with anyone other than an immediate member of your family?

No  **Go to 40**

Yes  **Go to next question**

**39 Please read this before answering the following questions.**

The following questions are to be completed if you share your accommodation with anyone **other than an immediate family member**.

**This includes anyone who:**

- regularly stays any number of nights per week
- uses your home as a base (e.g. truck drivers, miners, flight attendants or members of the armed forces).

We need some details about your living arrangements to work out your correct payment.

The questions on this form will help us to decide whether we need additional information.

Give details of each person who shares your accommodation.

**Do not include immediate family members.**

**Person 1** Name

Age

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Gender

When did you start sharing with this person?

Male  Female

<input type="text"/>
----------------------

What is your relationship to this person?

<input type="text"/>
----------------------

Have you shared accommodation, at another address, with this person?

No

Yes

Have you and this person previously lived together as a couple (e.g. married, partnered, de facto or in a registered relationship)?

No

Yes

SS293

Do you and this person share the parent/guardianship of any children?

No

Yes

SS284

Have you and this person ever had any joint financial commitments (e.g. joint bank account, mortgage or other loans)?

No

Yes  Give details below

SS284

<input type="text"/>
----------------------

If you participate in activities jointly with this person, are you considered to be a couple?

No

Yes  Give details below

SS284

<input type="text"/>
----------------------

Are you concerned about your safety if forms are issued to this person?

No

Yes

*Continued*

**Person 2** Name

Age

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Gender When did you start sharing with this person?

Male  Female

<input type="text"/>
----------------------

What is your relationship to this person?

<input type="text"/>
----------------------

Have you shared accommodation, at another address, with this person?

No

Yes

Have you and this person previously lived together as a couple (e.g. married, partnered, de facto or in a registered relationship)?

No

Yes

SS293

Do you and this person share the parent/guardianship of any children?

No

Yes

SS284

Have you and this person ever had any joint financial commitments (e.g. joint bank account, mortgage or other loans)?

No

Yes  Give details below

SS284

<input type="text"/>
----------------------

If you participate in activities jointly with this person, are you considered to be a couple?

No

Yes  Give details below

SS284

<input type="text"/>
----------------------

Are you concerned about your safety if forms are issued to this person?

No

Yes

If you share with more than 2 other people, attach a separate sheet with details.

40 In the last 14 days, have you received or claimed any of the following payments (not including Family Tax Benefit)?

- ABSTUDY
- Austudy
- Carer Payment
- Disability Support Pension
  - including pension for permanently blind
- Newstart Allowance
- Parenting Payment
  - single, or
  - partnered
- Partner Allowance
- Sickness Allowance
- Special Benefit
- Widow Allowance/Pension
- Wife Pension
- Youth Allowance.

No  **Go to next question**

Yes  **Go to 55**

41 What country are you currently living in?

The country of residence is where you normally live on a long term basis.

Australia  **Go to next question**

Other  **Country of residence**

42 Have you **EVER** travelled outside Australia, including short trips and holidays?

This question helps us to verify your Australian residence.

No  **Go to next question**

Not applicable – Never  **Go to next question**  
travelled to Australia

Yes  **Give details below**

Year you last entered Australia

Passport number

Country of issue

43 Are you an Australian citizen **who was born in Australia?**

No  **► You will need to provide proof of your Australian residence status (e.g. citizenship papers, passport or other documentation)**  
**► Go to next question**

Yes  **Go to 54**

44 What is your country of birth?

45 What is your country of citizenship?

Australia  **Date granted**

/ /

**► Go to 47**

Other  **Give details below**

Country of citizenship

Date granted

/ /

46 Have you ever lived in Australia?

No  **Go to 55**

Yes  **Go to next question**

47 What type of visa did you arrive on?

New Zealand passport  **Go to 49**  
(Special Category visa)

Permanent  **Go to next question**

Temporary  **Go to next question**

Unknown (e.g. arrived  **Go to 49**  
on parent's passport)

48 Your visa details on arrival

Visa sub class

Date visa granted

/ /

49 Has your visa changed since you arrived in Australia?

No  **Go to next question**

Yes  **Most recent visa details**

Visa sub class

Date visa granted

/ /

50 When did you most recently start living in Australia?

/ /

51 Did you start living in Australia before 1965?

No  **Go to next question**

Yes  **Give details below**

Name of the ship or airline on which you arrived

Name of the place where you first arrived/disembarked

What was your name when you first arrived in Australia?

52 Are you a refugee or former refugee?

No

Yes

53 Did someone provide you with an Assurance of Support for your migration to Australia?

No

Not sure

Yes

54 Please read this before answering the question.

We need to know if you have lived in any countries other than Australia. 'Lived' means where you or your family made your home or spent a long period of time – it does not include places you visited for a holiday.

Have you **EVER** lived outside Australia for any period?

No  **Go to next question**

Yes  List **ALL** countries you have lived in since birth and the date you started living in each country.

**Include** when you started living in **AUSTRALIA**.

**Do NOT include** short trips or holidays.

**1** Country of residence

From  /  To  /

**2** Country of residence

From  /  To  /

**3** Country of residence

From  /  To  /

**4** Country of residence

From  /  To  /

**5** Country of residence

From  /  To  /

**6** Country of residence

From  /  To  /

If you require more space, attach a separate sheet with details.

55 Do you have a partner?

No  **Do not answer questions 56 to 64.**  
**Go to 65**

Yes  **Go to next question**

56 In the last 14 days has your partner received or claimed any of the following payments (not including Family Tax Benefit)?

- ABSTUDY
- Age Pension
- Austudy
- Carer Payment
- Disability Support Pension
  - including pension for permanently blind
- Newstart Allowance
- Parenting Payment
  - single, **or**
  - partnered
- Partner Allowance
- Sickness Allowance
- Special Benefit
- Widow Allowance/Pension
- Wife Pension
- Youth Allowance.

No  **Go to next question**

Yes  **Go to 66**

57 What country is your partner currently living in?

The country of residence is where your partner normally lives on a long term basis.

Australia  **Go to next question**

Other  **Country of residence**

58 Has your partner **EVER** travelled outside Australia, including short trips and holidays?

This question helps us to verify your partner's Australian residence.

