

When to use this form



Use this form to claim Disability Support Pension if you:

- have a 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 older and under Age Pension age at the time of claiming.

Online services



Completing this form online is faster and easier.

Access your Centrelink online account through myGov. Select **Payments and claims**, then **Claims and Make a claim**.

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

Returning this form

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

Return this form and any supporting documents:

- online (excluding identity documents) using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- by post to
Services Australia
Disability Services
PO Box 7806
CANBERRA BC ACT 2610
- in person at one of our service centres.

What else you may need to provide

You may need to provide identity documents. For a list of acceptable documents, go to servicesaustralia.gov.au/identity

Important note: You must return **all** supporting documents at the same time you lodge this form. If you do not return all documents, your claim may not be accepted. The only exception will be if you are waiting for medical evidence or other documents from a third party.

For more information

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

Call us on **132 717**.

Help in your language

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.

Telephone Typewriter

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



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 (SA369)** form but you must sign it. If you need other people to complete forms, make sure you give them the forms as soon as possible.

Supporting medical evidence

You will need to supply medical evidence to help us determine how your condition impacts your ability to work. Refer to the 'Medical Evidence Requirements', on page 27, for details on what medical evidence you will need to provide us.

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

Other payments or services

You may be eligible for other payments or services such as JobSeeker Payment or a Low Income Health Care Card while we are assessing your claim for Disability Support Pension (DSP).

If you are receiving JobSeeker Payment or another payment with participation requirements, you will be exempt from looking for work while your claim for DSP is being assessed.

If you would like us to assess your eligibility for JobSeeker Payment or another payment, you will need to lodge a separate claim.

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

If your disabilities, illnesses or injuries make it difficult for you to use public transport, you may be eligible for Mobility Allowance.

This is a payment for people with a disability, illness or injury who are unable to use public transport, without substantial assistance, permanently or for an extended period of time (one year or more). To be eligible, you must be undertaking work, vocational training or voluntary work or participating in job search activities.

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

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

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

If your disabilities, illnesses or injuries make it difficult for you to care for yourself and if you have someone caring for you, they may be eligible for Carer Payment and/or Carer Allowance.

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

If you use, or provide care for someone that is using, essential medical equipment or medically required heating/cooling in your current home, you may be eligible for Essential Medical Equipment Payment.

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

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete 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.

About you

The following questions are about the person claiming Disability Support Pension.

1 Your Customer Reference Number (if known)

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)

4 Do you need an interpreter?

Available in international, Indigenous, Auslan and other sign languages.

No **Go to 7**

Yes **Go to next question**

5 What is your preferred spoken language?

6 What is your preferred written language?

7 Have you 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**

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, name before marriage)

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

8 Your gender

Male

Female

Non-binary

9 **Read** this before answering the following question.

If you are in prison or detained in any form of custody, including a psychiatric institution, because you were **charged with a criminal offence** you may not be eligible to receive Disability Support Pension. Before completing the claim form, go to servicessaustralia.gov.au/dsp or call us on **132 717**.

Are you in prison or detained in any form of custody including psychiatric confinement because you have been **charged with a criminal offence**?

No **Go to 11**

Yes **Go to next question**

10 What is the name of the institution where you are detained?




CLK0SA466 2305

16 Do you want to authorise a person or organisation to make enquires, make updates, act and/or get payments on your behalf?

No **Go to next question**

Yes **Give details below**

 You need to fill in and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. You can also do this online. You and the person or organisation will need a Centrelink online account. If you want more information or to download the form, go to **servicessaustralia.gov.au/authorisedrepresentative**

17 Read this before answering the following question.

This question is voluntary 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.

Are you of Aboriginal or Torres Strait Islander Australian descent?

If you are of both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

18 Read this before answering the following question.

This question is voluntary and will not affect your payment. If you do answer, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

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

Are you of Australian South Sea Islander descent?

No

Yes

19 Where do you want your payment made?

The account must be in your name. A joint account is acceptable.

Payments cannot be made into an account used exclusively for funding from the National Disability Insurance Scheme.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

20 Tick **one** of the boxes below to tell us about your relationship status right now.

For more information about relationship status, go to **servicessaustralia.gov.au/moc**

If you have ever been separated from your current partner, give the date that you most recently got back together (reconciled) with your partner.

This will update your Centrelink record only. Contact Medicare and/or Child Support to update your record if you have one.

Married

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

Go to 21

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 21

De facto

(your relationship is similar to a married couple but you are not married or in a registered relationship)

Date you started your relationship or last reconciled with your partner (DD MM YYYY)

Go to 21

Separated

(previously in a marriage, registered or de facto relationship)

Date of last separation (DD MM YYYY)

Go to 25

Divorced

Date of divorce (DD MM YYYY)

Go to 25

Widowed

(previously in a marriage, registered or de facto relationship)

Date of partner's death (DD MM YYYY)

Go to 24

Never married or lived with a partner **Go to 33**

21 Do you live in the same home as your partner?

No **Go to next question**

Yes **Go to 27**

22 Why are you not living with your partner?

Partner's illness

Your illness

Partner in prison

Partner's employment

Other **Give details below**

23 Period not living with your partner (DD MM YYYY)

From

To

OR indefinite **Go to 27**

24 Give details about your deceased partner

Full name

Date of birth (DD MM YYYY)

Go to 33

25 Your ex-partner's family name

First given name

Second given name

26 Your ex-partner's current address (if known)

Postcode

Go to 33

About your partner

27 Your partner's Customer Reference Number (if known)

28 Your partner's name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

29 Your partner's date of birth (DD MM YYYY)

30 Has your partner 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**

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, name before marriage)

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

31 Your partner's gender

Male

Female

Non-binary

32 Do you give permission for your partner to speak to us on your behalf?

You can change this authority at any time.

No **Go to 35**
Yes

Your living arrangements

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

Immediate family members are parents (including step-parent and legal guardian), sibling, step-sibling, child (including adopted, step child or foster child), grandparent or grandchild.

No **Go to 35**
Yes **Go to next question**

34 Read this before answering the following question.

We need full details about your living arrangements to work out your correct payment.

The answers to these questions will help us decide if further supporting documentation is needed from you. If you are making a claim, you must return any supporting documents at the same time you lodge your claim form.

