

Use this form to claim a Low Income Health Care Card and/or Foster Child Health Care Card.

Online services



Completing this form online is faster and easier.

You can claim these Health Care Cards using your Centrelink online account through myGov.

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

Low Income Health Care Card



This card gives you and the dependants listed on the card, concessions on:

- prescription medicines through the Pharmaceutical Benefits Scheme, and
- some Australian Government, state and local government, and private organisation services.

To be eligible, you must:

- meet residence rules, or
- be a Special Category visa holder who is residing in Australia, and
- satisfy the Low Income Health Care Card income test.

For more information, go to servicessaustralia.gov.au/lic or read **Information you need to know about your claim for concession and health care cards (Ci010) (Information Booklet)**.

Foster Child Health Care Card



This card gives a foster child in your care, concessions on:

- prescription medicines through the Pharmaceutical Benefits Scheme, and
- some state and local government authority and private organisation services.

To be eligible, you must:

- meet residence rules
- have a foster child in your care or be caring for someone else's child.

For more information, go to servicessaustralia.gov.au/fosterchildcard or read **Information you need to know about your claim for concession and health care cards (Ci010) (Information Booklet)**.

What else you will need to provide

If you are making a claim, you must return this form and **all** other supporting documents at the same time you lodge your claim 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



If you need to speak to us, call **132 490**.

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.

Partner Permitted to Enquire

Allowing your partner to enquire on your behalf may save you time when dealing with us. It will let you and your partner use more self-service functions online and over the phone.

If you give your partner **permission to enquire**, it will allow your partner to ask questions about your Centrelink payments and services. They could ask us:

- your current rate of payment
- the reason your payment has stopped
- the reason your payment has gone up or down, for example, income and assets, debt and back payment information.

They **can** tell us how much you were paid, changes in your circumstances and view your details online.

They **cannot**:

- act on your behalf with Centrelink
- apply for payments for you
- fill in and sign forms and statements on your behalf
- come to appointments for you.

You have a right to have your personal information kept private. For more information, go to servicessaustralia.gov.au/privacy

Changing your partner's permission to enquire is your choice and you can change this permission at any time.

If you think your partner is misusing the arrangement, call **132 850** or visit one of our service centres.

If you are affected by family and domestic violence, there is help available. Call **132 850** Monday to Friday, 8 am to 5 pm local time, and ask to speak to a social worker. For more information, go to servicessaustralia.gov.au/domesticviolence or if you are in immediate danger, call **000**.

Filling in this form

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

If you have a printed form:

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

1 Are you **only** using this form to claim a Foster Child Health Care Card?

No **Go to next question**

Yes **Go to 4**

2 Do you (and/or your partner) have dependent children under the age of 19 in your care?

No **Go to 5**

Yes **Go to next question**

3 If you are eligible for the maximum rate of Family Tax Benefit Part A, you will get a Health Care Card automatically. Any child under 19 years of age for whom you receive Family Tax Benefit will appear as a dependant on your Health Care Card. Dependants aged 16 to 18 must be undertaking secondary studies to be eligible to appear on your card.

Are you (or your partner) getting Family Tax Benefit?

No You **may not** need to fill in this form.

For more information or to claim online, go to servicesaustralia.gov.au/ftb

Go to 5

Yes **Go to next question**

4 Are you (or your partner) getting the maximum rate of Family Tax Benefit Part A?

No **Go to next question**

Yes You **may not** need to complete this form.

You or your partner will get a Health Care Card automatically with Family Tax Benefit. Your partner and any dependants will be listed on this card. If you still need to claim **Go to next question**

About you

5 Your Customer Reference Number (if known)

6 Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

7 Your date of birth (DD MM YYYY)

8 Do you need an interpreter?

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

No **Go to 11**

Yes **Go to next question**

9 What is your preferred spoken language?

10 What is your preferred written language?



CLK0SS050 2212

11 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.

12 Your gender

Male

Female

Non-binary

13 Your permanent address

 Postcode

14 Your postal address (if different to above)

 Postcode

15 Read this before answering the following question.

If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to servicesaustralia.gov.au/em or visit one of our service centres.