No  **Go to next question**

Not applicable – Never  **Go to next question**  
travelled to Australia

Yes  **Give details below**

Year your partner's last entered Australia

Passport number

Country of issue

59 Is your partner an Australian citizen **who was born in Australia**?

No   You will need to provide proof of your partner's Australian residence status (e.g. **citizenship papers, passport or other documentation**).  
**► Go to next question**

Yes  **Go to 65**

60 What is your partner's country of birth?

61 What is your partner's country of citizenship?

Australia  Date granted

 /   Go to 63

Other  Give details below

Country of citizenship

Date granted

 / 

62 Has your partner ever lived in Australia?

No  **Go to 66**

Yes  **Go to next question**

63 What type of visa did your partner arrive on?

New Zealand passport  **Go to 65**

(Special Category visa)

Permanent  **Go to next question**

Temporary  **Go to next question**

Unknown (e.g. arrived  **Go to 65**

on parent's passport)

64 Your partner's current visa details

Visa sub class

Date visa granted

 / 

65 Please read this before answering the question.

We need to know if your partner has lived in any countries other than Australia. 'Lived' means where your partner or their family made their home or spent a long period of time – it does not include places you visited for a holiday.

Has your partner **EVER** lived outside Australia for any period?

No  **Go to next question**

Yes  List **ALL** countries your partner has lived in since birth and the date they started living in each country.

**Include** when your partner started living in **AUSTRALIA**.

**Do NOT include** short trips or holidays.

**1** Country of residence

From  /  To  /

**2** Country of residence

From  /  To  /

**3** Country of residence

From  /  To  /

**4** Country of residence

From  /  To  /

**5** Country of residence

From  /  To  /

**6** Country of residence

From  /  To  /

If you require more space, attach a separate sheet with details.

66 Do you care for any child(ren) under 18 years of age or full-time students under 22 years of age?

No  **Go to 82 on page 15**

Yes  Give the following details of each child

If you have more than 2 children in your care, copy and attach pages 11 and 12 for each additional child before completing the details for child 1.

### Child 1

67 Family name

First given name

Second given name

68 Has this child ever been known by any other names?

No  **Go to next question**

Yes  List the other names

69 Gender

Male

Female

70 Date of birth

 /  /

71 What is this child's country of birth?

72 Has this child **EVER** travelled outside Australia, including short trips and holidays?

This question helps us to verify this child's Australian residence.

No  **Go to next question**

Not applicable – Never  **Go to next question**  
travelled to Australia

Yes  Give details below

Year this child last entered Australia

Passport number

Country of issue

73 Please read this before you answer the question.

The term '**parent**' refers to a natural parent, adoptive parent or a person who is legally responsible for a child born through an artificial conception procedure or where a surrogacy court order is in place.

Which of the following best describes your relationship to this child?

Parent

Grandparent

Step-parent

Foster carer

Other  **Give details below**

74 Does this child currently live with you?

No

Yes

75 Do you (and/or your partner) share the care of this child with another person? **Do not include** school/day care arrangements.

No  **Go to next question**

Yes  What is the percentage of your (or your partner's) care of this child?

%

76 Does this child receive a payment from any Commonwealth, state or territory government?

No  **Go to next question**

Yes  Give details below

77 Is this child 5 years or older?

No  **Go to 80**

Yes  **Go to next question**

78 Is this child in full-time education?

No

Yes

## Child 1

**79** Does this child have any income?

No  **► Go to next question**

Yes  **► Amount**

\$   per week

**80** Do you receive Family Tax Benefit for **this** child?

No  **►**  Attach proof of birth (e.g. **birth certificate**) for this child if you have not previously provided it to us.

**► Go to next question**

Yes  **► Go to next question**

**81** Do you care for another child under 18 years of age or full-time students under 22 years of age?

No  **► Go to 82 on page 15**

Yes  **►** If you have more than 2 dependent children, (if you have not already copied pages 11 and 12) copy and attach pages 13 and 14 for each additional child before completing the details for child 2.

**► Go to next question on the next page**

## Child 2

67 Family name

First given name

Second given name

68 Has this child ever been known by any other names?

No  *Go to next question*

Yes  List the other names

69 Gender

Male

Female

70 Date of birth

 /  / 

71 What is this child's country of birth?

72 Has this child **EVER** travelled outside Australia, including short trips and holidays?

This question helps us to verify this child's Australian residence.

No  *Go to next question*

Not applicable – Never  *Go to next question*  
travelled to Australia

Yes  Give details below

Year this child last entered Australia

Passport number

Country of issue

73 Please read this before you answer the question.

The term '**parent**' refers to a natural parent, adoptive parent or a person who is legally responsible for a child born through an artificial conception procedure or where a surrogacy court order is in place.

Which of the following best describes your relationship to this child?

Parent

Grandparent

Step-parent

Foster carer

Other  *Give details below*

74 Does this child currently live with you?

No

Yes

75 Do you (and/or your partner) share the care of this child with another person? **Do not include** school/day care arrangements.

No  *Go to next question*

Yes  What is the percentage of your (or your partner's) care of this child?

 %

76 Does this child receive a payment from any Commonwealth, state or territory government?

No  *Go to next question*

Yes  Give details below

77 Is this child 5 years or older?

No  *Go to 80*

Yes  *Go to next question*

78 Is this child in full-time education?

No

Yes

## Child 2

**79** Does this child have any income?

No   *Go to next question*

Yes   Amount

\$   per week

**80** Do you receive Family Tax Benefit for **this** child?

No    Attach proof of birth (e.g. **birth certificate**) for this child if you have not previously provided it to us.

 *Go to next question*

Yes   *Go to next question*

**81** Do you care for another child under 18 years of age or full-time students under 22 years of age?

No   *Go to next question*

Yes    Attach details of the other dependent children.

 *Go to next question*

## 82 Please read this before answering the following questions.

You are not breaking the law if you do not give us your (and your partner's) tax file number(s), but if you (and your partner) do not provide them to us, or authorise us to get them from the Australian Taxation Office, you may not be paid.

In giving us your (and your partner's) tax file number in relation to this claim you authorise us to use your (and your partner's) tax file number for other social security payments and services in future where necessary.