Give details of each person who shares your accommodation.

Include anyone who:

- regularly stays any number of nights per week
- uses your home as a base (for example, truck drivers, miners, flight attendants or members of the armed forces).

Do not include immediate family members.

Person 1

Full name

Age

When did you start sharing with this person (DD MM YYYY)?

What is your relationship to this person?

A Have you and this person shared accommodation at another address?

No
Yes

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

No
Yes

Person 1

C Have you and this person ever had any joint financial commitments (for example, joint bank account, mortgage or other loans)?

No
Yes

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

No
Yes


E Have you and this person previously lived together as a couple (for example, married, partnered, de facto or in a registered relationship)?

No **Go to F**
Yes

 **Both you and your ex-partner** each need to complete and return a separate **Relationship details – Separated under one roof (SS293)** form.
If you do not have this form, go to servicesaustralia.gov.au/forms
▶ **Go to G**

F Did you answer 'Yes' at B, C or D, for this person?

No **Go to H**
Yes

 **Both you and the other person** each need to complete and return a separate **Relationship details (SS284)** form.
If you do not have this form, go to servicesaustralia.gov.au/forms
▶ **Go to G**

G Are you concerned about your safety if forms are issued to this person?

No **Go to H**
Yes

If you have been advised to provide a **Relationship Details – Separated under one roof (SS293)** form or a **Relationship Details (SS284)** form then only you need to complete the form. You do not need to request your ex-partner or the other person to complete the form.
▶ **Go to H**

H Is there another person who shares your accommodation?

No **Go to 35**
Yes Give details of **Person 2**

Person 2

Full name

Age

When did you start sharing with this person
(DD MM YYYY)?

What is your relationship to this person?

A Have you and this person shared accommodation at another address?

No

Yes

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

No

Yes

C Have you and this person ever had any joint financial commitments (for example, joint bank account, mortgage or other loans)?

No

Yes

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


No

Yes

E Have you and this person previously lived together as a couple (for example, married, partnered, de facto or in a registered relationship)?

No **Go to F**


Yes

 **Both you and your ex-partner** each need to complete and return a separate **Relationship details – Separated under one roof (SS293)** form.
If you do not have this form, go to servicesaustralia.gov.au/forms
▶ **Go to G**

F Did you answer 'Yes' at B, C or D, for this person?

No **Go to H**

Yes

 **Both you and the other person** each need to complete and return a separate **Relationship details (SS284)** form.
If you do not have this form, go to servicesaustralia.gov.au/forms
▶ **Go to G**

Person 2

G Are you concerned about your safety if forms are issued to this person?

No **Go to H**


Yes

If you have been advised to provide a **Relationship Details – Separated under one roof (SS293)** form or a **Relationship Details (SS284)** form then only you need to complete the form. You do not need to request your ex-partner or the other person to complete the form.
▶ **Go to H**

H Is there another person who shares your accommodation?

No **Go to next question**

Yes

 Provide a separate sheet with full details of each additional person.
▶ **Go to next question**

35 In the last 14 days, have you received any of the following payments?

- | | |
|--|--|
| <ul style="list-style-type: none">• ABSTUDY• Austudy• Carer Payment• Disability Support Pension | <ul style="list-style-type: none">• JobSeeker Payment• Parenting Payment• Special Benefit• Youth Allowance. |
|--|--|

No Go to next question

Yes Go to 47

Residence

36 What country are you currently living in?

This is the country where you normally live on a long term basis.

Australia Go to next question

Other Country where you live

37 Have you **ever** travelled outside Australia, including short trips and holidays?

This question will help us to verify your Australian residence.

No Go to next question

Yes Give details below


Year you last entered Australia

Passport number

Country of issue

38 Are you an Australian citizen **who was born in Australia**?

No

 You will need to provide proof of your Australian residence status (for example, **citizenship papers, passport or other documentation**).

▶ Go to next question

Yes Go to 46

39 What is your country of birth?

40 What is your country of citizenship?

Australia Date citizenship granted (DD MM YYYY)

▶ Go to 41

Other Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

41 What type of visa did you arrive on?

Permanent Go to next question

Temporary Go to next question

New Zealand passport Go to 43
(Special Category visa)

Not sure Go to 43

42 Your visa details on arrival

Visa subclass

Date visa granted (DD MM YYYY)

43 Has your visa changed since you arrived in Australia?

No Go to next question

Yes Most recent visa details

Visa subclass

Date visa granted (DD MM YYYY)

44 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?

45 Did someone provide you with an assurance of support for your migration to Australia?

No

Not sure

Yes

46 Read this before answering the following question.

We need to know if you have lived in any countries other than Australia. 'Lived' means where you or your family made your home or spent a long period of time – it does not include places you visited for a holiday.

Have you **ever** lived outside Australia for any period?

No Go to next question

Yes List **all** countries you have lived in since birth and the date you started living in each country.

Include when you started living in **Australia**.

Do not include short trips or holidays.

1 Country

Date from (DD MM YYYY)

2 Country

Date from (DD MM YYYY)

3 Country

Date from (DD MM YYYY)

4 Country

Date from (DD MM YYYY)

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

47 Do you have a partner?

No **Go to 58**

Yes **Go to next question**

48 In the last 14 days has your partner received any of the following payments?

- | | |
|------------------------------|---------------------|
| • ABSTUDY | • JobSeeker Payment |
| • Age Pension | • Parenting Payment |
| • Austudy | • Special Benefit |
| • Carer Payment | • Youth Allowance. |
| • Disability Support Pension | |

No **Go to next question**

Yes **Go to 58**

49 What country is your partner currently living in?

This is the country where your partner normally lives on a long term basis.

Australia **Go to next question**

Other Country where your partner lives

50 Has your partner **ever** travelled outside Australia, including short trips and holidays?

This question will help us to verify your partner's Australian residence.

No **Go to next question**

Not applicable – never **Go to next question**
travelled to Australia

Yes Give details below


Year last entered Australia

Passport number

Country of issue

51 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 (for example, **citizenship papers, passport or other documentation**).

