Claim for
Disability Support Pension or
Sickness Allowance

When to use this form
Use this form if you are claiming one of the following:

**Disability Support Pension**
A payment for people who:
- are permanently blind, OR
- have physical, intellectual, or psychiatric condition that stops you 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.

**Sickness Allowance**
A payment for people who are temporarily unable to work or study due to a disability, illness or injury and are:
- aged 22 years or over but under age pension age and have a job to return to, OR
- aged 22 years or over but under age pension age and receiving ABSTUDY, OR
- aged 25 years or over but under age pension age and receiving Austudy.

You must have work or study to return to when you are better.

You should have received the booklet *Information you need to know about your claim for Disability Support Pension, Sickness Allowance and Mobility Allowance* with this form. In this claim form, this booklet will be referred to as the *Information Booklet*. If you do not have this booklet, go to our website *humanservices.gov.au/dsp* or call us on **132 717**.

For more information
Go to our website *humanservices.gov.au/dsp* or *humanservices.gov.au/sicknessallowance* or call us on **132 717** or visit one of our Service Centres.

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

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

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

Interpreters and translations
If you need an *interpreter* or *translation* of any documents for our business, we can arrange this for you free of charge.

What else you will need to provide
You will need to provide *proof of identity*. There is a complete list of acceptable documents in the *Information Booklet*.

This form tells you which *other documents* you need to provide to support your claim. Depending on your circumstances, you may have to fill in *other forms*.

Filling in this form
- Please use black or blue pen.
- Print in BLOCK LETTERS.
- Mark boxes like this [✓] with a ✓ or X.
- 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(s)

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

If you return required documents (and your claim form):

- by post – we will sight and record your documents, which may include copying, and return the originals to you by registered post.
- in person – we will sight and record your documents, which may include copying, and return the originals to you.

Return this form, all additional documents and any other forms you are required to complete to one of our Service Centres within 14 days to ensure you are paid from the earliest date possible. If you cannot return all the forms or documents within 14 days, contact us for extra time.

Forms in your claim pack

In your claim pack, you should have the following:

- Information you need to know about your claim for Disability Support Pension, Sickness Allowance and Mobility Allowance (CI001) (Information Booklet)
- Claim for Disability Support Pension or Sickness Allowance form (SA317(b))
- Medical Report Disability Support Pension form (SA012)
- Income and Assets form (SA369)

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.

What to do next if you are claiming Disability Support Pension

You must get the doctor who normally treats you to complete the Medical Report Disability Support Pension form (SA012) included in this pack, unless any of the circumstances below apply to you.

The Medical Report Disability Support Pension does NOT need to be completed if:

- your only disability is an intellectual disability and you attend or have attended a special school and are able to provide a report from your school which indicates your IQ, capacity for independent living and any other associated problems, or
- you are claiming on the basis that you are permanently blind and you are able to provide a report from an ophthalmologist, or
- you have been assessed as being a profoundly disabled child and you had a carer who was receiving Carer Payment up to the time you turned 16 years of age, or
- you are receiving Disability Pension at the Special Rate (Totally and Permanently Incapacitated) from the Department of Veterans’ Affairs, or
- we have advised that the Medical Report Disability Support Pension form (SA012) does not need to be completed.

Supporting medical evidence if you are claiming Disability Support Pension

We may require supporting medical evidence to assist in determining how your condition impacts upon your ability to work.

If you have an intellectual disability and you do not have a report from a special school, you will need to complete the Medical Report and provide supporting documentation you have that indicates your IQ.

If you or your treating doctor has this supporting medical evidence, provide it with your claim if you:

- have a Mental Health condition – your psychiatrist or clinical psychologist may have this information, or
- suffer from hearing loss – your Audiologist or an Ear, Nose and Throat specialist may have the audiogram.

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

If you have a visual impairment or are permanently blind you will need to make an appointment with the ophthalmologist/optometrist who usually treats you. They will need to complete the Request for Ophthalmologist/Optometrist Report form (SA013). When you make the appointment, tell the receptionist that you need the ophthalmologist/optometrist to complete a form for us, as they may need to allow more time. They may complete the report and give it back to you, or they may send it directly to us. Make sure the report has your name and address on it.