Your contact details

Home phone number (including area code)

Mobile phone number

Work phone number (including area code)

Email

16 Read this before answering the following question.

This question is voluntary and will not affect your Health Care Card. 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

17 Read this before answering the following question.

This question is voluntary and will not affect your Health Care Card. 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

18 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 servicesaustralia.gov.au/authorisedrepresentative

Go to next question

19 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

20 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

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

No Go to next question

Yes Go to 29

22 What is your country of birth?

23 What is your country of citizenship?

Australia Date citizenship granted (DD MM YYYY)

Go to 29

Other Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

24 What type of visa did you arrive on?

Permanent Go to next question

Temporary Go to next question

New Zealand passport (Special Category visa) Go to 26

Not sure Go to 26

25 Your visa details on arrival

Visa subclass Date visa granted (DD MM YYYY)

26 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)

27 Are you a refugee or former refugee?

No

Yes

28 Did either of your parents arrive on a refugee or humanitarian visa?

No

Yes

29 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)

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

30 Indicate the card(s) you are claiming

Tick one only

- Foster Child Health Care Card **Go to 108**
- Low Income Health Care Card **Go to next question**
- Foster child **and** Low Income Health Care Cards **Go to next question**

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

Married

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

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

▶ **Go to 32**

Registered relationship

(your relationship is registered under Australian state or territory law)

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

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

▶ **Go to 32**

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 32**

Separated

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

Date of last separation (DD MM YYYY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

▶ **Go to 60**

Divorced

Date of divorce (DD MM YYYY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

▶ **Go to 60**

Widowed

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

Date of partner's death (DD MM YYYY)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

▶ **Go to 60**

Never married or lived with a partner **Go to 60**

About your partner

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

For more information, read page 2.

- No
- Yes

33 Will your partner require a Health Care Card of their own as part of this claim?

If you and/or your partner have not previously provided identity documents, you will need to confirm your identity as part of this claim. For more information, go to servicesaustralia.gov.au/identity

- No If your partner is not claiming, their identity must still be confirmed and they will need to sign this form.
▶ **Go to next question**
- Yes Your partner does not need to complete a separate **Claim for Health Care Card (SS050)** form. By completing this form, if you are both eligible, you and your partner will each receive a Health Care Card.
▶ **Go to next question**

34 Does your partner need an interpreter when dealing with us? This includes an interpreter for people who have a hearing or speech impairment.

- No **Go to 37**
- Yes **Go to next question**

35 What is your partner's preferred spoken language?

| |
|--|
| |
|--|

36 What is your partner's preferred written language?

| |
|--|
| |
|--|

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

38 Your partner's name

Mr Mrs Miss Ms Mx Other

Family name

| |
|--|
| |
|--|

First given name

| |
|--|
| |
|--|

Second given name

| |
|--|
| |
|--|

48 What country is your partner currently living in?

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

Australia Go to next question

Other Country where they live

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

This question will help us to verify their Australian residence.

No Go to next question

Not applicable – never Go to next question
travelled to Australia

Yes Give details below

Year your partner last entered Australia

Passport number

Country of issue

50 Is your partner an Australian citizen **who was born in Australia**?

No Go to next question

Yes Go to 59

51 What is your partner's country of birth?

52 What is your partner's country of citizenship?

Australia Date citizenship granted (DD MM YYYY)

Go to 59

Other Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

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

No Go to 60

Yes Go to next question

54 What type of visa did your partner arrive on?

Permanent Go to next question

Temporary Go to next question

New Zealand passport Go to 56
(Special Category visa)

Not sure Go to 56

55 Your partner's visa details on arrival

Visa subclass Date visa granted (DD MM YYYY)

56 Has your partner's visa changed since they arrived in Australia?

No Go to next question

Yes Most recent visa details

Visa subclass Date visa granted (DD MM YYYY)

57 Is your partner a refugee or former refugee?

No

Yes

58 Did either of your partner's parents arrive on a refugee or humanitarian visa?

No

Yes

59 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 they visited for a holiday.

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

No Go to next question

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

Include when they 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)

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

Dependent children

60 Do you (or your partner) have any dependent children under 19 years of age?

Dependent child means a child for whom you have legal responsibility, either alone or jointly with another person for the child's day-to-day care, welfare and development. For more information about dependents, read the information booklet, **Information you need to know about your claim for concession and health care cards (Ci010)**. If you do not have this booklet, go to servicessaustralia.gov.au/forms. If the dependent child is 19 years of age or over, they can claim their own Low Income Health Care Card.