Go to next question

Yes **Go to 57**

52 What is your partner's country of birth?

53 What is your partner's country of citizenship?

Australia Date citizenship granted (DD MM YYYY)

Go to 55

Other Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

54 Has your partner **ever** lived in Australia?

No **Go to 58**

Yes **Go to next question**

55 What type of visa did your partner arrive on?

Permanent ► *Go to next question*

Temporary ► *Go to next question*

New Zealand passport
(Special Category visa) ► **Go to 57**

Not sure ► **Go to 57**

56 Your partner's current visa details

Visa subclass

Date visa granted (DD MM YYYY)

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57 Read this before answering the following question.

We need to know if your partner has lived in any countries other than Australia. 'Lived' means where your partner or their family made their home or spent a long period of time – it does not include places you visited for a holiday.

Has your partner **ever** lived outside Australia for any period?

No ► *Go to next question*

Yes ► List **all** countries your partner has lived in since birth and the date they started living in each country.

Include when your partner started living in **Australia**.

Do not include short trips or holidays.

1 Country

Date from (DD MM YYYY)

--	--	--

2 Country

Date from (DD MM YYYY)

--	--	--

3 Country

Date from (DD MM YYYY)

--	--	--

4 Country

Date from (DD MM YYYY)

--	--	--

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

Questions continue ►

Dependent children

58 Do you care for any child(ren) younger than 18 or full-time students younger than 22?

No **Go to 74**

Yes Give the following details of each child

If you have more than 2 children in your care, copy and provide pages 11 and 12 for each additional child before completing the details for Child 1.

Child 1

59 Family name

First given name

Second given name

60 Has this child ever been known by any other names?

No **Go to next question**

Yes List the other names

61 Gender

Male

Female

Non-binary

62 Date of birth (DD MM YYYY)

63 What is this child's country of birth?

64 Has this child **ever** travelled outside Australia, including short trips and holidays?

This question will help us to verify this child's Australian residence.

No **Go to next question**

Not applicable – never travelled to Australia **Go to next question**

Yes Give details below

Year this child last entered Australia

Passport number

Country of issue

65 Read this before answering the following question.

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.

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

Parent

Grandparent

Step parent

Foster carer

Other Give details below

66 Does this child currently live with you?

No

Yes

67 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?

68 Does this child receive a payment from any Commonwealth, state or territory government?

No **Go to next question**

Yes Give details below

69 Is this child aged 5 years or older?

No **Go to 72**

Yes **Go to next question**

70 Is this child in full-time education?

No

Yes

Child 1

71 Does this child have any income?


No **▶ Go to next question**

Yes **▶ Amount**

\$ per week

72 Do you receive Family Tax Benefit for **this** child?

No **▶**

 Provide proof of birth (for example, **birth certificate**) for this child, if you have not previously provided it to us.
▶ Go to next question

Yes **▶ Go to next question**

73 Do you care for another child younger than 18 or full-time students younger than 22?

No **▶ Go to 74**

Yes **▶**

If you have more than 2 dependent children, (if you have not already copied pages 11 and 12) copy and provide pages 13 and 14 for each additional child before completing the details for Child 2.
▶ Go to next question on the next page

Child 2

59 Family name

First given name

Second given name

60 Has this child ever been known by any other names?

No Go to next questionYes List the other names

61 Gender

Male Female Non-binary

62 Date of birth (DD MM YYYY)

63 What is this child's country of birth?

64 Has this child **ever** travelled outside Australia, including short trips and holidays?

This question will help us to verify this child's Australian residence.

No Go to next questionNot applicable – never travelled to Australia Go to next questionYes Give details below

Year this child last entered Australia

Passport number

Country of issue

65 Read this before answering the following question.

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.

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

Parent Grandparent Step parent Foster carer Other Give details below

66 Does this child currently live with you?

No Yes

67 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 questionYes What is the percentage of your (or your partner's) care of this child?
 %

68 Does this child receive a payment from any Commonwealth, state or territory government?

No Go to next questionYes Give details below

69 Is this child aged 5 years or older?

No Go to 72Yes Go to next question

70 Is this child in full-time education?

No Yes

Child 2

71 Does this child have any income?


No Go to next question

Yes Amount

\$ per week

72 Do you receive Family Tax Benefit for **this** child?

No


 Provide proof of birth (for example, **birth certificate**) for this child, if you have not previously provided it to us.
▶ Go to next question

Yes Go to next question

73 Do you care for another child younger than 18 or full-time students younger than 22?

No Go to next question

Yes

 Provide details of the other dependent children.
▶ Go to next question

Tax file number(s)

74 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) (TFN), 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) TFN in relation to this claim you authorise us to use your (and your partner's) TFN 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 76

75 Do you (and your partner) have a tax file number(s)?

You

No Go to ato.gov.au

Yes Your tax file number

Your partner

No Go to ato.gov.au

Yes Your partner's tax file number

76 Have you (and/or your partner) received any of the following payments in the last 14 days?

- ABSTUDY
- Age Pension
- Austudy
- Carer Payment
- Disability Support Pension
- Family Tax Benefit
- JobSeeker Payment
- Parenting Payment
- Special Benefit
- Youth Allowance.

No Go to next question

Yes Go to 110

About your home

The responses to these questions are used to determine your rate of payment and eligibility for rent assistance.

77 Do you (and/or your partner) own a home that you do not live in?

No Go to 79

Yes Go to next question

78 What is the reason you (and/or your partner) do not live in the home?

You or your children are studying

Receiving medical treatment

Receiving care from a person in a private home

Receiving care in a nursing home

Providing care to a person in a private home

Overseas absence

Other Give details below

79 Have you (and/or your partner) sold your former home within the last 24 months and intend to buy or build a new family home?

No Go to next question

Yes Give details below

What was the date of settlement?

(DD MM YYYY)

What was the amount you received after any mortgage and costs were taken out of the sale price?

\$

Provide documents to verify the details of the sale (for example, settlement statement). Copies are acceptable.

What is the total amount you (and/or your partner) intend to use to buy or build your new family home (cannot exceed the amount of the sale proceeds)?

\$

If you are a member of a couple, what share of the intended amount do you and your partner each have invested?