What to do next if you are claiming Sickness Allowance

Do NOT complete the Medical Report Disability Support Pension included in this pack.

You must attach an approved Medical Certificate completed by your treating doctor. Your doctor will be able to provide you with this Medical Certificate.
1 Indicate which payment you are claiming

**Note:** If you are not sure whether you are claiming Disability Support Pension call us on 132 717.

**Tick ONE box only**

- Sickness Allowance  [Go to 3]
- Disability Support Pension  [Go to next question]

If you are under 22 years of age, you may want to test your eligibility for Youth Allowance while awaiting the outcome of your claim for Disability Support Pension. For more information, go to our website humanservices.gov.au/youthallowance or call us on 132 717.

2 Would you like to be assessed for Newstart Allowance provisional while waiting the outcome of your Disability Support Pension?

- No  [Go to 3]
- Yes

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 5]
- 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 enquiries, get Centrelink 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, go to our website humanservices.gov.au/nominees or call us on 132 717.]

7 Your name

- Mr  [ ]
- Mrs  [ ]
- Miss  [ ]
- Ms  [ ]
- Other

Family name

First given name

Second given name

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 sex

- Male  [ ]
- Female

10 Your date of birth

11 Your Centrelink Reference Number (if known)

[ ] - [ ] - [ ] - [ ]
12 Your permanent address


Postcode

13 Your postal address (if different to above)


Postcode

14 Your contact details

Home phone number (   )

Is this a silent number? No □ Yes □

Mobile phone number

Is this a silent number? No □ Yes □

Fax number (   )

Work phone number (   )

Alternative phone number (   )

Email

@ 

15 Please read this before answering the following questions.

Questions 15 and 16 will help us work out if you are eligible for Telephone Allowance.

Are you claiming Sickness Allowance?

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 □ Go to 18

My partner’s name □

Another name □

Not applicable □

16 Are you claiming Disability Support Pension and 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 18
17 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 □

18 Questions 18 and 19 are optional 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 and Australian South Sea Islanders. Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

Are you of Aboriginal or Torres Strait Islander Australian origin? If you are of both Aboriginal and Torres Strait Islander Australian origin, please tick both ‘Yes’ boxes.

No □
Yes – Aboriginal Australian □
Yes – Torres Strait Islander Australian □

19 Are you of Australian South Sea Islander origin?
No □
Yes □

Payment details

20 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.

Name of bank, building society or credit union
Branch where your account is held
Branch number (BSB) □ □ □ □ □
Account number (this may not be your card number)
Account held in the name(s) of

21 Please read this before answering the following question.

We recognise both opposite-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 22
Registered relationship (opposite-sex or same-sex relationship registered under state or territory law) □ Go to 22
Partnered (living together in an opposite-sex or same-sex relationship, including de facto) □ Go to 23
Separated (previously lived with an opposite-sex or same-sex partner, including in a marriage, registered or de facto relationship) □ Go to 30
Divorced □ Go to 30
Widowed (previously partnered with an opposite-sex or same-sex partner, including in a marriage, registered or de facto relationship) □ Go to 29
Never married or lived with a partner □ Go to 39

22 What is your date of marriage or relationship registration?

/ / Go to 24

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

/ /

24 Do you currently live in the same home as your partner?
No □ Go to next question
Yes □ Go to 32

25 Your partner’s permanent address

Postcode

26 Your partner’s postal address (if different to above)

Postcode
27 Why are you not living with your partner?

- Partner's illness
- Your illness
- Partner in prison
- Partner's employment
- Other  Give details below

28 Period not living with your partner

From  / /  
To  / /  OR indefinite  Go to 32

29 Please give the following details about your deceased partner.

Full name

Date of birth  Date of death
  / /  / /

Go to 38

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

No  Go to next question
Yes  Go to 38

31 Please give the following details about your former partner.

Full name

Date of birth  Date relationship ended
  / /  / /

Current address (if known)

Postcode

Go to 38

32 Your partner's name

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

33 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.

34 Your partner's sex

Male  Female

35 Your partner's date of birth

/ /

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

/ / / /  / /  

37 Do you give permission for your partner to discuss your payments with us?

You can change this authority at any time.

