

centrelink

When to use this form



Use this form to claim Carer Adjustment Payment.

Carer Adjustment Payment is a one-off payment to assist families following a catastrophic event where a child under 7 years of age is diagnosed with a severe disability or severe medical condition.

Examples of catastrophic events may include (but are not limited to):

- diagnosis of a severe medical condition such as childhood cancer
- childhood stroke
- car accident
- fire
- fall
- poisoning
- near drowning, or
- another type of accident.

For the purpose of this payment you must be eligible for and receiving Carer Allowance for the child. Your claim for Carer Adjustment Payment must be lodged with Services Australia **within 2 years** from the date of diagnosis of a severe medical condition or severe disability.

Who is eligible for Carer Adjustment Payment

Families can apply for Carer Adjustment Payment following a catastrophic event where:

- the child, under 7 years of age, is diagnosed with a severe disability or severe medical condition, and
- the child has significant care requirements – that is, requires full-time care from the carer for a minimum of 2 months following the event/diagnosis, and
- the child's carer is eligible for and receiving Carer Allowance for the child, and
- the carer is not eligible for Carer Payment, and
- the carer and their partner are not eligible for an income support payment, and
- the carer is able to demonstrate a very strong need for financial support during the adjustment period after the event/diagnosis, and
- the claim is lodged within 2 years from the date of diagnosis of a severe medical condition or severe disability.

Assessing your claim

Every application is considered on a case-by-case basis and a decision on Carer Adjustment Payment claims will be made by a senior officer in the Department of Social Services (DSS).

How much will be paid

Carer Adjustment Payment is a one-off non-taxable payment available to families in exceptional circumstances. The amount payable depends on the family's individual circumstances. Up to \$10,000 is payable for each child in a single catastrophic event. This payment will be paid into the same account as your Carer Allowance payment.

Online services



You can access your Centrelink online account through myGov. myGov is a 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 online account.

For more information



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

Call us on **132 717**.

We can translate documents you need for your claim or payment 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.

Having a partner

You have a partner if we consider you a member of a couple. We consider you a member of a couple if you are either:

- married
- in a registered relationship, or
- in a de facto relationship.

A registered relationship is where your relationship is registered under a law of a state or territory. A de facto relationship is where you and your partner are in a relationship similar to a married couple but are not married or in a registered relationship.

We may still consider you a member of a couple if you are not physically living with your partner. For example, your partner may fly-in fly-out or live away for work, like military or oil rig workers.

For more information, go to servicesaustralia.gov.au/moc

centrelink

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 Relevant information that we hold about you, your partner and the child (including this application and the child's medical information), will need to be disclosed to certain third parties in order to work out your eligibility for Carer Adjustment Payment.

Do you (and your partner) give permission for this information to be disclosed to the Department of Social Services?

You

No  Without this permission, your claim cannot be assessed. Call us on **132 717**.

Yes ► *Go to next question*

Your partner (if applicable)

No  Without this permission, the person claiming cannot be assessed. Call us on **132 717**.

Yes ► *Go to next question*

2 Has the diagnosis of the medical condition that you are claiming for the child occurred within the last 2 years?

No  You are not eligible for Carer Adjustment Payment.

Yes ► *Go to next question*

3 Do you currently receive Carer Allowance for the child for whom you are claiming Carer Adjustment Payment?

No  To be eligible, you must be receiving Carer Allowance for this child. If you have not claimed Carer Allowance, call us on **132 717**.

Yes ► Your Customer Reference Number (if known)

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4 The person providing care and receiving Carer Allowance for the child should complete and sign this form.

Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

5 Your gender

Male

Female

Non-binary

6 Your date of birth (DD MM YYYY)

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7 Your permanent address

Postcode

8 Your postal address (if different to above)

Postcode



CLK0SS454 2212

9 Read this before answering the following question.

Providing a mobile phone number or an email address means you may receive SMS or emails from us. To read the terms and conditions, go to servicesaustralia.gov.au/em

Your contact details

Home phone number (including area code)

Mobile phone number

Work phone number (including area code)

Email

10 Read this before answering the following questions.

The following questions are being asked to establish whether you or your partner may be eligible for an income support payment such as Carer Payment or Parenting Payment. Generally, we will be able to establish whether you may be entitled to an income support payment from your responses. If we need further information, we will contact you after you have lodged your claim.

11 Tick ONE of the boxes below to tell us about your relationship status right now.

If you have **ever been separated**, give the date that you most recently got back together with your partner.