No **Go to 65**

Yes Give details below

If you have more than 2 dependent children, copy and provide this page for additional children before completing details for child 1.

Go to 61 for Child 1

Child 1

61 Child's family name

Child's first given name

Child's second given name


62 Do you (or your partner) get Family Tax Benefit for this child?

No **Go to next question**

Yes **Go to 64 for Child 1**

63 Does this child get an income support payment?

No

 You will need to complete and return a **Details of your child's care arrangements (FA012)** form.
If you do not have this form, go to servicessaustralia.gov.au/forms
Go to next question

Yes **Go to next question**

64 Do you have another dependent child?

No **Go to 65**

Yes **Go to 61 for Child 2**

Child 2

61 Child's family name

Child's first given name

Child's second given name


62 Do you (or your partner) get Family Tax Benefit for this child?

No **Go to next question**

Yes **Go to 64 for Child 2**

63 Does this child get an income support payment?

No


 You will need to complete and return a **Details of your child's care arrangements (FA012)** form.
If you do not have this form, go to servicessaustralia.gov.au/forms
Go to next question

Yes **Go to next question**

64 Do you have another dependent child?

No **Go to next question**

Yes

 Provide details of each additional child.
Go to next question

Current circumstances

65 Are you (and/or your partner) a student or apprentice?

No **Go to 69**

Yes Give details below

Tick all that apply

| | You | Your partner |
|--|--------------------------|--------------------------|
| Student – full-time | <input type="checkbox"/> | <input type="checkbox"/> |
| Student – part-time | <input type="checkbox"/> | <input type="checkbox"/> |
| Student/apprentice – secondary school | <input type="checkbox"/> | <input type="checkbox"/> |
| Student/apprentice – tertiary/technical school | <input type="checkbox"/> | <input type="checkbox"/> |

66 What course of study are you (and/or your partner) currently doing?

If you (and/or your partner) are aged 16 to 18 and doing secondary study, then you can qualify for a Health Care Card if you are not considered to be a child for Family Tax Benefit purposes.

You Course title (for example, Yr 11, Cert III)

Your partner Course title (for example, Yr 11, Cert III)

67 Are you (and/or your partner) in receipt of any educational payments (for example, Student Financial Supplement Scheme, Veterans' Children Education Scheme, Military Rehabilitation and Compensation Act Education and Training Scheme or Australian Government Research Training Program Stipend Scholarship)?

No

Yes

68 Are you (and/or your partner) being financially supported by your parent(s), guardian(s) or another person?

No

Yes

69 What is your (and/or your partner's) current circumstance?

Tick all that apply

| | You | Your partner |
|--|--------------------------|--------------------------|
| Employee – full-time | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee – part-time | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee – casual | <input type="checkbox"/> | <input type="checkbox"/> |
| Employed – on leave receiving Parental Leave Pay | <input type="checkbox"/> | <input type="checkbox"/> |
| Farmer | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-employed non-farmer | <input type="checkbox"/> | <input type="checkbox"/> |
| Religious worker | <input type="checkbox"/> | <input type="checkbox"/> |
| Not employed – receiving Parental Leave Pay | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-funded retiree | <input type="checkbox"/> | <input type="checkbox"/> |
| Not employed | <input type="checkbox"/> | <input type="checkbox"/> |
| Other – give details below | <input type="checkbox"/> | <input type="checkbox"/> |

You

Your partner

70 What date did you (and/or your partner) last work?

You

| | | | |
|----------------------|----------------------|----------------------|--------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | (DD MM YYYY) |
|----------------------|----------------------|----------------------|--------------|

Your partner

| | | | |
|----------------------|----------------------|----------------------|--------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | (DD MM YYYY) |
|----------------------|----------------------|----------------------|--------------|

71 Are you (and/or your partner) on unpaid leave?

No **Go to 73**

Yes **Go to next question**

72 What date do you (and/or your partner) intend returning to work?

You

| | | | |
|----------------------|----------------------|----------------------|--------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | (DD MM YYYY) |
|----------------------|----------------------|----------------------|--------------|

Your partner

| | | | |
|----------------------|----------------------|----------------------|--------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | (DD MM YYYY) |
|----------------------|----------------------|----------------------|--------------|

73 Read this before answering the following question.

If medical treatment has been received before you (and your partner) claim this card, your claim(s) may be able to be back-dated.