Have you (and your partner) given us your tax file number(s) before?

No  *Go to next question*

Not sure  *Go to next question*

Yes  *Go to 84*

**83** Do you (and your partner) have a tax file number(s)?

You

No  Please call us on 132 717.

Yes  Your tax file number

## Your partner

No  Please call us on 132 717.

Yes  Your partner's tax file number

**84** Have you (and/or your partner) claimed or been paid any of the following payments in the last 14 days?

- ABSTUDY
  - Age Pension
  - Austudy
  - Carer Payment
  - Disability Support Pension
  - Family Tax Benefit
  - Newstart Allowance
  - Partner Allowance
  - Parenting Payment
  - Sickness Allowance
  - Special Benefit
  - Widow Allowance/Pension
  - Wife Pension
  - Youth Allowance.

No  *Go to next question*

Yes  ***Do not answer questions 85 to 114.  
Go to 115***

**85** Do you (and/or your partner) own a home but live elsewhere?

No  *Go to next question*

Yes  What is the reason you live away from the home you own?

## Travelling away from your home

## Being cared for away from your home

## Caring for someone away from your home

## Living away from home to study

Other

---

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Other  Give details below

86 Which of the following best describes where you live?

You are single, under 21 years of age and living in the principal home of a parent

Go to 115

In a home which is owned by a private company or a private trust that you have an interest in

Go to 115

In a home you (and/or your partner) own or you own jointly with another person, this can include:

- paying it off (mortgage)
- a caravan, transportable home or boat

Go to 87

In a hospital or home for people with disabilities

Go to 107

In a nursing home or aged care hostel

Go to 91

In a retirement village

Go to 97

In accommodation which you (and/or your partner) have the right to use for life

Go to 100

In public housing (e.g. housing owned by the Housing Authority. This does not include paying rent to a Community Housing organisation.)

Go to 88

In a place where you (and/or your partner) pay private rent (this includes site or mooring fees)

Go to 105

In a boarding house/hostel/private hotel

Go to 107

In accommodation where you pay no rent

Go to 115

Other (e.g. this could be where you (and/or your partner) do not have a fixed address)

Give details below

.....  
.....  
.....

Go to 105

87 Do you (and/or your partner) pay site, ground or mooring fees for the home you own (this could be for a caravan, transportable home or boat)?

No  **Do not answer questions 88 to 114.**  
**Go to 115**

Yes  **Go to 105**

88 Are you (and/or your partner) the primary tenant(s)?

That is, your (and/or your partner's) name is on the tenancy agreement (lease) with the public housing authority.

No  **Go to next question**

Yes  **Do not answer questions 89 to 114.**  
**Go to 115**

89 Does the primary tenant pay rent at the market rate?

No  **Go to next question**

Not sure  **Go to next question**

Yes  **Go to 106**

90 Do you (and/or your partner) live with the primary tenant(s) AND your (and/or your partner's) income has been taken into account by the public housing authority when calculating the rent?

No  **Do not answer questions 91 to 114.**  
**Go to 115**

Yes  **Go to 106**

91 Name of aged care hostel/nursing home

.....  
.....

92 What date did you move into the aged care hostel or enter the nursing home?

/ /

93 How long will you be staying?

Long term or  **Go to next question**  
indefinitely

Short term or  **When do you expect to leave?**  
temporary (for  
example Respite care)

**Do not answer  
questions 94 to 114.**  
**Go to 115**

94 Does this aged care hostel or nursing home receive an Australian Government subsidy for your accommodation?

Check with your service provider to find out if they receive any Australian Government subsidy.

No  **Attach documents to verify the details of  
the entry agreement for daily fees.**  
 **Go to next question**

Not sure  **Go to next question**

Yes  **Go to next question**

**95** Did you pay an accommodation bond or charge?

Your accommodation bond may have been a donation, a loan or some type of payment which may be repayable to you in whole or in part, if you leave. An accommodation bond does not include gifts or loans above the amount you had to pay for the right to your accommodation.

No  **Go to next question**

Yes  How much accommodation bond did you pay?

\$

 Attach the accommodation bond or the accommodation charge agreement.

**96** Did you make a gift and/or loan in addition to the accommodation bond?

No  **Go to 115**

Yes  How much was the gift?

\$

How much was the loan?

\$

**► Go to 115**

**97** What date did you (and/or your partner) move into the retirement village?

/ /

**98** Did you (and/or your partner) pay an entry contribution?

Your entry contribution may have been a donation, a loan or some type of payment which may be repayable to you in whole or in part, if you leave. An entry contribution does not include gifts or loans above the amount you had to pay for the right to your accommodation.

No  **Go to next question**

Yes  How much entry contribution did you pay?

\$

 Attach documents to verify the details of your entry contribution (e.g. your contract).

**99** Did you (and/or your partner) make a gift and/or loan in addition to the entry contribution?

No  **Go to 106**

Yes  How much was the gift?

\$

How much was the loan?

\$

**► Go to 106**

**100** Did you (and/or your partner) pay a sum of money and/or transfer assets to another person in return for this accommodation for life?

No  **Go to next question**

Yes  **Go to 102**

**101** Tick which option describes how you (and/or your partner) obtained a life interest in a home without any exchange of money or transfer of assets:

Inherited the life interest  **Go to 115**

Have a formal agreement documenting  **Go to 115**  
your right to accommodation for life

Have an informal arrangement with  **Go to 105**  
children to live at their home and pay rent

Informal arrangement, no rent paid  **Go to 115**

Other  Give details  
below

.....

.....

**► Go to 105**

**102** What date did you (and/or your partner) make this payment/transfer?

/ /

**103** Details of the payment/transfer

How much did you (and/or your partner) pay?

\$

**AND/OR**

What assets were transferred?

.....

Market value of assets transferred?

\$

**104** Details of the person or organisation the payment/transfer was made to

Full name (of the person or organisation)

.....

Address

.....

Postcode

**105** What type of accommodation do you (and your partner) live in?Private house or townhouse/unit/flat Community housing Defence housing Caravan/cabin/mobile home Boat Boarding house/hostel/private hotel  **Go to 107**Other  Give details below
**► Go to next question****106** Please read this before answering the following question.