You

Your partner

\$

\$

Expected date of purchase or completion of your new family home

(DD MM YYYY)

- 80** What type of accommodation best describes where you (and your partner) live?
- You are single, 18 to 20 years old and living in the principal home of a parent **Go to 110**
- In a place where you (and/or your partner) pay private rent – this includes when you live in a caravan park and pay site fees or live on a vessel and pay mooring fees **Go to 102**
- 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, mobile home or boat **Go to 81**
- In a home owned by:
- a company in which you (and/or your partner) are a shareholder or director, or
 - a trust in which you (and/or your partner) or a member of your family are a potential beneficiary or are named in the trust deed **Go to 110**
- In public housing, for example, housing owned by the Housing Authority. This does not include paying rent to a Community Housing organisation. **Go to 82**
- In a boarding house, guest house, hostel, hotel, campus, refuge, emergency or supported accommodation or similar **Go to 103**
- In a hospital or home for people with disabilities **Go to 103**
- In an aged care home or nursing home **Go to 85**
- In a retirement village **Go to 92**
- In accommodation which you (and/or your partner) have the right to use for life **Go to 96**
- In accommodation where you pay no rent **Go to 110**
- Other, for example, this could be where you (and/or your partner) do not have a fixed address Give details below

Go to 102

- 81** Do you pay site or mooring fees for your (and your partner's) home (this could be for a caravan, mobile home or boat)?
- No **Go to 110**
- Yes **Go to 102**
- 82** Is your (or your partner's) name on the rental contract or lease agreement?
- No **Go to next question**
- Yes **Go to 110**

- 83** Is the primary tenant paying the market rate of rent?
- No **Go to next question**
- Not sure **Go to next question**
- Yes **Go to 102**
- 84** Do you (and your partner) live with the primary tenant **and** your (and/or your partner's) income has been taken into account by the public housing authority when calculating the rent?
- No **Go to 110**
- Yes **Go to 102**

Aged care home or nursing home

- 85** What is the name of the aged care home or nursing home?

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- 86** What date did you (and/or your partner) move in?

You

			(DD MM YYYY)
--	--	--	--------------

Your partner

			(DD MM YYYY)
--	--	--	--------------

- 87** How long will you (and/or your partner) be staying?

Long term or indefinitely

You Your partner **Go to 89**

Short term or temporary respite care

You Your partner **Go to next question**

- 88** What date do you (and/or your partner) expect to leave?

You

			(DD MM YYYY)
--	--	--	--------------

Your partner

			(DD MM YYYY)
--	--	--	--------------

Go to 110

89 Read this before answering the following question.

Payments for accommodation may include:

- Accommodation Bond
- Accommodation Charge
- Refundable Accommodation Deposit (RAD)
- Daily Accommodation Payment (DAP)
- Daily Accommodation Contribution (DAC)
- Refundable Accommodation Contribution (RAC).


Did you (and/or your partner) pay, or agree to pay, a daily payment or a lump sum (either by instalments or in full) for your accommodation to the Aged Care Provider?

This payment 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. This payment does not include gifts or loans above the amount you had to pay for the right to your accommodation.

No **Go to 110**

Yes Amount of payment

\$

 Provide a copy of the signed accommodation agreement(s).

90 Did you (and/or your partner) make a gift and/or loan in addition for the right to your accommodation?

No **Go to 110**

Yes **Go to next question**

91 What was the additional amount paid as a gift and/or loan?

Amount of gift

\$

Amount of loan

\$

Go to 110

Retirement village

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

You

(DD MM YYYY)

Your partner

(DD MM YYYY)


93 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 that 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 Amount of entry contribution

\$

 Provide a copy of the signed contract or agreement.

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

No **Go to 102**

Yes **Go to next question**

95 What was the additional amount paid as a gift and/or loan?

Amount of gift

\$

Amount of loan

\$

Go to 102

Life interest

96 Did you (and/or your partner) pay any money or transfer any assets in return for this right to accommodation for life?

No **Go to next question**

Yes **Go to 98**

97 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 110**

A formal agreement documenting the life interest **Go to 110**

An informal agreement, no rent paid **Go to 110**

An informal agreement to live at a child's home and pay rent **Go to 102**

Other Give details below

Go to 102

98 Who was transferred the money or assets in return for the right to accommodation for life?

Full name (of the person or organisation)

Address

 Postcode

99 What was the amount paid?

\$

100 What (if any) assets were transferred?

101 What was the market value of transferred assets?

\$

Living with other people

102 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 your partner and dependent children), people who regularly stay at your accommodation and people who work away from home, for example, truck drivers, miners, flight attendants or 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**

1 Person's name

Age Date they moved in (DD MM YYYY)

Relationship to you Do they own the home?
 No Yes
Their share of the rent/lodgings
\$ per

Continued

2 Person's name

Age Date they moved in (DD MM YYYY)

Relationship to you Do they own the home?
 No Yes
Their share of the rent/lodgings
\$ per

3 Person's name

Age Date they moved in (DD MM YYYY)

Relationship to you Do they own the home?
 No Yes
Their share of the rent/lodgings
\$ per

4 Person's name

Age Date they moved in (DD MM YYYY)

Relationship to you Do they own the home?
 No Yes
Their share of the rent/lodgings
\$ per

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

Paying for accommodation

103 Do you (and your partner) pay board and/or lodgings?

Board means you (and your partner) are provided with some regular meals.

Lodgings means the amount you (and your partner) pay for your accommodation.

No **Go to 105**

Yes **Go to next question**

104 Can you separate the amounts you (and your partner) pay for board and/or lodgings?

No Total board and lodgings charged per day, week, fortnight, 4 weeks or calendar month

\$ per

Go to 106

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 106

105 What is the amount **you** (and **your partner**) pay per day, week, fortnight, 4 weeks or calendar month (for example, rent, maintenance or site fees)?

This would be the total you (and your partner) pay for the property minus any subsidy/rebate, rent amount claimed as a business expense for taxation purposes OR contribution from another person or organisation.

\$ per

106 On what date did you (and your partner) start paying these fees?

(DD MM YYYY)

107 What type of accommodation do you (and your partner) live in?

Boarding house/hostel/private hotel, hospital or disability housing **Go to 109**

Private house or townhouse/unit/flat

Community housing

Defence housing **Go to next question**

Caravan/cabin/mobile home

Boat

Other Give details below

Go to next question

108 What is the **total amount** being charged per day, week, fortnight, 4 weeks or calendar month?

\$ per

109 Do you (and/or your partner) have a formal lease or tenancy agreement?

No **Go to next question**

Yes  Provide a full copy of your signed lease or tenancy agreement.