No  Go to 41
Yes  Go to 41

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

No  Go to next question
Yes  Go to 41

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

No  Go to 41
Yes  Go to next question
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, fishermen, 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 assist us to decide whether we need additional information.

Give details of each person who shares your accommodation. Do not include immediate family members.

<table>
<thead>
<tr>
<th>Person 1</th>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
</table>

Sex

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

When did you start sharing with this person?

<table>
<thead>
<tr>
<th>/ /</th>
</tr>
</thead>
</table>

What is your relationship to this person?

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

Give details below

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

41 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

42 Please read this before answering the question.

‘Permanently’ means you normally live in Australia on a long-term basis. Holidays or short trips outside Australia would not affect this.

Are you living in Australia permanently?

No ☐  Go to next question
Yes ☐

43 Have you lived or travelled outside Australia since 1 September 1994, including short trips and holidays?

The answer to this question may enable Human Services to access electronic records held by Australia’s immigration department and help verify your Australian residence.

No ☐  Go to next question
Yes ☐  Give details below

Passport number

Country of issue

44 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

45 What is your country of birth?

46 When did you start living in Australia?

/ /

47 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?

48 What is your country of citizenship?

Australia ☐  Date granted

Other ☐  Country of citizenship

49 What type of visa did you arrive on?

New Zealand passport ☐  Go to 51
(special category visa)

Permanent ☐  Go to next question
Temporary ☐  Go to next question
Unknown (e.g. arrived on parent’s passport) ☐  Go to 51

50 Your visa details on arrival

Visa sub class

Date visa granted / /

51 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 / /

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 Except for short trips or holidays, have you EVER lived outside Australia?

No ☐ Go to next question
Yes ☐ List ALL countries, INCLUDING AUSTRALIA, you have lived in SINCE BIRTH.
Include the period(s) you have lived in Australia.
If you were born outside Australia, include the country where you were born.
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 68. Go to 69
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 69

57 Please read this before answering the question.

‘Permanently’ means your partner normally lives in Australia on a long-term basis. Holidays or short trips outside Australia would not affect this.

Is your partner living in Australia permanently?

No ☐ Yes ☐

58 Has your partner lived or travelled outside Australia since 1 September 1994, including short trips and holidays?

The answer to this question may enable Human Services to access electronic records held by Australia’s immigration department and help verify your partner’s Australian residence.

No ☐ Go to next question
Yes ☐ Give details below

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 68
60 What is your partner’s country of birth? 

61 When did your partner start living in Australia? 

62 Did your partner start living in Australia before 1965? 
No  Go to next question 
Yes  Give details below 
Name of the ship or airline on which your partner arrived 

Name of the place where your partner first arrived/disembarked 

What was your partner’s name when they first arrived in Australia? 

63 What is your partner’s country of citizenship? 
Australia  Date granted 

Other  Country of citizenship 

64 What type of visa did your partner arrive on? 
New Zealand passport  Go to 66 
(special category visa) 
Permanent  Go to next question 
Temporary  Go to next question 
Unknown (e.g. arrived on parent’s passport)  Go to 66 

65 Your partner’s visa details on arrival 
Visa sub class  Date visa granted 

66 Has your partner’s visa changed since they arrived in Australia? 
No  Go to next question 
Yes  Most recent visa details 
Visa sub class  Date visa granted 

67 Is your partner a refugee or former refugee? 
No  
Yes  

68 Except for short trips or holidays, has your partner EVER lived outside Australia? 
No  Go to next question 
Yes  List ALL countries, INCLUDING AUSTRALIA, your partner has lived in SINCE BIRTH. Include the period(s) your partner has lived in Australia. If your partner was born outside Australia, include the country where they were born. 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.
Do you care for any child(ren) under 18 years of age or full-time students under 22 years of age?

No ☐ Go to 85 on page 15
Yes ☐ Give the following details of each child

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

Child 1

Family name
First given name
Second given name

Has this child ever been known by any other names?
No ☐ Go to next question
Yes ☐ List the other names

List the other names

Sex
Male ☐
Female ☐

Date of birth
/
/

What is this child’s country of birth?