Sharing your accommodation means that you have the right to use a kitchen, bedroom or bathroom with one or more persons. This includes ALL family members (except children which you are paid family assistance for), people who regularly stay at your accommodation and people who work away from home (e.g. truck drivers, miners, flight attendants or members of the armed forces).

Do you (and your partner) share your accommodation with other people?

No  **Go to next question**Yes  Give details below**1** Person's name

Age

When did they move in? Relationship to you

/ /

Their share of the rent/lodgings

Do they own the home?

\$
per
No 
Yes

**2** Person's name

Age

When did they move in? Relationship to you

/ /

Their share of the rent/lodgings

Do they own the home?

\$
per
No 
Yes

**3** Person's name

Age

When did they move in? Relationship to you

/ /

Their share of the rent/lodgings

Do they own the home?

\$
per
No 
Yes

**4** Person's name

Age

When did they move in? Relationship to you

/ /

Their share of the rent/lodgings

Do they own the home?

\$
per
No 
Yes

If you share with more than 4 people, attach a separate sheet with details.

107 Do you (and/or your partner) pay board and/or lodgings?

Board means you (and/or your partner) are provided with some regular meals.

Lodgings means no meals are provided to you (and/or your partner).

No  **Go to 109**

Yes  **Go to next question**

108 Can you separate the amounts you (and/or your partner) pay for board and/or lodgings?

No  Total board and lodgings charged per day, week, fortnight, 4 weeks or calendar month

\$ per

Yes  Amount paid for board (meals) per day, week, fortnight, 4 weeks or calendar month

\$ per

Amount paid for lodgings (accommodation only) per day, week, fortnight, 4 weeks or calendar month

\$ per

► **Go to 110**

109 How much do **you** (and/or **your partner**) pay per day, week, fortnight, 4 weeks or calendar month (e.g. rent, maintenance or site fees)?

This would be the total you (and/or your partner) pay for the property minus any subsidy/rebate or contribution from another person or organisation.

\$ per

110 When did you (and/or your partner) start paying this amount?

/ /

111 Do you (and your partner) live in a boarding house, hostel, private hotel, hospital or disability housing?

No  **Go to next question**

Yes  **Go to 113**

112 What is the **total amount** of rent charged for the property per day, week, fortnight, 4 weeks or calendar month?

\$ per

113 Details of your landlord, authorised agent or person you (and/or your partner) pay rent to

Full name

Address

Postcode

Contact phone number

( )

114 Do you (and/or your partner) have a current lease or tenancy agreement with written evidence of the **CURRENT** amount of rent, fees, lodgings or board and lodgings you (and/or your partner) pay?

No  **Go to next question**

Yes   Attach a full copy of your signed lease or tenancy agreement.

115 Are you (and/or your partner) receiving a Disability Pension at the Special Rate (Totally and Permanently Incapacitated) from the Department of Veterans' Affairs?

No  **Go to 117**

Yes  **Go to next question**

116 Do you have the Special Rate decision letter from the Department of Veterans' Affairs?

No  **Go to next question**

Yes   Attach the Special Rate decision letter.  
► **Go to 118**

117 Do you authorise us to get information from the Department of Veterans' Affairs as required for this claim?

No  You will need to provide medical evidence.

► **Go to next question**

Yes  **Go to next question**

**118** Are you claiming Disability Support Pension because you are permanently blind?

No  **Go to 126**

Yes  **Go to next question**

**119** Are you (and/or your partner) claiming Rent Assistance?

No  **Go to next question**

Yes

 You will need to complete and attach an **Income and Assets** form (SA369) included in this pack. If you do not have this form, go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp)  
► **Do not answer questions 121 to 145.**  
**Go to 146**

**120** Are you (and/or your partner) receiving a New Zealand Government payment?

No  **Go to next question**

Yes

 Attach a letter or other document which gives the reference number and details of the payment.

**121** Are you (and/or your partner) receiving any other payment from the Department of Veterans' Affairs?

No  **Go to 123**

Yes  **Go to next question**

**122** Which other payment do you (and/or your partner) receive from the Department of Veterans' Affairs?

***Tick ALL that apply***

Disability Pension (War Pension)

Income Support Supplement

Service Pension

War Widow's Pension

War Widower's Pension

Other

Not sure

 Attach a letter or other document which gives the reference number and details of each payment.

**123** Do you (and/or your partner) receive New Enterprise Incentive Scheme (NEIS) Allowance?

No  **Go to next question**

Yes

 Attach a letter or other document(s) that shows the reference number and details for each payment (other than payments made by us).

**124** Please read this before answering the following questions.

**Include:**

- workers' compensation/damages as a result of a work injury
- third party damages as a result of a motor vehicle accident
- personal accident and sickness insurance or income replacement insurance
- sporting injury compensation
- public liability compensation
- medical negligence compensation
- damages paid to victims of crime or as a result of criminal injuries.

Have you (or your partner) ever **CLAIMED** or are you (or your partner) **ABLE TO CLAIM** compensation, insurance and/or damages?

No  **Go to next question**

Yes

 You will need to complete and attach a **Compensation and damages** form (Mod C). If you do not have this form, go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp)

**125** Are you (and/or your partner) **RECEIVING** or have you (and/or your partner) **EVER BEEN PAID** compensation, insurance and/or damages?

No  **Go to 146**

Yes

 You will need to complete and attach a **Compensation and damages** form (Mod C). If you do not have this form, go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp)

► **Go to 145**

**126** Before you needed to make this claim, were you working as a wage or salary earner or about to start working as a wage or salary earner?

No  **Go to 132**

Yes  **Go to next question**

**127** Is your employer keeping a job available for you?

No  **Go to 132**

Not sure  **Give details about your employer below**  
Yes

Full name

Australian Business Number (ABN)

 -  -  - 

Address

Postcode

Phone number

Fax number

Personnel number

Was this work

Full-time  Part-time  Casual

**128** Are you still working for this employer?

No  **Go to 130**

Yes  **How many hours are you working now?**

hours per week

**129** Is this part of a return to work program?

No  **Go to 132**

Yes

**130** Are you being paid sick leave?

Tick 'Yes' if you **expect** to be paid sick leave.

