

Review of care provided Carer Payment and/or Carer Allowance

Caring for a person – 16 years or over (SA010)

Purpose of this form



From time to time Centrelink reviews your Carer Payment and/or Carer Allowance to make sure you are getting the right payment. This review is to obtain information about the personal circumstances and medical condition of the person you care for.

A **Carer Payment and/or Carer Allowance Medical Report – For a person – 16 years or over (SA332(a))** form) has been sent with this review and must be completed by the Treating Health Professional that treats the person you care for.

Online services



Completing this form online is faster and easier.

You can update your information using your Centrelink online account through myGov. For help, go to **servicesaustralia.gov.au/onlineguides**

If you do not have a myGov account, you can create one at **my.gov.au** and link it to your Centrelink online account.

For more information



Go to **servicesaustralia.gov.au/carers** or visit one of our service centres.

Call us on **132 717**.

We can translate documents you need for your claim for free.

To speak to us in your language, call **131 202**.

Call charges may apply.



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

This form must be filled in by the person providing care

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in **BLOCK LETTERS**.
- Where you see a box like this **Go to 1** skip to the question number shown.

1 Your Customer Reference Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2 Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4 Provide details of the person you receive Carer Payment and/or Carer Allowance for

Customer Reference Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Permanent address

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



CLK0SA010 2212

Adult Disability Assessment Tool

For each statement on pages 3 and 4, tick the box that best describes how well the person you care for usually manages and/or behaves.

Tick one box for each question.

The person's abilities include what they can do when using their aids, appliances or special equipment items.

Where the person's disability or condition is episodic or is only apparent at certain times, the question should be answered for when the person is not experiencing an episode or flare-up of the disability/condition (a 'good day', not a 'bad day').

Help means any physical assistance, guidance or supervision. Help also includes prompting the person to undertake daily activities, (for example, you may need to prompt the person you care for to take medication, eat or dress themselves).

Without help means the person plans, initiates and completes activities without assistance or supervision.

Day to day care needs

5 Does the person you care for:

- 1 move around the house?** Without help a
may use a walking stick,
frame, wheelchair With help of 1 person b
With help of 2 people c
Is confined to bed d

- 2 fall over indoors or outdoors
(or from a wheelchair)?** Often a
Sometimes b
Never c

- 3 move to and from a bed,
chair or wheelchair or
walking aids?** Without help a
With some help b
With a lot of help c
Cannot do this d

- 4 have difficulty hearing others?** Always a
even with hearing aids Often b
Sometimes c
Never d

- 5 have difficulty seeing clearly?** Always a
even with glasses Often b
Sometimes c
Never d

- 6 need help or attention during
the night?** Always a
Often b
Sometimes c
Never d

- 7 have loss of bladder and/or
bowel control?** Always a
incontinence Often b
Sometimes c
Never d

- 8 use continence aids or
equipment?** Without help a
(for example, colostomy,
catheter, pads) With some help b
With a lot of help c
Does not use aids d

- 9 use the toilet?** Without help a
With some help b
With a lot of help c
Cannot use a toilet d

- 10 eat their food?** Without help a
does not include meal
preparation With some help b
With a lot of help c
Cannot feed themselves d

- 11 shower or bathe themselves?** Without help a
With some help b
With a lot of help c
Cannot do this d

- 12 dress themselves?** Without help a
(for example, buttons, zips) With some help b
With a lot of help c
Cannot do this d

- 13 look after their grooming?** Without help a
(for example, shaving, caring
for hair, teeth) With some help b
With a lot of help c
Cannot do this d

- 14 take care of their
own medication?** Without help a
(for example, takes the right
tablet at the right time) With some help b
With a lot of help c
Cannot do this d
Does not take medication e

- 15 take care of their
own treatment?** Without help a
(for example, oxygen, wound
care, gastric feeding) With some help b
With a lot of help c
Cannot do this d
Does not have treatment e

Adult Disability Assessment Tool

Cognitive function

6 Does the person you care for:

- 1 understand what you say? Always a
Usually b
Sometimes c
Never d
-
- 2 understand what other people say? Always a
Usually b
Sometimes c
Never d
-
- 3 let others know how they feel and what they want?
(for example, by speaking, using sign and/or a communication aid) Always a
Usually b
Sometimes c
Never d
-
- 4 know where they are? Always a
Usually b
Sometimes c
Never d
-
- 5 know whether it is morning, afternoon or night? Always a
Usually b
Sometimes c
Never d
-
- 6 remember things that happened today? Always a
Usually b
Sometimes c
Never d