Has this child lived or travelled outside Australia since 1 September 1994, including short trips and holidays?

The answer to this question may enable Human Services to access electronic records held by Australia’s immigration department and help verify this child’s Australian residence.

No ☐ Go to next question
Yes ☐ Give details below

Passport number
Country of issue

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

Parent ☐
Grandparent ☐
Step-parent ☐
Foster carer ☐
Other ☐ Give details below

Does this child currently live with you?

No ☐
Yes ☐

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?
%

Does this child receive a payment from any Commonwealth, State or Territory Government?

No ☐ Go to next question
Yes ☐ Give details below

Is this child 5 years or older?

No ☐ Go to 83
Yes ☐ Go to next question

Is this child in full-time education?

No ☐
Yes ☐
### Child 1

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>82 Does this child have any income?</strong></td>
<td>No</td>
<td>Go to next question</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td>Amount</td>
<td>$ per week</td>
</tr>
<tr>
<td><strong>83 Do you receive Family Tax Benefit for this child?</strong></td>
<td>No</td>
<td>Attach proof of birth (e.g. birth certificate) for this child if you have not previously provided it to us. Go to next question</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td></td>
<td>Go to next question</td>
</tr>
<tr>
<td><strong>84 Do you care for another child under 18 years of age or full-time students under 22 years of age?</strong></td>
<td>No</td>
<td>Go to 85 on page 15</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>
### Child 2

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>70</strong> Family name</td>
<td></td>
</tr>
<tr>
<td>First given name</td>
<td></td>
</tr>
<tr>
<td>Second given name</td>
<td></td>
</tr>
<tr>
<td><strong>71</strong> Has this child ever been known by any other names?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>No, <a href="#">Go to next question</a></td>
<td></td>
</tr>
<tr>
<td>Yes, List the other names</td>
<td></td>
</tr>
<tr>
<td><strong>72</strong> Sex</td>
<td>Male, Female</td>
</tr>
<tr>
<td><strong>73</strong> Date of birth</td>
<td></td>
</tr>
<tr>
<td><strong>74</strong> What is this child’s country of birth?</td>
<td></td>
</tr>
<tr>
<td><strong>75</strong> Has this child lived or travelled outside Australia since 1 September 1994, including short trips and holidays?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>No, <a href="#">Go to next question</a></td>
<td></td>
</tr>
<tr>
<td>Yes, Give details below</td>
<td></td>
</tr>
<tr>
<td><strong>76</strong> Please read this before you answer the question.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Which of the following best describes your relationship to this child?</td>
<td>Parent, Grandparent, Step-parent, Foster carer, Other</td>
</tr>
<tr>
<td><strong>77</strong> Does this child currently live with you?</td>
<td>No, Yes</td>
</tr>
<tr>
<td><strong>78</strong> Do you (and/or your partner) share the care of this child with another person? Do not include school/day care arrangements.</td>
<td>No, Yes</td>
</tr>
<tr>
<td>No, <a href="#">Go to next question</a></td>
<td></td>
</tr>
<tr>
<td>Yes, What is the percentage of your (or your partner’s) care of this child?</td>
<td></td>
</tr>
<tr>
<td><strong>79</strong> Does this child receive a payment from any Commonwealth, State or Territory Government?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>No, <a href="#">Go to next question</a></td>
<td></td>
</tr>
<tr>
<td>Yes, Give details below</td>
<td></td>
</tr>
<tr>
<td><strong>80</strong> Is this child 5 years or older?</td>
<td>No, Yes</td>
</tr>
<tr>
<td><strong>81</strong> Is this child in full-time education?</td>
<td>No, Yes</td>
</tr>
</tbody>
</table>
Child 2

82 Does this child have any income?
- No  ➤ Go to next question
- Yes  ➤ Amount

83 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.
- Yes  ➤ Go to next question

84 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
Medical details

85 List any disabilities, illnesses or injuries that you have

86 Are you currently receiving any treatment for your disabilities, illnesses or injuries (e.g. medication, physical therapy, counselling, surgery)?
   No ☐  Go to 88
   Yes ☐ Give details below

87 Does this treatment affect your ability to work or study (e.g. your mobility, capacity to lift/carry, day to day living, ability to remember and communicate with other people)?
   No ☐  Go to next question
   Yes ☐ Give details below

88 Are you expecting to have an operation in the future?
   No ☐  Go to next question
   Yes ☐ Give details below

89 List any doctors (apart from the doctor completing the Medical Report Disability Support Pension form), specialists or other professionals who could tell us about your disabilities, illnesses or injuries (e.g. counsellor, social worker, Employment Services Provider, psychologist, community health worker, physiotherapist, specialist, rehabilitation provider).