No

Yes

**131** Do you think you are about to lose your job because of your disability, illness or injury?

No

Yes

int

**132** Before you needed to make this claim, were you self-employed, working as a sub-contractor or a primary producer (e.g. a farmer, a market gardener)?

No  **Go to 138**

Yes  **Go to next question**

**133** Do you operate through a company (as a principal or employee)?

No  **Go to next question**

Yes  **Go to 138**

**134** Do you have a contract (written or oral contract) to provide goods or services?

No  **Go to 138**

Yes  **Give details about your contract below**

Full name

Australian Business Number (ABN)

 -  -  - 

Address

Postcode

Phone number

Fax number

**135** What type of contract do you have?

Written   Attach the written contract to provide goods and services.

Oral  **Go to next question**

int

**136** Are you still doing this work?

No  **Go to next question**

Yes  Give details below

How many hours are you working now?

hours per week

Is this part of a return to work program?

No  Yes

► **Go to 138**

**137** Do you expect to return to this work?

No

Not sure

Yes

**138** Before you needed to make this claim, were you studying (e.g. school, TAFE college, university)?

No  **Go to 141**

Yes  **Go to next question**

**139** Do you expect to return to your studies?

No  **Go to next question**

Not sure  Give details below

Yes

Name of school, TAFE college, university, other

Address

Postcode

Phone number

**140** Before you needed to make this claim, were you doing something other than paid employment or study (e.g. voluntary work, unemployed, in receipt of another payment, financially dependent on someone else, caring for someone else, undertaking home duties, parenting, recovering from an illness or operation, undergoing rehabilitation)?

No  **Go to next question**

Yes  Give details below

**141** In the last 14 days have you (and/or your partner) received or claimed any of the following payments (not including Family Tax Benefit)?

- ABSTUDY
- Age Pension
- Austudy
- Carer Payment
- Disability Support Pension
- Newstart Allowance
- Parenting Payment
- Sickness Allowance
- Special Benefit
- Widow Allowance/Pension
- Wife Pension
- Youth Allowance.

No



You (and your partner) will need to complete and attach an **Income and Assets** form (**SA369**) included in this pack. If you do not have this form, go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp)

Yes  **Go to next question**

**142** In the last 12 months, have you (or your partner), or do you (or your partner) expect to receive, any leave entitlement payments from an employer you have worked for?

This can **include**, but not limited to:

- annual leave
- maternity leave
- paternal leave (this **DOES NOT include** Parental Leave Pay or Dad and Partner Pay)
- long service leave or sick leave you received when you stopped work
- entitlements that you cashed in before you stopped work
- money in a long-service leave fund or scheme that you have not cashed in.

No  **Go to next question**

Yes  Give details below



Attach documents which confirm leave entitlement payments (e.g. letter from employer).

**1** Type of leave entitlement

Amount you received or expect to receive before tax and other deductions

\$

Number of working days covered by the payment

Date paid or date payable

Name of employer

Address

Postcode

Phone number

Job description

<b>2</b>	Type of leave entitlement	
Amount you received or expect to receive before tax and other deductions		
	\$	
Number of working days covered by the payment		
Date paid or date payable		
	/	/
Name of employer		
Address		
Postcode		
Phone number		
( )		
Job description		
If you have payments from more than 2 employers, attach a separate sheet with details.		

**143** Have you received a redundancy payment since 20 September 2006?

No  **Go to 144**

Yes   Attach documents which confirm any redundancy payments (e.g. **Employment Separation Certificate** form (**SU001**), letter from employer). If you do not have this form, go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp)

**144** Please read this before answering the following questions.

**Important information:** Disability Support Pension is not subject to the parental income test, however, if you are under 21 years of age, you may be eligible for the Independent Rate.

**145** Are you under 21 years of age?

No  **Do not answer questions 146 to 161.**  
**Go to 162**

Yes  **Go to next question**

**146** What date did you leave secondary school?

/ /

**147** Have you worked and earned at least 75 per cent of the maximum Wage Level A of the transitional Australian Pay and Classification Scale or a modern award applicable to trainees within an 18 month period since last leaving secondary school?

No  **Go to next question**

Yes   You will need to provide proof of income earned and periods worked (e.g. payslips, letter from your employer or payment summaries).  
**Do not answer questions 148 to 161.**  
**Go to 162**

**148** Since leaving secondary school have you worked in part-time paid employment for at least 15 hours a week for 2 years?

No  **Go to next question**

Yes   Attach proof of employment (e.g. payslips, letter from the employer).  
**Do not answer questions 149 to 161.**  
**Go to 162**

**149** Have you supported yourself in full-time paid employment working an average of 34 hours a week for 18 months in a 2 year period?

No  **Go to next question**

Yes   You will need to provide proof of hours and periods worked (e.g. payslips or letter from your employer).  
**Do not answer questions 150 to 161.**  
**Go to 162**

**150** Are you, or have you been, married or in a registered relationship?

No  **Go to next question**

Yes   Attach proof of marriage or relationship registration.

► **Do not answer questions 151 to 161.**  
**Go to 162**

**151** Do you have or have you had a dependent child (natural or legally adopted)?

No  **Go to next question**

Yes   Attach proof of birth for this child, if you have not already done so.

► **Do not answer questions 152 to 161.**  
**Go to 162**

**152** Have you lived, or are you living, as a member of a couple in a relationship that has lasted:

- for at least 12 months, **or**
- for at least 6 months where the relationship ended due to exceptional circumstances (such as domestic violence or death of a partner)?

No  **Go to next question**

Yes  **Do not answer questions 153 to 161.**  
**Go to 162**

**153** Do you live with your parent(s)?

No  **Go to next question**

Yes  **Do not answer questions 154 to 161.**  
**Go to 162**

**154** Are you 16 or 17 years of age?

No  **Do not answer questions 155 to 161.**  
**Go to 162**

Yes  **Go to next question**

**155** Do you live away from your parents' home because of a disability, illness or injury?

No  **Go to next question**

Yes  Give details below

.....  
.....  
.....

► **Do not answer questions 156 to 161.**  
**Go to 162**

**156** Are you an orphan?

No  **Go to next question**

Yes  You may need to provide evidence.

