

When to use this form

Use this form to help Services Australia to assess the circumstances of this person's psychiatric confinement and to make sure they receive correct payments.

Important

Return the completed form to us **within 14 days** of being given this form.

For more information

Call us on **132 717**. Call charges may apply.

Filling in this 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 Customer's Customer Reference Number (if known)

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2 Customer's name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Has the customer been known by any other name(s)?

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No ► *Go to next question*

Yes ► Give details below

Other name

Type of name (for example, name at birth)

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

4 Customer's gender

- Male
Female
Non-binary

5 Customer's date of birth (DD MM YYYY)

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6 Date customer admitted to psychiatric institution (DD MM YYYY)

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7 Details of psychiatric institution

Name of psychiatric institution

Phone number (including area code)

Name of contact person

Title/profession of contact person

8 Has the customer been convicted of a crime and is serving a sentence for that conviction?

No ► *Go to next question*

Yes ► Give details below

Date of conviction (DD MM YYYY)

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Period of sentence

End date (DD MM YYYY)

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► **Go to 13**



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9 Why was the customer confined?

Tick one only

- Undergoing a period of custody pending trial or sentencing for an offence (mental fitness for trial being assessed)
- Found guilty of an offence but no conviction recorded (by reason of mental impairment)
- Found unfit for trial (by reason of mental impairment)
- Found not guilty (by reason of mental impairment)
- Confinement not related to a criminal charge

Give details for reason of confinement indicated above

10 Is the customer confined because of a court order?

- No Go to next question
- Yes Give details below, not already covered in question 9.

11 Is the customer undertaking a course of rehabilitation as defined below?

A **course of rehabilitation** is defined as a planned series of activities, that may include medical and other treatments, directed towards improving the person's physical, mental and/or social functioning.

- No Go to next question
- Yes Give details below

Period of rehabilitation covered by the plan

From (DD MM YYYY)

_	_	_ _ _
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From (DD MM YYYY)

_	_	_ _ _
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Details of the treatment/rehabilitation plan

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

12 Details of person responsible for treatment/rehabilitation plan

Full name

Title/profession

Phone number (including area code)

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13 Details of person completing this form if different to question 12

Important information – changes in circumstances

To avoid incorrect payments and debts, advise Services Australia as soon as possible if this person's rehabilitation ceases, if their conviction status changes or if there are any other changes in circumstances.

Full name

Title/profession

Phone number (including area code)

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14 You need to read this

Important information for the person completing this form

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 to provide payments and services. 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

15 Signature of person completing this form

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Date (DD MM YYYY)

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Returning this form

Return this form and any supporting documents:

- **by post to**
 - Services Australia
 - Disability Services
 - PO Box 7806
 - CANBERRA BC ACT 2610