110 Are you claiming Disability Support Pension because you are permanently blind?

No **Go to 115**

Yes **Go to next question**

111 Are you (and/or your partner) claiming Rent Assistance?


No **Go to next question**

Yes  You will need to complete and return an **Income and assets (SA369)** form. If you do not have this form, go to **servicessaustralia.gov.au/forms**
Go to 115

Receiving other payments


112 Are you (and/or your partner) receiving a New Zealand Government payment?

No **Go to next question**

Yes  Provide a letter or other document that gives the reference number and details of the payment.

113 Are you (and/or your partner) receiving a payment from the Department of Veterans' Affairs?


No **Go to next question**

Yes  Provide a letter or other document that gives the reference number and details of each payment.

114 Do you (and/or your partner) receive Self-Employment Allowance?

No Go to next question

Yes

 Provide a letter or other document(s) that shows the reference number and details for each payment (other than payments made by us).

Compensation

115 Read this before answering the following question.

Compensation, insurance and damages include:

- workers' compensation
- motor vehicle
- criminal injuries/victims compensation
- sporting injury
- public liability
- medical negligence
- personal accident and sickness insurance
- income replacement insurance.

Have you (or your partner) ever:

- received
- claimed, or
- been able to claim


compensation, insurance and/or damages?

No Go to 117

Yes Go to next question

116 Have you (or your partner) told us about this before?

No


 You will need to complete and return a **Compensation and damages (Mod C)** form. If you do not have this form, go to servicesaustralia.gov.au/forms
▶ Go to next question

Yes Go to next question

117 Do you (and/or your partner) receive payments from an income protection policy?

No Go to next question

Yes

 Provide a copy of the policy document and the latest statement for this policy.

Employment

118 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 124

Yes Go to next question

119 Is your employer keeping a job available for you?

No Go to 124

Not sure

Yes

Give details about your employer below

Full name

Australian Business Number (ABN)

Address

Postcode

Phone number (including area code)

Fax number (including area code)

Personnel number

Was this work

Full-time

Part-time

Casual

120 Are you still working for this employer?

No Go to 122

Yes How many hours are you working now?

hours per week

121 Is this part of a return to work program?

No Go to 124

Yes

122 Are you being paid sick leave?

Tick 'Yes' if you **expect** to be paid sick leave.

No

Yes

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

No

Yes

int

124 Before you needed to make this claim, were you self-employed, working as a sub-contractor or a primary producer (for example, a farmer, a market gardener)?

No Go to 130

Yes Go to next question

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

No *Go to next question*

Yes **Go to 130**

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

No **Go to 130**

Yes Give details about your contract below

Full name <input type="text"/>
Australian Business Number (ABN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Phone number (including area code) <input type="text"/>
Fax number (including area code) <input type="text"/>

127 What type of contract do you have?

Written  Provide the written contract to provide goods and services.

Oral *Go to next question*
int

128 Are you still doing this work?

No *Go to next question*

Yes Give details below

How many hours are you working now? <input type="text"/> hours per week
Is this part of a return to work program? No <input type="checkbox"/> Yes <input type="checkbox"/>
Go to 130

129 Do you expect to return to this work?

No

Not sure

Yes

Study

130 Before you needed to make this claim, were you studying (for example, school, TAFE college, university)?

No **Go to 133**

Yes *Go to next question*

131 Do you expect to return to your studies?

No *Go to next question*

Not sure Give details below

Yes

Name of school, TAFE college, university, other <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Phone number (including area code) <input type="text"/>

Other circumstances

132 Before you needed to make this claim, were you doing something other than paid employment or study (for example, voluntary work, unemployed, in receipt of another 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

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

133 In the last 14 days have you (and/or your partner) received any of the following payments?

- | | |
|--|--|
| <ul style="list-style-type: none">• ABSTUDY• Age Pension• Austudy• Carer Payment• Disability Support Pension | <ul style="list-style-type: none">• JobSeeker Payment• Parenting Payment• Special Benefit• Youth Allowance. |
|--|--|

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

Yes *Go to next question*

134 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?

This can **include**, but not limited to:

- annual leave
- maternity leave
- paternal leave (this **does not include** Parental Leave Pay or Dad and Partner Pay)
- long service leave or sick leave you received when you stopped work
- entitlements that you cashed in before you stopped work
- money in a long-service leave fund or scheme that you have not cashed in.

No Go to next question

Yes Give details below



Provide documents that confirm leave entitlement payments (for example, 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 (DD MM YYYY)

Name of employer

Address

Postcode

Phone number (including area code)

Job description

Continued

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 (DD MM YYYY)

Name of employer

Address

Postcode

Phone number (including area code)

Job description

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

135 Have you (and/or your partner) received a redundancy payment in the last 2 years?

No Go to next question

Yes



Provide documents that confirm any redundancy payments (for example, **Employment Separation Certificate (SU001)** form or letter from employer).
If you do not have this form, go to servicessaustralia.gov.au/forms

Independence

136 Read this before answering the following questions.

If you are younger than 21, the rate of Disability Support Pension may depend on whether you have a dependent child, are considered independent, or living at your parental home.

137 Are you younger than 21?

No Go to 154

Yes Go to next question


138 What date did you leave secondary school?

(DD MM YYYY)

139 Have you worked and earned at least 75% 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 (for example, payslips, letter from your employer or payment summaries).

▶ Go to 154

140 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


 Provide proof of employment (for example, payslips, letter from the employer).

▶ Go to 154

141 Have you supported yourself in full-time paid employment working an average of at least 30 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 (for example, payslips or letter from your employer).

▶ Go to 154

142 Are you, or have you been, married or in a registered relationship?

No Go to next question

Yes


 Provide proof of marriage or relationship registration.

▶ Go to 154

143 Do you have or have you had a dependent child (natural or legally adopted)?

No Go to next question

Yes

 Provide proof of birth for this child, if you have not already done so.

