

# Medical Certificate for Carer Payment (SA395)

(for a child under 16 years of age)

Extension and Reclaim of Episodic Care/Extension of Short Term Care

## When to use this form

Use this form when:

- a carer has been granted Carer Payment (child under 16 years of age) under Short Term or Episodic Care and the period of care required will need to be extended
- a carer is reclaiming Episodic Carer Payment (child under 16 years of age) under Episodic Care within 24 months from the date of both a previous assessment of care requirements and a previous treating health professional report.

## Who can complete this form

The Treating Health Professionals who can complete this form are:

- a legally qualified medical practitioner
- a registered nurse
- a registered psychologist
- an occupational therapist
- a speech pathologist
- a physiotherapist
- an Aboriginal health worker (in a geographically remote area).

The Treating Health Professional completing this form must also be currently involved in the treatment of the child.

## Online services

You can upload this form, with any supporting documents, online.

For more information about how to access an online account or how to lodge documents online, go to [servicesaustralia.gov.au/centrelinkuploaddocs](https://servicesaustralia.gov.au/centrelinkuploaddocs)

## Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.

## Returning this form

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

You can give this form to the parent/guardian/carers or you can return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to [servicesaustralia.gov.au/centrelinkuploaddocs](https://servicesaustralia.gov.au/centrelinkuploaddocs)
- by post.
- in person at one of our service centres, if you are unable to use your Centrelink online account.

## Release of medical information about the child requiring care

*The Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information about the child requiring care in certain circumstances. If there is any information about the child in your report which, if released, may harm their physical or mental well-being, identify and briefly state below why it should not be released. Similarly, specify any other special circumstances which should be taken into account when deciding on the release of your report.

## Confidentiality of information

The personal information that is provided to you for the purpose of this form must be kept confidential under section 202 of the *Social Security (Administration) Act 1999*. It cannot be disclosed to anyone else unless authorised by law. There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999*.

## For more information

If you have any questions about this report, you can call us on **132 717**

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**1 Carer's name**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

**2 Carer's Customer Reference Number (if known)**

   

**3 Child's name**

Family name

First given name

Second given name

**4 Child's date of birth (DD MM YYYY)**

   

**5 List all conditions (illness, injury or disability) which require personal care.**

Personal care means ongoing care required for a significant period every day (at least the equivalent of a working day) because of a child's disability or medical condition, to maintain comfort, sustain life, or attend to a bodily function that the child cannot manage himself or herself.


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

**6 Period of Extension of Care Required**

In my opinion, this carer will need to provide personal care for a significant period every day to this child:

From (DD MM YYYY)

  

To (DD MM YYYY)

  

**7 Details of the Treating Health Professional completing this form**

Name

Professional qualifications

Provider number (if applicable)

Surgery/Medical Centre/Hospital name (if applicable)

Address

Postcode

Phone number

**Privacy notice**

**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 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](https://servicesaustralia.gov.au/privacy)

Signature

Date (DD MM YYYY)

  

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