   Full name

   Profession

   Address

   Phone number (          )

   Postcode

   If you have more than 1 professional to list, attach a separate sheet with details.

   ☐ Attach any professional’s reports you have that are relevant to your claim.

90 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.

91 Have you attended a special class or school because of a disability, illness or injury?
   No ☐  Go to next question
   Yes ☐ Give details below

   Name of school

   Address

   Postcode

   ☐ Attach any reports you have from your school which indicates your IQ, capacity for independent living and any other associated problems. If you have this report, you will NOT need to have the Medical Report Disability Support Pension form completed. If you do not have a report from your special school, you will need to complete the Medical Report and provide supporting documentation you have that clearly indicates your IQ.
When do you think you could do any activities that would help prepare you for work?

- Now
- 3–6 months
- 6–12 months
- 12–24 months
- More than 2 years
- Not sure

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

[Sections for listing qualifications]

What sort of work have you done?

Provide details of your most recent employment history.

1. Employer’s name
   
   Dates worked
   From: / /  
   To: / /

   Type of work

2. Employer’s name
   
   Dates worked
   From: / /  
   To: / /

   Type of work

In the last 3 years, have you participated in any programs to help you find work, stay in a job, return to work, manage your injury or help you with vocational rehabilitation, gaining new skills, work experience or training (e.g. Disability Employment Services, Job Services Australia, Remote Jobs and Communities Program 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
     / /  
     / /  

   Attach any documentation you have which provides detail of your participation in the program, including when the program started and finished, the requirements of the program, what activities you undertook while in the program and for how long.

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

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

- No  [Go to next question]
- Yes  [Give details below]

[Sections for listing support details]

OFFICE USE ONLY

Surname

First given name

Date of birth
/ /

Centrelink Reference Number
   
   
   
   

16 of 30
Tax details

97 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 99

98 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

----------

99 Are you claiming Disability Support Pension?

No  Go to next question

Yes  Go to 101

100 Please read this before answering the following question.

If your only income for this financial year is the payment you are now claiming, you may not have to pay any tax. However, you may have to pay tax if you get any other income this financial year, such as salary or wages. If you think you will have to pay tax this year, you can ask us to deduct tax instalments from your payment. You can change this at any time.

If you are not sure how much tax to have taken out of your payment, contact the Australian Taxation Office.

Do you want tax taken out of your payment?

No  Go to next question

Yes  Enter the amount OR percentage of tax you want taken out per fortnight

Amount  Percentage (%)

(must be in whole dollars)  of taxable payment

$ .00 per fortnight  OR  % per fortnight

Accommodation details

101 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 102 to 131. Go to 132

102 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  Give details below

- 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.

Please read this before answering the following questions.
103 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 132
- In a home which is owned by a private company or a private trust that you have an interest in  → Go to 132
- 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 104
- In a hospital or home for people with disabilities  → Go to 124
- In a nursing home or aged care hostel  → Go to 108
- In a retirement village  → Go to 114
- In accommodation which you (and/or your partner) have the right to use for life  → Go to 105
- In public housing (e.g. housing owned by the Housing Authority. This does not include paying rent to a Community Housing organisation.)  → Go to 105
- In a place where you (and/or your partner) pay private rent (this includes site or mooring fees)  → Go to 122
- In a boarding house/hostel/private hotel  → Go to 124
- In accommodation where you pay no rent  → Go to 132
- Other (e.g. this could be where you (and/or your partner) do not have a fixed address)  → Give details below  → Go to 122

104 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 105 to 131. Go to 132
- Yes  → Go to 122

105 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 106 to 131. Go to 132

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

- No  → Go to next question
- Not sure  → Go to next question
- Yes  → Go to 123

107 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 108 to 131. Go to 132
- Yes  → Go to 123

108 Name of aged care hostel/nursing home


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

/ / 

110 How long will you be staying?

- Long term or indefinitely  → Go to question
- Short term or temporary (for example Respite care)  → Give details below  → Do not answer questions 111 to 131. Go to 132

111 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
112 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.