Married Date married or last reconciled with your partner (DD MM YYYY)

▶ **Go to 15**

Registered relationship Date registered or last reconciled with your partner (DD MM YYYY)
(your relationship is registered under Australian state or territory law)

▶ **Go to 15**

De facto Date you started your relationship or last reconciled with your partner (DD MM YYYY)
(your relationship is similar to a married couple but you are not married or in a registered relationship)

▶ **Go to 15**

Separated Date of last separation (DD MM YYYY)
(previously in a marriage, registered or de facto relationship)

▶ **Go to 13**

Divorced Date of divorce (DD MM YYYY)

▶ **Go to 12**

Widowed Date of partner's death (DD MM YYYY)
(previously in a marriage, registered or de facto relationship)

▶ **Go to 17**

Never married or lived with a partner **Go to 17**

12 Did you stop living together as a couple after the event or diagnosis occurred?

No **Go to 17**

Yes

▶ **Go to 15**

13 Have you separated from your partner since the event or diagnosis?

No **Go to 17**

Yes **Go to next question**

14 Period not living with your partner since the event or diagnosis

From (DD MM YYYY)

To (DD MM YYYY)

or indefinite

15 Your partner's name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

16 Your partner's gender

Male Female Non-binary

17 Do you (and/or your partner) receive an income support payment?

Income support payment includes Carer Payment, Parenting Payment, Disability Support Pension, JobSeeker Payment or a payment from the Department of Veterans' Affairs. Family Tax Benefit and Carer Allowance are not income support payments.

No **Go to 19**

Yes You may not be eligible for Carer Adjustment Payment or may only be eligible for a partial payment.

▶ **Go to next question**

18 What income support payment do you (and/or your partner) receive?

Type of payment

Your reference number (CRN or DVA)

19 Name of child

Family name

First given name

Second given name

20 Date of birth (DD MM YYYY)

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21 Child's gender

Male

Female

Non-binary

22 Are you (and/or your partner) self-employed?

No Go to next question

Yes Give details below

You

Gross amount currently earned per fortnight

Gross amount earned per fortnight at time of the event or diagnosis



You must provide full personal and business income tax returns for the last 2 years and documentation confirming company assets and worth, for your claim to be assessed.

Your partner

Gross amount currently earned per fortnight

Gross amount earned per fortnight at time of the event or diagnosis



Your partner must provide full personal and business income tax returns for the last 2 years and documentation confirming company assets and worth, for your claim to be assessed.

23 Do you (and/or your partner) get income from work other than self-employment?

No Go to next question

Yes Give details below

Your current details

Name of your employer

Gross amount currently paid per fortnight

Gross amount paid per fortnight immediately before the event or diagnosis

Your partner's current details

Name of your partner's employer (if applicable)

Gross amount currently paid per fortnight

Gross amount paid per fortnight immediately before the event or diagnosis

24 Do you (and/or your partner) get any other income per fortnight?

Do not include an account used exclusively for funding from the National Disability Insurance Scheme.

No Go to next question

Yes Give details below

Type of income	Earned per fortnight	
	You	Your partner
Bank accounts <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Investment property 1 <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Investment property 2 <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Private trust <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Company trust <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Term deposits <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Managed investments <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>

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

25 Do you (and/or your partner) have any assets?

Include money in bank accounts.
Do not include an account used exclusively for funding from the National Disability Insurance Scheme.

No Go to next question

Yes Give details below

Type of asset	Value of asset	
	You	Your partner
Bank accounts <input type="checkbox"/>	\$	\$
Investment property 1 <input type="checkbox"/>	\$	\$
Investment property 2 <input type="checkbox"/>	\$	\$
Private trust <input type="checkbox"/>	\$	\$
Company trust <input type="checkbox"/>	\$	\$
Term deposits <input type="checkbox"/>	\$	\$
Managed investments <input type="checkbox"/>	\$	\$
Shares <input type="checkbox"/>	\$	\$
Other		
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
TOTAL	\$	\$

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



You must provide copies of the latest bank statements for your investment properties, bank accounts and term deposits or your claim may not be assessed.

26 List your (and your partner's) general fortnightly expenses.

General expense	Amount	
	You	Your partner
Rent <input type="checkbox"/>	\$	\$
Mortgage – principle home <input type="checkbox"/>	\$	\$
Mortgage – investment property 1 <input type="checkbox"/>	\$	\$
Mortgage – investment property 2 <input type="checkbox"/>	\$	\$
Personal loans <input type="checkbox"/>	\$	\$
Credit cards <input type="checkbox"/>	\$	\$
School fees <input type="checkbox"/>	\$	\$
Child care fees <input type="checkbox"/>	\$	\$
Car loans <input type="checkbox"/>	\$	\$
Other		
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
TOTAL	\$	\$

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

27 Do you (and/or your partner) have an investment property?

No Go to next question

Yes Give details below

1 Type of property
(for example, house, townhouse, apartment, commercial)

Address of property

Postcode

Size of property
(for example, 3 bedroom/ensuite/double garage/granny flat)

Purchase price \$

Date of purchase (DD MM YYYY)

Current market value \$

Amount owed \$

2 Type of property
(for example, house, townhouse, apartment, commercial)

Address of property

Postcode

Size of property
(for example, 3 bedroom/ensuite/double garage/granny flat)

Purchase price \$

Date of purchase (DD MM YYYY)

Current market value \$

Amount owed \$

If you have more than 2 properties, provide a separate sheet with details.