Behaviour

7 Does the person you care for:

- 1 wander away or 'run away' from home? Never a
Sometimes b
Often c
-
- 2 shout, scream at or threaten other people? Never a
Sometimes b
Often c
-
- 3 physically harm other people? Never a
Sometimes b
Often c
-
- 4 damage furniture, possessions or objects? Never a
Sometimes b
Often c
-
- 5 laugh or cry without apparent reason? Never a
Sometimes b
Often c
-
- 6 withdraw from contact with other people, or appear depressed, worried or fearful? Never a
Sometimes b
Often c
-
- 7 deliberately harm themselves?
(for example, by biting, scratching skin, hitting or banging their head) Never a
Sometimes b
Often c
-
- 8 have unusual, inappropriate or repetitive behaviours?
(for example, uncontrolled eating, spinning objects, hand flapping, rocking, calling out or saying the same thing over and over again) Never a
Sometimes b
Often c

About the care provided

8 Do you personally provide additional care and attention to this person because of their disability or medical condition?

No You may not be eligible for Carer Payment and/or Carer Allowance. Call us on **132 717**.

► Go to next question

Yes How many days each week do you provide this care?

days each week

9 Do you normally live with the person you are caring for?

No Go to 13

Yes Go to next question

10 Is the person living at home with you now?

No Go to next question

Yes Go to 13

11 When did the person leave?

(DD MM YYYY)

12 Do you expect the person to return to your care?

No You may not be eligible for Carer Payment and/or Carer Allowance. Call us on **132 717**.

► Go to next question

Yes When (DD MM YYYY)?

13 Read this before answering questions 13 to 16.

Generally you only need to tell us about the time the person you care for is out of your care if it is for 24 hours or more. However, if you do not live with the person you care for or you share care you need to tell us if you do not provide care on a day on which you normally would.

Has the person temporarily been out of your care **due to hospitalisation** since 1 January this year?

No Go to 15

Yes Provide dates of absences below

From (DD MM YYYY)

To (DD MM YYYY)

From (DD MM YYYY)

To (DD MM YYYY)

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

14 Were you providing care to the person while they were in hospital?

No

Yes

15 Has the person temporarily been out of your care **for any other reason** since 1 January this year?

No Go to next question

Yes Provide dates of absences below

From (DD MM YYYY)

To (DD MM YYYY)

From (DD MM YYYY)

To (DD MM YYYY)

From (DD MM YYYY)

To (DD MM YYYY)

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

16 Has the amount of care you provide changed (for example, the hours you provide care has decreased or you now share the care responsibilities with another person)?

No Go to next question

Yes Give details below

When did this change occur?

(DD MM YYYY)

What has changed?

17 Are you receiving Carer Payment for the person at Question 4?

No Go to 21

Yes Go to next question

18 Do you provide constant care to the person you care for in their home?

Constant care means you provide **personal care** for a significant time each day (at least the equivalent of a **normal working day**), and because of your caring responsibilities you are unable to support yourself through substantial paid employment.

This care may include supervision and monitoring. When answering this question it may be useful to look back over your answers given in questions 5 to 7, which show the areas where the person you care for needs assistance.

No

Yes

19 Are you currently undertaking any paid or voluntary work, study or training?

No Go to next question

Yes List the hours you spend on each activity and how many hours you spend travelling to and from each activity.

	Hours per week	Travel time per week
Paid work <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Voluntary work <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Study <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Training <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

20 Do we have current information about your (and your partner's) income and assets?

No  You will need to complete and return an **Income and Assets (SA369)** form. If you do not have this form, go to our website servicesaustralia.gov.au/forms

Yes Go to next question

Privacy notice

22 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

23 I declare that:

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

I understand that:

- Centrelink can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your signature



Date (DD MM YYYY)

Your phone number (including area code)

Returning this form

Return this form and any supporting documents:

- online** using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploadocs
- by post to
 - Services Australia
 - Carer Services
 - PO Box 7805
 - CANBERRA BC ACT 2610
- in person at one of our service centres.

Checklist

21 Which of the following forms are you providing with this form?

Income and Assets (SA369) form
(if you answered No at question 20)

Carer Payment and/or Carer Allowance Medical Report – For a person – 16 years or over (SA332(a)) form
Make sure this form is completed by the health professional who treats the person you care for and this form is returned to us.