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

No ➞ Go to 132
Yes ➞ How much was the gift?

$ ____________________________

How much was the loan?

$ ____________________________

➢ Go to 132

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

/ / 

115 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).

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

No ➞ Go to 123
Yes ➞ How much was the gift?

$ ____________________________

How much was the loan?

$ ____________________________

➢ Go to 123

117 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 119

118 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 132
- Have a formal agreement documenting your right to accommodation for life ➞ Go to 132
- Have an informal arrangement with children to live at their home and pay rent ➞ Go to 122
- Informal arrangement, no rent paid ➞ Go to 132
- Other ➞ Give details below

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

/ / 

120 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?

$ ____________________________

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

Full name (of the person or organisation)

Address

Postcode
122 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 next question]

123 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, fishermen, 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

Go to 124

[Give details below]

If you share with more than 4 people, attach a separate sheet with details.
124 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 126
Yes  [ ] Go to next question

125 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 127

126 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

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

/ / /

128 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 130

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

$ per

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

Full name

Address

Contact phone number

131 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.

132 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 135
Yes  [ ] Go to next question

133 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 135

134 Do you authorise us to obtain information, from the Department of Veterans' Affairs, required for this claim?

No  [ ] You will need to complete a Medical Report Disability Support Pension form (SA012) included in this pack. [ ] Go to next question
Yes  [ ] Go to next question
135 Are you claiming Disability Support Pension because you are permanently blind?
No [ ] Do not answer questions 136 to 143. Go to 144
Yes [ ] Go to next question

136 Are you studying?
No [ ] Go to next question
Yes [ ] If you are currently studying, you may be eligible for Pensioner Education Supplement.

137 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 our website humanservices.gov.au/dsp or call us on 132 717. [Do not answer questions 138 to 164. Go to 165]

138 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.

139 Are you (and/or your partner) receiving any other payment from the Department of Veterans’ Affairs?
No [ ] Go to 141
Yes [ ] Go to next question

140 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.

141 Do you (and/or your partner) receive payments from:
• New Enterprise Incentive Scheme (NEIS) Allowance, or
• Community Development Employment Projects (CDEP) wages?
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).

142 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 our website humanservices.gov.au/dsp or call us on 132 717.

143 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 165
Yes [ ]

You will need to complete and attach a Compensation and damages form (Mod C). If you do not have this form, go to our website humanservices.gov.au/dsp or call us on 132 717. [Go to 165]
Work, training and study details

144 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 150
Yes [ ] Go to next question

145 Is your employer keeping a job available for you?

No [ ] Go to 150
Not sure [ ] Give details about your employer below
Yes [ ] Go to next question

Full name

Australian Business Number (ABN)

Address

Postcode

Phone number

( )

Fax number

( )

Personnel number

Was this work

Full-time [ ] Part-time [ ] Casual [ ]

146 Are you still working for this employer?

No [ ] Go to 148
Yes [ ] How many hours are you working now?

hours per week

147 Is this a gradual return to work?

No [ ] Go to 150
Yes [ ] Go to next question

148 Are you being paid sick leave?

Tick ‘Yes’ if you expect to be paid sick leave.

No [ ]
Yes [ ]

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

No [ ]
Yes [ ]

150 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 156
Yes [ ] Go to next question

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

No [ ] Go to next question
Yes [ ] Go to 156

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

No [ ] Go to 156
Yes [ ] Give details about your contract below

Full name

Australian Business Number (ABN)

Address

Postcode

Phone number

( )

Fax number

( )

Personnel number

Was this work

Full-time [ ] Part-time [ ] Casual [ ]

153 What type of contract do you have?

Written [ ]
Oral [ ]

Attach the written contract to provide goods and services.