▶ Go to 154

144 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 Go to 154

145 Do you live with your parent(s)?

No Go to next question

Yes Go to 154

146 Are you 16 or 17 years old?

No Go to 154

Yes Go to next question

147 Do you live away from your parents' home because of a disability, illness or injury?

No Go to next question

Yes Give details below

▶ Go to 154

148 Are you an orphan?

No Go to next question

Yes

You may need to provide evidence.

▶ Go to 154

149 Are you a refugee without parents in Australia?

No Go to next question

Yes Go to 154

150 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 154

151 Is it unreasonable for you to live at home?

For more information, refer to the **Information Booklet**.

No Go to next question

Yes

 **Aged 18 years or older** – you will need to complete and return an **'Unreasonable to live at home' Statement by Young Person (SY015)** form. Your parent(s)/guardian(s) will need to complete and return an **'Unreasonable to live at home' Statement by Parent(s)/Guardian(s) (SY016)** form.

If you do not have these forms, go to servicesaustralia.gov.au/forms

If you are not able to get these forms completed by your parent(s)/guardian(s), you will need to call us on **132 717** to make an appointment with a social worker.

▶ Go to 154

Younger than 18 – you will need to call us on **132 717** to make an appointment with a social worker.

▶ Go to 154

152 Are you, or have you been, in state or territory care?

No **Go to 154**

Yes **Go to next question**

153 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

Checklist

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

Where you are asked to supply documents, provide original documents.

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

Identity documents (Refer to 'Confirming your identity' in the Information Booklet or go to servicesaustralia.gov.au/identity)	<input type="checkbox"/>
Authorising a person or organisation to enquire or act on your behalf (SS313) form (if you answered Yes at question 16)	<input type="checkbox"/>
Relationship details – Separated under one roof (SS293) form (Both you and your ex-partner (for each Person 1 and/or Person 2), if you answered Yes at question 34 E and No at question 34 G or only you, if you answered Yes at question 34 E and Yes at question 34 G)	<input type="checkbox"/>
Relationship details (SS284) form (Both you and the other person (for each Person 1 and/or Person 2), if you answered Yes at question 34 F and No at question 34 G or only you, if you answered Yes at question 34 F and Yes at question 34 G)	<input type="checkbox"/>
Details of each additional person who shares your accommodation (if you answered Yes at question 34 H)	<input type="checkbox"/>

Continued

Proof of Australian residence status (if you answered No at questions 38 and 51)	<input type="checkbox"/>
Dependent children proof of birth (if you answered No at question 72 on page 13 and/or page 15)	<input type="checkbox"/>
Details of other dependent children (if you answered Yes at question 73 on page 15)	<input type="checkbox"/>
A copy of documents to verify the details of the sale (if you answered Yes at question 79)	<input type="checkbox"/>
A copy of the signed accommodation agreement(s) (if you answered Yes at question 89)	<input type="checkbox"/>
A copy of the signed contract or agreement (if you answered Yes at question 93)	<input type="checkbox"/>
Signed lease or tenancy agreement (if you answered Yes at question 109)	<input type="checkbox"/>
Income and Assets (SA369) form (if you answered Yes at question 111 or if you answered No at question 133)	<input type="checkbox"/>
Letter or document that gives the reference number and details of each New Zealand payment (if you answered Yes at question 112)	<input type="checkbox"/>
Letter or document that gives details of Department of Veterans' Affairs payment(s) and reference number(s) (if required for question 113)	<input type="checkbox"/>
Letter(s) or document(s) that gives the reference number and details of Self-Employment Allowance (if you answered Yes at question 114)	<input type="checkbox"/>
Compensation and damages (Mod C) form (if you answered No at question 116)	<input type="checkbox"/>
A copy of the policy document(s) and the latest statement(s) for this policy (if you answered Yes at question 117)	<input type="checkbox"/>
The contract to provide goods and services (if required for question 127)	<input type="checkbox"/>
Documents that confirm your leave entitlements (if you answered Yes at question 134)	<input type="checkbox"/>
Documents that confirm any redundancy payment received OR Employment Separation Certificate (SU001) form (if you answered Yes at question 135)	<input type="checkbox"/>
Proof of employment (if you answered Yes at question 139, 140 or 141)	<input type="checkbox"/>
Proof of marriage or relationship registration (if you answered Yes at question 142)	<input type="checkbox"/>
Dependent children proof of birth (if you answered Yes at question 143)	<input type="checkbox"/>
'Unreasonable to live at home' Statement by Young Person (SY015) form and 'Unreasonable to live at home' Statement by Parent(s)/Guardian(s) (SY016) form (if you answered Yes at question 151 and are aged 18 years or older)	<input type="checkbox"/>

Privacy notice

155 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

156 I declare that:

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

I understand that:

- I must notify Centrelink of any changes to this information **within 14 days** of the change(s) occurring.
- 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 partner's signature (if applicable)

Date (DD MM YYYY)

You must now complete the Medical details section of this claim.

► [Go to 156](#)

Medical evidence to support your claim for Disability Support Pension

You need to provide current medical evidence from your treating health professional(s) to support your claim for Disability Support Pension. We need this information to help us understand how your medical conditions affect you, and to make sure we correctly assess your claim.

We are not responsible for obtaining this information on your behalf. However, we may contact your treating health professionals to confirm or clarify information you provide about your medical conditions.

Information we need to assess your claim

You must provide current medical evidence about each of your medical conditions that impact your ability to work. These requirements are explained in more detail below.

You need to provide suitable medical evidence when you lodge your claim. If you do not provide this information we may be unable to correctly assess your claim, and may reject your claim.

Tell us if you cannot provide evidence within that time, or if you are having difficulty obtaining medical evidence.

What is medical evidence?

Medical evidence includes documents written by a registered medical practitioner (such as your treating doctor) and other registered health or allied health professionals. This evidence should support the information you provide in the medical details section of your claim.

Statements about your condition written by you or your nominee are taken into account, but are not considered medical evidence. This applies to information provided by a person who is not a registered health professional, such as a teacher.

Examples of medical evidence you should provide:

- medical history reports/print outs
- specialist medical reports, including outcomes of specialist referrals by your treating doctor
- allied health professional reports, such as physiotherapy or audiology reports
- psychologist reports, including IQ testing reports
- medical imaging reports
- compensation and rehabilitation reports
- physical examination reports
- hospital/outpatient records or discharge summaries including operations you have had.