You must provide evidence of your (and/or your partner's) income for:


- the 8 weeks immediately before the date of medical treatment, and
- the entire period between the date of your medical treatment and the date you lodge this claim.

For more information, read the information booklet, **Information you need to know about your claim for concession and health care cards (Ci010)**. If you do not have this booklet, go to servicesaustralia.gov.au/forms

Do you (and/or your partner) want this claim back-dated due to medical treatment?

No **Go to next question**

Yes

 You will need to provide evidence of the date and type of medical treatment received, **and** evidence of your (and/or your partner's) income for 8 weeks immediately before the medical treatment.

Parental leave income

74 Did you (and/or your partner) receive Parental Leave Pay for any period in the last 8 weeks?

No **Go to 77**

Yes **Go to next question**

75 Is the Parental Leave Pay provided by your (or your partner's) employer?

No **Go to 77**

Yes **Go to next question**

76 Has the employer shown the Parental Leave Pay as a separate amount to your income on your (and/or your partner's) payslips?

No

Yes

Employment related income

77 Did you (and/or your partner) get paid any income from employment in the last 8 weeks?

Do not include:

- income from self-employment
- any Parental Leave Pay
- Dad and Partner Pay.

If you are a sub-contractor but are not sure if you should be declaring your income as a business or as an employee, call us to discuss.

No **Go to 79**

Yes Give details below

1 Person working for this employer

You Your partner

Employer's name

Address

Postcode

Phone number
(including area code)

2 Person working for this employer

You Your partner

Employer's name

Address

Postcode

Phone number
(including area code)

3 Person working for this employer

You Your partner

Employer's name

Address

Postcode

Phone number
(including area code)

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

78 Give details of income paid to you (and/or your partner) in the last 8 weeks.

GROSS income from employment **includes:**

- amounts voluntarily salary sacrificed (including superannuation)
- the value of employer provided fringe benefits.

Do not include:

- Parental Leave Pay
- Dad and Partner Pay.

You

Gross amount paid per week (before tax and other deductions)

| | |
|----|--------|
| \$ | Week 1 |
| \$ | Week 2 |
| \$ | Week 3 |
| \$ | Week 4 |
| \$ | Week 5 |
| \$ | Week 6 |
| \$ | Week 7 |
| \$ | Week 8 |

or **Gross amount paid per fortnight** (before tax and other deductions)

| | |
|----|-------------|
| \$ | Fortnight 1 |
| \$ | Fortnight 2 |
| \$ | Fortnight 3 |
| \$ | Fortnight 4 |


Your partner

Gross amount paid per week (before tax and other deductions)

| | |
|----|--------|
| \$ | Week 1 |
| \$ | Week 2 |
| \$ | Week 3 |
| \$ | Week 4 |
| \$ | Week 5 |
| \$ | Week 6 |
| \$ | Week 7 |
| \$ | Week 8 |

or **Gross amount paid per fortnight** (before tax and other deductions)

| | |
|----|-------------|
| \$ | Fortnight 1 |
| \$ | Fortnight 2 |
| \$ | Fortnight 3 |
| \$ | Fortnight 4 |

 You will need to provide proof of your (and/or your partner's) employment income for this 8 weeks period. This may include:
payslips for the last 8 weeks, or
a letter from the employer stating gross wages.
Letters and payslips must have the employer's name and address on them. Bank statements do not provide sufficient proof of wages.

Business interests

79 Are you (and/or your partner) involved in any type of business?

Include:

- farming
- self-employed
- sole trader
- partnership
- sub-contractor.