► **Go to 162**

**157** Are you a refugee without parents in Australia?

No  **Go to next question**

Yes  **Go to 162**

**158** Are your parent(s) unable to exercise their parental responsibilities?

For more information, refer to the **Information Booklet**.

No  **Go to next question**

Yes  **Go to 162**

**159** Is it unreasonable for you to live at home?

For more information, refer to the **Information Booklet**.

No  **Go to next question**

Yes   You will need to complete and attach an **Unreasonable to Live at Home** form (Mod Y). If you do not have this form, go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp)  
► **Go to 162**

**160** Are you, or have you been, in state or territory care?

No  **Go to 162**

Yes  **Go to next question**

**161** Do you, or does anyone else on your behalf, get a payment from a state and/or territory government?

This includes any organisation that gets a payment for you.

No  **Go to next question**

Yes  Give details of the department or organisation below

Full name

.....  
.....  
.....

Address

.....  
.....  
.....

Postcode

**162** Which of the following forms, documents and other attachments are you (and/or your partner) providing with this form?

*If you are not sure, check the question to see if you should attach the documents.*

Where you are asked to supply documents, please attach original documents.

- Identity documents   
There is a list of acceptable documents in the **Information Booklet**
- Authorising a person or organisation to enquire or act on your behalf** form (SS313)   
(if you answered Yes at **question 6**)
- Proof of Australian residence status   
(if you answered No at **questions 43 and 59**)
- Dependent children proof of birth   
(if you answered No at **question 80 on page 12 and/or 14**)
- Details of other dependent children   
(if you answered Yes at **question 81 on page 14**)
- Documents to verify the details of the entry agreement for daily fees   
(if you answered No at **question 94**)
- Documents to verify details of an accommodation bond or accommodation charge agreement   
(if you answered Yes at **question 95**)
- Documents to verify details of an entry contribution   
(if you answered Yes at **question 98**)
- Signed lease or tenancy agreement   
(if you answered Yes at **question 114**)
- Special Rate decision letter   
(if you answered Yes at **question 116**)
- Income and Assets** form (SA369)   
(if you answered Yes at **question 119** or  
if you answered No at **question 141**)
- Letter or document which gives the reference number   
and details of each New Zealand payment  
(if you answered Yes at **question 120**)
- Letter or document which gives details of   
Department of Veterans' Affairs payment(s) and  
reference number(s)  
(if required for **question 122**)
- Letter(s) or document(s) which gives the reference   
number and details of NEIS Allowance  
(if you answered Yes at **question 123**)
- Compensation and damages** form (Mod C)   
(if you answered Yes at **question 124 or 125**)
- The contract to provide goods and services   
(if required for **question 135**)

*Continued*

Documents which confirm your leave entitlements   
(if you answered Yes at **question 142**)

Documents which confirm any redundancy payment received OR **Employment Separation Certificate** form (SU001)   
(if you answered Yes at **question 143**)

Proof of employment   
(if you answered Yes at **question 147, 148 or 149**)

Proof of marriage or relationship registration   
(if you answered Yes at **question 150**)

Dependent children proof of birth   
(if you answered Yes at **question 151**)

**Unreasonable to Live at Home** form (Mod Y)   
(if you answered Yes at **question 159**)

*Continued* ►

**IMPORTANT INFORMATION****Privacy and your personal information**

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy)

**164 Statement****I declare that:**

- the information I have provided in this form is complete and correct.

**I understand that:**

- giving false or misleading information is a serious offence.
- the Australian Government Department of Human Services can make relevant enquiries to make sure I receive the correct entitlement.
- I must notify the Australian Government Department of Human Services of any changes to this information **within 14 days** of the change(s) occurring.

Your signature



Date

11/ 04 / 2018

Your partner's signature



Date

/ /

***You must now complete the Medical details section of this claim.***

► ***Go to 165***

# Medical details

**165** List any disabilities or medical conditions that significantly affect your ability to work. This can include any physical, intellectual or psychiatric condition or disability.

ATOPIC DERMATITIS

SEVERE DEPRESSION

**166** When did your disability or medical condition(s) begin to significantly affect your work capacity?

01/ 01 / 2006

**167** Do you believe you require nursing home level of care, frequent support or supervision from a carer, or palliative care?

No  *Go to next question*

Yes  Give details below

If you need more space, attach a separate sheet with details.

**168** Do you believe that your life expectancy may be significantly reduced within the next few years because of your condition?

No  *Go to next question*

Yes  Give details below

If you need more space, attach a separate sheet with details.

**169** Please read this before answering the following questions.

To help us understand how your disability or medical condition affects you, we need information about any past treatment you may have received for your conditions, and any current, planned or future treatment. This may include treatments such as medication, surgery, rehabilitation, physical therapy, counselling, hearing aids, specialised clinics, chemotherapy, radiotherapy or palliative care.

If you believe that any of the following questions about treatment are not relevant for your condition (e.g. because there is no available treatment), please explain this in the space provided.'

**170** Have you received any past treatments for your disability or medical condition?

No  *Go to 172*

Yes  Give details below

UVB SKIN TREATMENT

MENTAL COUNSELLING

If you need more space, attach a separate sheet with details.

**171** When did you receive treatment(s)?

01/06/2012

If you need more space, attach a separate sheet with details.

*► Go to 173*

**172** Reason why you have not received any past treatments for your disability or medical condition

If you need more space, attach a separate sheet with details.



CLK0MEDSA466 1801

**173** Are you currently receiving any treatment for your disability or medical condition?

No  **Go to 176**

Yes  Give details below

If you need more space, attach a separate sheet with details.

**174** Who is providing or supporting this treatment (e.g. treating doctor, hospital, clinic)?

If you need more space, attach a separate sheet with details.

**175** How does this treatment affect your ability to work or study?

If you need more space, attach a separate sheet with details.

► **Go to 177**

**176** Reason why you are not receiving any treatment for your disability or medical condition

LOOKING FOR WORK

DEPRESSION

ANXIETY

If you need more space, attach a separate sheet with details.

**177** Are you expecting to have future treatment for your disability or medical condition?

No  **Go to next question**

Yes  Give details below

Type of treatment

COUNSELLING

Reason for treatment

SEVERE DEPRESSION

When do you expect to receive this treatment (if known)

Who will provide this treatment (if known)

If you need more space, attach a separate sheet with details.