You are not required to provide everything on this list. Medical evidence should be as current as possible. Older evidence (such as reports or records more than 2 years old) will generally be considered less relevant. Talk to your treating health professional if you are not sure whether the medical evidence you have reflects your current circumstances.

Details of your treating health professionals

Include the full name and contact details for all your treating health professionals in the medical details section of your claim.

Information we need about your medical conditions

In most cases, we need current information about the diagnosis, treatment, symptoms, functional impact and prognosis of each of the medical condition(s) that impact your ability to work. This is explained in more detail below:

Diagnosis

- The formal diagnosis of the medical conditions that impact your ability to function.
- When each medical condition was diagnosed.
- The name, qualification and contact details of the medical professional who made the diagnosis.

Treatment and care

- The type of treatment that has been undertaken in the past.
- The current treatment(s) you are undertaking.
- Planned or future treatment, including whether you are on a waiting list.
- If you require specific care because of your condition, including nursing home level or palliative care.

Symptoms and functional impact

- When the symptoms of each medical condition started (date of onset).
- Current symptoms of your conditions (persisting despite treatment, aids, equipment or assistive technology).
- The severity, frequency and duration of your symptoms.
- How your conditions and treatment impact on your ability to function in day-to-day life including at work.

Prognosis

- The length of time the condition is likely to impact your ability to function.
- Whether the condition is likely to improve, remain the same or get progressively worse.
- Whether your medical condition is likely to significantly affect your life expectancy.

Specific medical evidence required for some medical conditions

We need specific medical evidence for some medical conditions. This includes:

- **ear conditions affecting hearing or balance:** the diagnosis must be supported by a report from your audiologist or ear, nose and throat specialist.
- **eye conditions affecting vision:** the diagnosis must be supported by a report from your ophthalmologist.
- **mental health conditions (such as depression, schizophrenia):** your doctor's diagnosis must be supported by a psychiatrist or registered psychologist assessment.
- **intellectual impairment:** we need an assessment of intellectual function and assessment of adaptive behaviour from your psychologist, or a report from your special school that includes these psychologist assessments. Evidence you provide must include information supported by a psychologist about your IQ score, or your ability to undergo IQ testing.

For more information, go to servicesaustralia.gov.au/dsp or call us on 132 717.

Continued ►

Medical details

158 List any disabilities or medical conditions that significantly affect your ability to work. This can include any physical, intellectual or psychiatric condition or disability.

159 When did your disability or medical condition(s) begin to significantly affect your work capacity?


(DD MM YYYY)

160 Are you receiving a Disability Compensation Payment at the Special Rate (Totally and Permanently Incapacitated) paid under the *Veterans' Entitlement Act 1986 (VEA)* from the Department of Veterans' Affairs?

No **Go to 163**
 Yes *Go to next question*


161 Do you have the Special Rate decision letter from the Department of Veterans' Affairs?

No *Go to next question*
 Yes

 Provide the Special Rate decision letter.
Go to 190

162 Do you authorise us to get information from the Department of Veterans' Affairs as required for this claim?

No

 You will need to provide details about your condition and medical evidence.
Go to next question

Yes **Go to 190**

163 Do you believe you require nursing home level of care, frequent support or supervision from a carer, or palliative care?

No *Go to next question*
 Yes *Give details below*

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

164 Do you believe that your life expectancy may be significantly reduced within the next few years because of your condition?

No *Go to next question*
 Yes *Give details below*

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

165 Read this before answering the following questions.

To help us understand how your disability or medical condition affects you, we need information about any past treatment you may have received for your conditions, and any current, planned or future treatment. This may include treatments such as medication, surgery, rehabilitation, physical therapy, counselling, hearing aids, specialised clinics, chemotherapy, radiotherapy or palliative care.

If you believe that any of the following questions about treatment are not relevant for your condition (for example, because there is no available treatment), explain this in the space provided.

166 Have you received any past treatments for your disability or medical condition?

No **Go to 168**
 Yes *Give details below*

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



CLK0MEDSA466 2305

167 When did you receive treatment(s)?

Empty text box with horizontal dashed lines for writing.

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

► **Go to 169**

168 Reason why you have not received any past treatments for your disability or medical condition

Empty text box with horizontal dashed lines for writing.

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

169 Are you currently receiving any treatment for your disability or medical condition?

No ► **Go to 172**

Yes ► Give details below

Large empty text box with horizontal dashed lines for writing.

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

170 Who is providing or supporting this treatment (for example, treating doctor, hospital, clinic)?

Empty text box with horizontal dashed lines for writing.

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

171 How does this treatment affect your ability to work or study?

Empty text box with horizontal dashed lines for writing.

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

► **Go to 173**

172 Reason why you are not receiving any treatment for your disability or medical condition

Empty text box with horizontal dashed lines for writing.

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

173 Are you expecting to have future treatment for your disability or medical condition?

No Go to next question

Yes Give details below

Type of treatment

Reason for treatment

When do you expect to receive this treatment (if known)

Who will provide this treatment (if known)

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

► **Go to 175**

174 Reason why you are not expecting to have future treatment for your disability or medical condition

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

175 List any doctors, specialists or other professionals who could tell us about your disability or medical condition (for example, treating doctor or specialist, registered psychologist, psychiatrist)

1 Full name

Profession

Address

Postcode

Phone number (including area code)

2 Full name

Profession

Address

Postcode

Phone number (including area code)

If you have more than 2 professionals to list, provide a separate sheet with details.

176 What is the highest level of education you have **completed** (for example, Year 11, Tertiary, Diploma)?

If completed outside Australia, indicate the Australian equivalent.

177 Have you attended a special class or school because of a disability or medical condition?

No Go to next question

Yes Give details below

Name of school

Address

Postcode

178 What qualifications have you gained (for example, courses, tickets, licences, certificates, diplomas)?

179 What sort of work have you done?
Provide details of your most recent employment history.

1 Employer's name

--

Dates worked (DD MM YYYY)

From

--	--	--

To

--	--	--

Type of work

--

2 Employer's name

--

Dates worked (DD MM YYYY)

From

--	--	--

To

--	--	--

Type of work

--

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

No Go to next question

Yes Give details below

181 Read this before answering the following questions.

You may need to show that you have participated in a Program of Support before you claimed Disability Support Pension. This depends on your individual circumstances.