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

No *Go to next question*

Yes

 You will need to complete and return a **Business details (Mod F)** form. If the business owns real estate, you will also need to complete and return a **Real estate details (Mod R)** form for each property.
If you do not have these forms, go to servicesaustralia.gov.au/forms

80 Read this before answering the following question.

You (and/or your partner) may be, or have been involved in a trust as:

- a trustee
- an appointor
- a beneficiary

OR have:

- made a loan to a private trust
- made a gift of cash, assets, or private property to a private trust in the last 5 years
- relinquished involvement in a private trust in the last 5 years
- a private annuity
- a life interest
- an interest in a deceased estate.

A private trust includes a non-complying Self Managed Superannuation Fund or a non-complying Small APRA Fund.

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

Are you or have you (and/or your partner) been involved in a private trust in any of the ways detailed above?


No *Go to 86*

Yes *Go to next question*

81 Is the private trust now vested?

No *Go to 83*

Yes

 You will need to provide a copy of evidence of the vesting.
▶ *Go to next question*

82 Have you (and/or your partner) made any type of gift involving a private trust (either active or vested) in the last 5 years?

Include:

- forgiving a loan
- transfer of assets to or from a trust for less than their value
- forgoing distributions.

No **Go to 86**

Yes **Go to next question**

83 Have you completed a **Private Trust (Mod PT)** form or a **Special Disability Trust (Mod SDT)** form in the last 5 years?

No **Go to next question**

Yes **Go to 85**

84 Is the private trust a Special Disability Trust (SDT)?

No

 You will need to complete and return a **Private Trust (Mod PT)** form.

If you do not have this form, go to **servicesaustralia.gov.au/forms**

▶ **Go to 86**

Yes

 You will need to complete and return a **Special Disability Trust (Mod SDT)** form.

If you do not have this form, go to **servicesaustralia.gov.au/forms**

▶ **Go to 86**

85 Have you provided us with a copy of the most recent Income Tax Return and financial statements for the trust?

No

 Provide copies of the most recent Income Tax Return and financial statements for the trust.

▶ **Go to next question**

Yes **Go to next question**

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

You (or your partner) may be, or have been in the last 5 years:

- a director of a company
- a shareholder of a company

OR have:

- made a loan to a private company
- transferred shares in a private company
- made a gift of cash, assets or property to a private company.

For more information, go to **servicesaustralia.gov.au/trustsandcompanies**

Are you or have you (and/or your partner) been involved with a private company in any of the ways detailed above?

No **Go to 91**

Yes **Go to next question**

87 Is the private company now deregistered with the Australian Securities and Investments Commission (ASIC)?

No **Go to 89**

Yes

 You will need to provide a copy of evidence of deregistration.

▶ **Go to next question**

88 Have you (and/or your partner) made any type of gift involving a private company (either registered or deregistered) in the last 5 years?

Include:


- forgiving a loan
- transfer of assets to or from a private company for less than their value
- forgoing distributions.

No **Go to 91**

Yes **Go to next question**

89 Have you completed a **Private Company (Mod PC)** form in the last 5 years?

No

 You will need to complete and return a **Private Company (Mod PC)** form.


If you do not have this form, go to **servicesaustralia.gov.au/forms**

▶ **Go to 91**

Yes **Go to next question**

90 Have you provided us with a copy of the most recent Income Tax Return and financial statements for the company?

No

 Provide copies of the most recent Income Tax Return and financial statements for the company.

▶ **Go to next question**

Yes **Go to next question**

Compensation

91 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 93**

Yes *Go to next question*

92 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 servicessaustralia.gov.au/forms
▶ *Go to next question*

Yes *Go to next question*

93 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.


Other money received

94 Do you (and/or your partner) receive any rental income?

Do not include income received from boarders who live with you, this should be provided at question 96.

No *Go to next question*

Yes

 You will need to complete and return a **Real estate details (Mod R)** form for each property. You will also need to provide your most recent income tax return if you have not already done so. If you do not have this form, go to servicessaustralia.gov.au/forms

95 Do you (and/or your partner) receive payments from **outside Australia**?

Include:


- pensions from other countries
- benefits
- allowances
- superannuation
- compensation
- war related payments.

You must include details of pensions, allowances and other payments even if:

- they are not taxable in the country or payment, and/or
- you have arranged for your payment to be made to a third party.

No *Go to next question*

Yes Give details below

 Provide a copy of the document (for example, latest pension certificate – not a bank statement) from the issuing authority or agency which gives details including the amount in the foreign currency for each payment.