Go to next question
154 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 a gradual return to work?
   No □   Yes □
   □ Go to 156

155 Do you expect to return to this work?
   No □
   Not sure □
   Yes □

156 Before you needed to make this claim were you studying (e.g. school, TAFE college, university)?
   No □ Go to 161
   Yes □ Go to 157

157 Please read this before answering the following questions about your study details.

The Schoolkids Bonus is paid in January and July each year from 2013 onwards to help young students under 20 years of age with school costs. You do not need to make a claim for the Schoolkids Bonus. All eligible customers will receive the payment automatically to their bank account.

158 Are you currently studying?
   No □ Go to next question
   Yes □ Give details below

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

You will need to complete and attach a Claim for Pensioner Education Supplement form (SY004). If you do not have this form, go to our website humanservices.gov.au/forms or call us on 132 717.

Date started study
   /   /

Type of study
   Primary education □
   Full-time secondary study □
   Special education □
   Other □ Give details below

Indicate if you are studying by one of the following methods

   Tick box if it applies to you

Registered home schooling □
   Study outside Australia □
   None of the above □

Name of school, TAFE college, other
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Address
   __________________________________________________________
   __________________________________________________________

Postcode
   __________________________________________________________

Phone number
   (          )

How many hours are you studying now?
   ____________________________ hours per week □ Go to 161
159 Have you stopped or completed secondary studies or special education?

**Note:** This may include home schooling, special education or study outside Australia.

- No [ ] Go to next question
- Yes [ ] Give details below

160 Do you expect to return to your studies?

- No [ ] Go to next question
- Not sure [ ] Give details below
- Yes [ ] Give details below

161 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 Centrelink 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

162 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
- Partner Allowance
- Parenting Payment
- Sickness Allowance
- Special Benefit
- Widow Allowance/Pension
- Wife Pension
- Youth Allowance.

**Note:**

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 our website [humanservices.gov.au/dsp](http://humanservices.gov.au/dsp) or [humanservices.gov.au/sicknessallowance](http://humanservices.gov.au/sicknessallowance) or call us on 132 717.
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?

Include:
- annual leave
- maternity leave
- long service leave
- sick leave
- leave loading.

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 

If you have payments from more than 2 employers, attach a separate sheet with details.

2 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 

Have you received a redundancy payment since 20 September 2006?

No ☐ Go to 165
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 our website humanservices.gov.au/dsp or humanservices.gov.au/sicknessallowance or call us on 132 717.
165 **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.

166 Are you under 21 years of age?

No → **Do not answer questions 167 to 182.**

Yes → **Go to 183**

167 What date did you leave secondary school?

/ /

168 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 169 to 182.**

**Go to 183**

169 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 170 to 182.**

**Go to 183**

170 Have you supported yourself in full-time paid employment working an average of 28 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 171 to 182.**

**Go to 183**

171 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 172 to 182.**

**Go to 183**

172 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 173 to 182.**

**Go to 183**

173 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 174 to 182.**

**Go to 183**

174 Do you live with your parent(s)?

No → **Do not answer questions 175 to 182.**

**Go to 183**

175 Are you 16 or 17 years of age?

No → **Do not answer questions 176 to 182.**

**Go to 183**

Yes → **Go to next question**

176 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 177 to 182.**

**Go to 183**
177 Are you an orphan?
No □ Go to next question
Yes □ You may need to provide evidence. ▶ Go to 183

178 Are you a refugee without parents in Australia?
No □ Go to next question
Yes □ Go to 183

179 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 183

180 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 our website humanservices.gov.au/dsp or call us on 132 717. ▶ Go to 183

181 Are you, or have you been, in state or territory care?
No □ Go to 183
Yes □ Go to next question

182 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

Other payments

183 Do your disabilities, illnesses or injuries make it difficult for you to use public transport?
No □ Go to next question
Yes □ You may be eligible for Mobility Allowance which is paid to 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). You must be undertaking work, vocational training or voluntary work or participating in job search activities. For more information, call us on 132 717.

184 Do your disabilities, illnesses or injuries make it difficult for you to care for yourself?
No □ Go to next question
Yes □ If you have someone caring for you, they may be eligible for Carer Payment and/or Carer Allowance. For more information, call us on 132 717.