► **Go to 179**

**178** Reason why you are not expecting to have future treatment for your disability or medical condition

If you need more space, attach a separate sheet with details.

**179** List any doctors, specialists or other professionals who could tell us about your disability or medical condition (e.g. Treating Doctor or specialist, Clinical Psychologist, Psychiatrist)

**1** Full name

Profession

Address

Postcode

Phone number

(      )

**2** Full name

Profession

Address

Postcode

Phone number

(      )

If you have more than 2 professionals to list, attach a separate sheet with details.

**180** What is the highest level of education you have **completed** (e.g. Year 11, Tertiary, Diploma)?

**Note:** If completed outside Australia, indicate the Australian equivalent.

**BACHELORS**

**181** Have you attended a special class or school because of a disability or medical condition?

No  *Go to next question*

Yes  Give details below

Name of school

Address

Postcode

**182** What qualifications have you gained (e.g. courses, tickets, licences, certificates, diplomas)?

**BACHELORS OF GAMES GRAPHICS DESIGN**

**ADVANCE DIPLOMA FOR VFX AND 3D ANIMATION**

**183** What sort of work have you done?

Provide details of your most recent employment history.

**1** Employer's name

**OUTER SPACE INSTALLATIONS**

Dates worked

From

To

13/ 07 / 2017

10/ 01 / 2018

Type of work

**LABOURER**

**2** Employer's name

**CITIZENS ADVICE BUREAU**

Dates worked

From

To

01 / 07 / 2015

03 / 03 / 2016

Type of work

**VOLUNTEER GRAPHIC DESIGNER**

**184** Have you been given or offered extra support in the workplace because of your disability or medical condition, such as modifications to your work environment, reduced hours of work, alternative duties, retraining, etc.?

No  *Go to next question*

Yes  Give details below

**185** In the last 3 years, have you participated in any programs to help you find work, stay in a job, return to work, manage an injury or help you with vocational rehabilitation, gaining new skills, work experience or training (e.g. Disability Employment Services, Community Development Programme, jobactive or a workers' compensation program)?

No  *Go to next question*

Yes  Give details below

**1** Name of provider

Dates you participated		
/	/	/

**2** Name of provider

Dates you participated		
/	/	/

**186** When do you think you could do any activities that would help prepare you for work?

Now

Within 3 months

3–6 months

6–12 months

12–24 months

More than 2 years

Not sure

*Continued* ►

## Medical evidence to support your claim for Disability Support Pension

You need to provide current medical evidence from your treating health professional(s) to support your claim for Disability Support Pension. We need this information to help us understand how your medical conditions affect you, and to make sure we correctly assess your claim.

We are not responsible for obtaining this information on your behalf. However, we may contact your treating health professionals to confirm or clarify information you provide about your medical conditions.

### Information we need to assess your claim

You must provide current medical evidence about each of your medical conditions that impact your ability to work. These requirements are explained in more detail below.

You need to provide suitable medical evidence when you lodge your claim. If you do not provide this information we may be unable to correctly assess your claim, and may reject your claim.

Please tell us if you cannot provide evidence within that time, or if you are having difficulty obtaining medical evidence.

### What is medical evidence?

Medical evidence includes documents written by a registered medical practitioner (such as your treating doctor) and other registered health or allied health professionals. This evidence should support the information you provide in the medical details section of your claim.

Statements about your condition written by you or your nominee are taken into account, but are not considered medical evidence. This applies to information provided by a person who is not a registered health professional, such as a teacher.

### Examples of medical evidence you should provide:

- medical history reports/print outs
- specialist medical reports, including outcomes of specialist referrals by your treating doctor
- allied health professional reports, such as physiotherapy or audiology reports
- psychologist reports, including IQ testing reports
- medical imaging reports
- compensation and rehabilitation reports
- physical examination reports
- hospital/outpatient records or discharge summaries including operations you have had.

You are not required to provide everything on this list. Medical evidence should be as current as possible. Older evidence (such as reports or records more than 2 years old) will generally be considered less relevant. Please talk to your treating health professional if you are not sure whether the medical evidence you have reflects your current circumstances.

### Details of your treating health professionals

Please include the full name and contact details for all your treating health professionals in the medical details section of your claim.

## Information we need about your medical conditions

In most cases, we need current information about the diagnosis, treatment, symptoms, functional impact and prognosis of each of the medical condition(s) that impact your ability to work. This is explained in more detail below:

### Diagnosis

- The formal diagnosis of the medical conditions that impact your ability to function.
- When each medical condition was diagnosed.
- The name, qualification and contact details of the medical professional who made the diagnosis.

### Treatment and care

- The type of treatment that has been undertaken in the past.
- The current treatment(s) you are undertaking.
- Planned or future treatment, including whether you are on a waiting list.
- If you require specific care because of your condition, including nursing home level or palliative care.

### Symptoms and functional impact

- When the symptoms of each medical condition started (date of onset).
- Current symptoms of your conditions (persisting despite treatment, aids, equipment or assistive technology).
- The severity, frequency and duration of your symptoms.
- How your conditions and treatment impact on your ability to function in day-to-day life including at work.

### Prognosis

- The length of time the condition is likely to impact your ability to function.
- Whether the condition is likely to improve, remain the same or get progressively worse.
- Whether your medical condition is likely to significantly affect your life expectancy.

## Specific medical evidence required for some medical conditions

We need specific medical evidence for some medical conditions. This includes:

- **ear conditions affecting hearing or balance:** the diagnosis must be supported by a report from your audiologist or ear, nose and throat specialist.
- **eye conditions affecting vision:** the diagnosis must be supported by a report from your ophthalmologist.
- **mental health conditions (such as depression, schizophrenia):** your doctor's diagnosis must be supported by a psychiatrist or clinical psychologist assessment.
- **intellectual impairment:** we need an assessment of intellectual function and assessment of adaptive behaviour from your psychologist, or a report from your special school which includes these psychologist assessments. Evidence you provide must include information supported by a psychologist about your IQ score, or your ability to undergo IQ testing.

For more information, go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp) or call us on 132 717.