In the last 3 years, have you participated in any programs to help you find work, stay in a job, return to work, manage an injury or help you with vocational rehabilitation, gaining new skills, work experience or training (for example, Disability Employment Services, Community Development Program, or Workforce Australia)?

No Go to next question

Yes Give details below

1 Name of provider

--

Dates you participated (DD MM YYYY)

2 Name of provider

--

Dates you participated (DD MM YYYY)

182 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

183 Read this before answering the following questions.

This checklist helps make sure you have the right medical evidence to support your claim for Disability Support Pension. It may also help guide discussion with your treating health professionals if you need further evidence. Disability Support Pension medical evidence requirements are explained on page 27 of the claim form. For more information, go to servicessaustralia.gov.au/dsp

184 Do you have current medical evidence from your treating doctor(s) for any conditions that significantly affect your work capacity?

No Go to 186

Yes Go to next question

185 In most cases we need medical evidence from your treating doctor(s) to include your diagnosis, prognosis and how your condition affects you. Indicate the information included in the medical evidence from your treating doctor(s):

the diagnosis of any conditions that significantly affect your work capacity

details of the treating health professional (s) who diagnosed each condition, including names and contact details

details of any past, current and planned treatment for your conditions


symptoms of your conditions (how they affect you now, and how they may affect you in the future, with treatment)

prognosis for your conditions, (taking into account any current and planned treatment)


186 Indicate which statement applies to you.

You are claiming Disability Support Pension because:

you need nursing home level care, or your life expectancy is significantly reduced within the next 2 years

 You will need to provide medical evidence that outlines your symptoms and prognosis.

of an intellectual disability

 You will need to provide an assessment of intellectual function and adaptive behaviour supported by a psychologist, including information about your IQ score, or your ability to undergo testing.


of an eye condition affecting your vision

 You will need to provide an **Optometrist/Ophthalmologist Report (SA013)** form or equivalent information.


you are permanently blind

 You will need to provide an **Optometrist/Ophthalmologist Report (SA013)** form or equivalent information.

of a mental health condition (such as depression or anxiety)

 You will need to provide evidence that the diagnosis was made by a psychiatrist, **or** another medical practitioner (such as your GP) **and** a registered psychologist.

of an ear condition affecting your hearing or balance

 You will need to provide evidence that the diagnosis is supported by an ear, nose and throat specialist **or** another medical practitioner (such as your GP) **and** an audiologist.

none of the above

187 Provide existing medical evidence with your claim that shows the current impact of your condition(s). If you have given any of these documents to us before, you do not need to provide them again.

What medical evidence documents are you providing with your claim?

Medical history records, such as a patient health summary signed by your GP

Report from a medical specialist, such as an ear, nose and throat specialist, psychiatrist or ophthalmologist

GP referral letter to medical specialist

Report from another treating health professional, such as a physiotherapist, psychologist, occupational therapist or audiologist

Rehabilitation reports

Medical imaging report, such as MRI, X-ray, CT (films not required)

Hospital/Outpatient/Discharge report

Compensation medical report

Wait-list confirmation letter

Special School/Special Education Unit report

Other medical evidence – give details below


188 Are you having difficulty getting medical evidence, or giving evidence to us?

No **Go to next question**

Yes To help us understand your situation, explain why you are having difficulty with medical evidence.

189 We may need to contact your treating health professional(s) about your medical condition(s). They may ask us to confirm that you have provided consent in writing for them to disclose information about your medical conditions. You can do this by completing a **Consent to disclose medical information (SA472)** form.

Have you completed and given us a **Consent to disclose medical information (SA472)** form?

No  To provide consent, you will need to complete a **Consent to disclose medical information (SA472)** form. A copy of this form is provided with this claim form.
Go to next question

Yes **Go to next question**

Privacy notice

190 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

191 I declare that:

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

I understand that:

- I must notify Centrelink of any changes to this information **within 14 days** of the change(s) occurring.
- 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)

--	--	--

OFFICE USE ONLY

Surname

First given name

Date of birth (DD MM YYYY)

--	--	--

Customer Reference Number

--	--	--	--

This page has been left blank intentionally.

Purpose of this form

This form is used to confirm that you consent to your treating health professionals and/or health providers disclosing relevant information about your disability or medical conditions to Services Australia, or assessors engaged by Centrelink.

This consent form does not replace the need for you to provide medical evidence when lodging a claim for Disability Support Pension (DSP). We need medical evidence from your treating health professionals to help us understand how your conditions affect you and to correctly assess your claim. This is explained in the **Medical Evidence Checklist (SA473)** form and the **Claim for Disability Support Pension (SA466)** form available on our website.

If more information is needed to assess your eligibility for DSP or employment services, Centrelink or assessors engaged by Centrelink may contact your treating health professionals and/or health providers to confirm or clarify information you provide about your disability or medical conditions.

This may include contact with any health professionals (including your treating doctor) and/or health providers who have examined, diagnosed or treated your disability or medical conditions which are relevant to your eligibility for DSP or employment services.

Your treating health professionals and/or health providers may be asked to disclose any medical information relevant to assessing your eligibility for DSP or employment services. This includes medical and specialist reports, clinical notes, medical records or other information, and any barriers that may affect your ability to work or participate in employment services or other assistance programmes.

Your treating health professionals and/or health providers may ask for confirmation that you have consented for them to disclose your medical information to Centrelink or assessors engaged by Centrelink.

You can complete the Consent to disclose medical information statement on this form to provide your consent, and Centrelink will show this to your treating health professionals and/or health providers if requested.

You can withdraw your consent at any time by advising Centrelink. However, if your treating health professionals or health providers do not disclose relevant medical information when requested, Centrelink may not have enough information to assess your eligibility for DSP or employment services. This may result in your claim being rejected or your payment being stopped.

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

Consent to disclose medical information

I (full name)

Date of birth (DD MM YYYY)

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

of (address)

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

give consent for my treating health professionals and/or health providers to disclose any relevant information about my disability or medical conditions to Centrelink, or assessors engaged by Centrelink, if required to assess my eligibility for Disability Support Pension or employment services.

Your signature



Date (DD MM YYYY)

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