185 Do you use, or care for someone that is using, essential medical equipment or medically required heating/cooling in your current residence?
No □ Go to next question
Yes □ You may be eligible for Essential Medical Equipment Payment. For more information about how to claim, go to our website humanservices.gov.au/cleanenergy or call us on 132 468.
186 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.

**Checklist**

<table>
<thead>
<tr>
<th>Document/Attachment</th>
<th>Question(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of identity</td>
<td></td>
</tr>
<tr>
<td>Authorising a person or organisation to enquire or act on your behalf form (SS313)</td>
<td>(if you answered Yes at question 6)</td>
</tr>
<tr>
<td>Proof of Australian residence status</td>
<td>(if you answered No at questions 44 and 59)</td>
</tr>
<tr>
<td>Dependent children proof of birth</td>
<td>(if you answered No at question 83)</td>
</tr>
<tr>
<td>Details of other dependent children</td>
<td>(if you answered Yes at question 84 on page 14)</td>
</tr>
<tr>
<td>Reports you have that are relevant to your claim</td>
<td>(if required for question 89)</td>
</tr>
<tr>
<td>Reports from school</td>
<td>(if you answered Yes at question 91)</td>
</tr>
<tr>
<td>Documents to confirm participation in programs of support</td>
<td>(if you answered Yes at question 95)</td>
</tr>
<tr>
<td>Documents to verify the details of the entry agreement for daily fees</td>
<td>(if you answered No at question 111)</td>
</tr>
<tr>
<td>Documents to verify details of an accommodation bond or accommodation charge agreement</td>
<td>(if you answered Yes at question 112)</td>
</tr>
<tr>
<td>Documents to verify details of an entry contribution</td>
<td>(if you answered Yes at question 115)</td>
</tr>
<tr>
<td>Signed lease or tenancy agreement</td>
<td>(if you answered Yes at question 131)</td>
</tr>
<tr>
<td>Special Rate decision letter from the Department of Veterans’ Affairs</td>
<td>(if you answered Yes at question 133)</td>
</tr>
<tr>
<td>Claim for Pensioner Education Supplement form (SY004)</td>
<td>(if you answered Yes at question 136 or 158)</td>
</tr>
<tr>
<td>Income and Assets form (SA369)</td>
<td>(if you answered Yes at question 137 or if you answered No at question 162)</td>
</tr>
<tr>
<td>Letter or document which gives the reference number and details of each New Zealand payment</td>
<td>(if you answered Yes at question 138)</td>
</tr>
<tr>
<td>Letter or document which gives details of Department of Veterans’ Affairs payment(s) and reference number(s)</td>
<td>(if required for question 140)</td>
</tr>
<tr>
<td>Compensation and damages form (Mod C)</td>
<td>(if you answered Yes at question 142 or 143)</td>
</tr>
<tr>
<td>The contract to provide goods and services</td>
<td>(if required for question 153)</td>
</tr>
<tr>
<td>Documents which confirm any redundancy payment received OR Employment Separation Certificate form (SU001)</td>
<td>(if you answered Yes at question 163)</td>
</tr>
<tr>
<td>Proof of employment</td>
<td>(if you answered Yes at question 168, 169 or 170)</td>
</tr>
<tr>
<td>Proof of marriage or relationship registration</td>
<td>(if you answered Yes at question 171)</td>
</tr>
<tr>
<td>Dependent children proof of birth</td>
<td>(if you answered Yes at question 172)</td>
</tr>
<tr>
<td>Unreasonable to Live at Home form (Mod Y)</td>
<td>(if you answered Yes at question 180)</td>
</tr>
<tr>
<td>Letter or document that shows the reference number and details of each NEIS Allowance or CDEP wages payment</td>
<td>(if you answered Yes at question 141)</td>
</tr>
</tbody>
</table>
### 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 for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

Where necessary Human Services or your assessor may contact your doctor(s) and other treating providers to clarify information provided about your medical conditions.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

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**Statement**

I declare that:
- the information 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 ensure 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


Your partner's signature


Date


Date