 **You must provide copies** of the latest bank statements or your claim may not be assessed.

28 Has there been a change to your (and/or your partner's) income as a result of this child's severe disability or severe medical condition?

No Go to 32

Yes Give details below

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

29 Have you (and/or your partner) given up work?

No Go to next question

Yes Give details below

You

Your partner

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

30 Have you (and/or your partner) reduced your hours or days at work?

No Go to next question

Yes Give details below

You

Your partner

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

31 Have you (and/or your partner) lost income from giving up or reducing work hours?

No Go to next question

Yes Give details below

You

Your partner

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

32 Do you (and/or your partner) have any other dependent children under 16 years of age, or a full-time student studying to Year 12 or equivalent under 20 years of age?

Do not include the child you are claiming for on this form.

No Go to 34

Yes How many dependent children?

Children's ages

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33 Does more than 1 child in the family under 7 years of age have a severe disability or severe medical condition as a result of this catastrophic event?

No Go to next question

Yes You will need to complete a separate claim for each child. To get this form, go to servicesaustralia.gov.au/careradjustment

34 What is the child's diagnosis?

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

35 On what date was this child diagnosed with a severe disability or severe medical condition?

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 (DD MM YYYY)

36 What therapies has your child received, or is currently receiving, since diagnosis?

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

37 Was your child receiving therapies before being diagnosed?

No Go to next question

Yes Give details below

Therapies provided	Dates provided (DD MM YYYY)

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

38 Did this child require hospitalisation?

No **Go to 43**

Yes **Go to next question**

39 How long did/does this child require hospitalisation?

Less than 1 month

1–6 months

7–12 months

More than 12 months

40 Were/are you (and/or your partner) able to work while this child was/is in hospital?

You	Your partner (if applicable)
No <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

41 What arrangements did or do you have for your other children while you cared for this child in hospital?

Not applicable **Go to next question**

Type of care	Cost per week
In care of relatives <input type="checkbox"/>	\$ <input type="text"/>
Child Care <input type="checkbox"/>	\$ <input type="text"/>
Nanny <input type="checkbox"/>	\$ <input type="text"/>
Other arrangements <input type="checkbox"/>	\$ <input type="text"/>

42 What costs do you anticipate for your other children while this child is hospitalised?

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

43 Will this child require any treatments or hospitalisation in the near future?

No **Go to next question**

Yes **Give details below**

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

44 What other expenses **only** associated with this child's medical condition will you, or have you, incurred?

Type of expense	Have	Will have (estimated in the next 6 months)
Petrol <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Food <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Medications <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Treatments <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Parking <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
New car <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Appointments <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Wheelchair or new equipment <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Speech therapy <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Physiotherapy <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Occupational therapy <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other		
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>

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

45 How will Carer Adjustment Payment help you?

For example, purchasing new equipment, paying a debt, covering medical costs.

Form with 12 horizontal dashed lines for writing.

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

46 Is there anything else you would like taken into account, including disruption to family life and what adjustments you have had to make, as a result of this child's severe disability or severe medical condition, specifically in relation to financial needs?

No **Go to 47**
Yes Give details below

Details could include:

- the nature of the care provided, and where it is being provided, for example, at home or in hospital
- your ability to work
- care arrangements for other children in the family
- additional out-of-pocket expenses that you have or will incur
- how this payment will help you
- any other relevant matters.

 You will need to provide documents which will support your claim, for example, bank statements, doctor's report, letters from your employer regarding changed working arrangements and accounts for costs incurred.

Form with 12 horizontal dashed lines for writing.

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

47 Are you applying for or receiving any other state, territory or Commonwealth government assistance in support of this child's disability or medical condition?

No **Go to 51**
Yes Give details below

Form with 3 horizontal dashed lines for writing.

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

48 Are you accessing the Helping Children with Autism (HCWA) package?

No
Yes

49 Are you accessing the Better Start for Children with Disability initiative?

No
Yes

50 Are you accessing the National Disability Insurance Scheme?

No
Yes

51 Which of the following documents are you (and/or your partner) providing with this form?

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

- A copy of your (and/or your partner's) personal and business income tax returns for the last 2 years (if required at **question 22**)
- Copies of the latest bank statements for your investment properties, bank accounts and term deposits (If you answered Yes at **question 25**)
- Copies of the latest bank statements (If you answered Yes at **question 27**)
- Documents which will support your claim (If you answered Yes at **question 46**)

Continued ▶

Privacy notice

52 You (and your partner) 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

53 I/We declare that:

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

I/We understand that:

- I/we must tell the Centrelink of any changes to this information **within 14 days**.
- Centrelink and the Department of Social Services can make relevant enquiries to make sure I/we receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your signature

Date (DD MM YYYY)

Your partner's signature

Date (DD MM YYYY)

Returning this form

Return this form and any supporting documents:

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