**Continued** ▶

**188 Please read this before answering the following questions.**

This checklist helps ensure you have the right medical evidence to support your claim for Disability Support Pension. It may also help guide discussion with your treating health professionals if you need further evidence. Disability Support Pension medical evidence requirements are explained on page 31 of the claim form. For more information, go to [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp)

**189** Do you have current medical evidence from your treating doctor(s) for any conditions which significantly affect your work capacity?

No  **Go to 191**

Yes  **Go to next question**

**190** In most cases we need medical evidence from your treating doctor(s) to include your diagnosis, prognosis and how your condition affects you. Please indicate the information included in the medical evidence from your treating doctor(s):

the diagnosis of any conditions which significantly affect your work capacity

details of the treating health professional (s) who diagnosed each condition, including names and contact details

details of any past, current and planned treatment for your conditions

symptoms of your conditions (how they affect you now, and how they may affect you in the future, with treatment)

prognosis for your conditions, (taking into account any current and planned treatment)

**191** Please indicate which statement applies to you.

You are claiming Disability Support Pension because:

you need nursing home level care, or your life expectancy is significantly reduced within the next 2 years

 You will need to provide medical evidence that outlines your symptoms and prognosis.

of an intellectual disability

 You will need to provide an assessment of intellectual function and adaptive behaviour supported by a psychologist, including information about your IQ score, or your ability to undergo testing.

of an eye condition affecting your vision

 You will need to provide an **Optometrist/Ophthalmologist Report** form (SA013) or equivalent information.

you are permanently blind

 You will need to provide an **Optometrist/Ophthalmologist Report** form (SA013) or equivalent information.

of a mental health condition (such as depression or anxiety)

 You will need to provide evidence that the diagnosis was made by a psychiatrist, **OR** another medical practitioner (such as your GP) **and** a clinical psychologist.

of an ear condition affecting your hearing or balance

 You will need to provide evidence that the diagnosis is supported by an ear, nose and throat specialist **or** another medical practitioner (such as your GP) **and** an audiologist.

none of the above

192

Please provide existing medical evidence with your claim which shows the current impact of your condition(s). If you have given any of these documents to us before, you do not need to provide them again.

What medical evidence documents are you providing with your claim?

Medical history records, such as a patient health summary signed by your GP

Report from a medical specialist such as an ear, nose and throat specialist, psychiatrist or ophthalmologist

GP referral letter to medical specialist

Report from another treating health professional such as a physiotherapist, psychologist, occupational therapist or audiologist

Rehabilitation reports

Medical imaging report such as MRI, X-ray, CT (films not required)

Hospital / Outpatient / Discharge report

Compensation medical report

Wait-list confirmation letter

Special School/Special Education Unit report

Other medical evidence – give details below

193 Are you having difficulty getting medical evidence, or giving evidence to us?

No  *Go to next question*

Yes  To help us understand your situation, please explain why you are having difficulty with medical evidence.

194

We may need to contact your treating health professional(s) about your medical condition(s). They may ask us to confirm that you have provided consent in writing for them to disclose information about your medical conditions. You can do this by completing a **Consent to disclose medical information** form (SA472).

Have you completed and given us a **Consent to disclose medical information** form?

No   To provide consent, you will need to complete a **Consent to disclose medical information** form (SA472). A copy of this form is attached to this claim form. If you do not have this form, go to [humanservices.gov.au/forms](http://humanservices.gov.au/forms)

 *Go to next question*

Yes  *Go to next question*

195

## IMPORTANT INFORMATION

### Privacy and your personal information

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy)

196 Statement

#### I declare that:

- the information I have provided in this form is complete and correct.

#### I understand that:

- giving false or misleading information is a serious offence.
- the Australian Government Department of Human Services can make relevant enquiries to make sure I receive the correct entitlement.
- I must notify the Australian Government Department of Human Services of any changes to this information **within 14 days** of the change(s) occurring.

Your signature



Date

11/ 04 / 2018

OFFICE USE ONLY

Surname

First given name

Date of birth

/ /

Centrelink Reference Number

  -   -   -   -

# Consent to disclose medical information

## Purpose of this form

This form is used to confirm that you consent to your treating health professionals and/or health providers disclosing relevant information about your disability or medical conditions to the Australian Government Department of Human Services (the department), or assessors engaged by the department.

This consent form does not replace the need for you to provide medical evidence when lodging a claim for Disability Support Pension (DSP). We need medical evidence from your treating health professionals to help us understand how your conditions affect you and to correctly assess your claim. This is explained in the **Medical Evidence Checklist form (SA473)** and the **Claim for Disability Support Pension form (SA466)** available on our website.

If more information is needed to assess your eligibility for DSP or employment services, the department or assessors engaged by the department may contact your treating health professionals and/or health providers to confirm or clarify information you provide about your disability or medical conditions.

This may include contact with any health professionals (including your treating doctor) and/or health providers who have examined, diagnosed or treated your disability or medical conditions which are relevant to your eligibility for DSP or employment services.

Your treating health professionals and/or health providers may be asked to disclose any medical information relevant to assessing your eligibility for DSP or employment services. This includes medical and specialist reports, clinical notes, medical records or other information, and any barriers that may affect your ability to work or participate in employment services or other assistance programmes.

Your treating health professionals and/or health providers may ask for confirmation that you have consented for them to disclose your medical information to the department or assessors engaged by the department.

You can complete the Consent to disclose medical information statement on this form to provide your consent, and the department will show this to your treating health professionals and/or health providers if requested.

You can withdraw your consent at any time by advising the department. However, if your treating health professionals or health providers do not disclose relevant medical information when requested, the department may not have enough information to assess your eligibility for DSP or employment services. This may result in your claim being rejected or your payment being stopped.

## IMPORTANT INFORMATION

### Privacy and your personal information

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy)

## Consent to disclose medical information

I (full name)

Date of birth

/ /

of (address)

  
.....  
.....  
.....

Postcode

give consent for my treating health professionals and/or health providers to disclose any relevant information about my disability or medical conditions to the Australian Government Department of Human Services (the department), or assessors engaged by the department, if required to assess my eligibility for Disability Support Pension or employment services.

Your signature



Date

/ /



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