1 Type of payment

Country which pays it?

Who pays it?

Date commenced (if known)

(DD MM YYYY)

Paid to:

You

Your partner

Continued

2 Type of payment

Country which pays it?

Who pays it?

Date commenced (if known)
(DD MM YYYY)

Paid to:
You Your partner

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

96 Do you (and/or your partner) receive money from any boarders or lodgers living with you?

Include boarders or lodgers who live with you or in accommodation at the property you live in (for example, renting out a room, granny flat).

Do not include immediate family members (for example, child, parent or guardian).

No Go to next question

Yes Give details below

1 Name of person

Relationship to you

Number of meals you provide each day

Amount paid per fortnight

Date started paying (DD MM YYYY)

Your share Partner's share

2 Name of person

Relationship to you

Number of meals you provide each day

Amount paid per fortnight

Date started paying (DD MM YYYY)

Your share Partner's share

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

97 In the last 14 months, have you (or your partner) received a lump sum payment, including leave, termination or redundancy payments, that you have not already told us about on this form?

Do not include:

- compensation
- insurance
- damages
- funding from the National Disability Insurance Scheme.

No Go to next question

Yes Give details below



Provide documentation which shows the amount received (for example, an employer separation certificate).

1 Type of lump sum

Who paid it?

Amount paid

Date paid (DD MM YYYY)

Who received this lump sum payment?

You Your partner

2 Type of lump sum

Who paid it?

Amount paid

Date paid (DD MM YYYY)

Who received this lump sum payment?

You Your partner

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

Bank accounts

98 Give details of all accounts held by you (and/or your partner) in banks, building societies or credit unions.


Include:

- savings accounts
- cheque accounts
- term deposits
- joint accounts
- accounts you hold in trust or under any other name
- money held in church or charitable development funds.

Accounts and term deposits outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars.

Do not include:

- shares
- managed investments
- an account used exclusively for funding from the National Disability Insurance Scheme.

 Provide evidence from your financial institution that shows your current account balance, account number and account holder name(s) for each account held. Copies can be provided. ATM slips are not acceptable.

1 Name of bank, building society or credit union

Account number (this may not be your card number)

Current balance of account

Currency if not AUD

Your share % Partner's share %

2 Name of bank, building society or credit union

Account number (this may not be your card number)

Current balance of account

Currency if not AUD

Your share % Partner's share %

Continued

3 Name of bank, building society or credit union

Account number (this may not be your card number)

Current balance of account

Currency if not AUD

Your share % Partner's share %

4 Name of bank, building society or credit union

Account number (this may not be your card number)

Current balance of account

Currency if not AUD

Your share % Partner's share %

5 Name of bank, building society or credit union

Account number (this may not be your card number)

Current balance of account

Currency if not AUD

Your share % Partner's share %

6 Name of bank, building society or credit union

Account number (this may not be your card number)

Current balance of account

Currency if not AUD

Your share % Partner's share %

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

Superannuation

99 Read this before answering the following question.

Answer this question **only** if you (and/or your partner) are Age Pension age, otherwise *Go to next question*

To work out if you (or your partner) are Age Pension age, use the table below.

| Date of birth | Qualifying age at |
|------------------------------------|-----------------------|
| 1 January 1954 to 30 June 1955 | 66 years |
| 1 July 1955 to 31 December 1956 | 66 years and 6 months |
| From 1 January 1957 | 67 years |

Do you (and/or your partner) have any money invested in superannuation in Australia where the fund is not paying a pension?


Include:

- superannuation funds such as:
 - retail
 - industry
 - corporate
 - employer
 - public sector
- retirement savings accounts
- Self Managed Superannuation Funds (SMSF) and Small APRA Funds (SAF) if the funds are complying.

SPIN code – is commonly used for fund managers to identify superannuation products.

No **Go to 100**

Yes Give details below

 Provide a copy of the latest statements for superannuation funds and retirement savings accounts. If you have a SMSF or SAF, provide the financial statement including income tax return and member statement.

1 Name of institution/fund manager or SPIN code

Name of fund

Product reference number

Current market value

 \$

Date of joining/investment
(DD MM YYYY)

Owned by

You Your partner

Continued

2 Name of institution/fund manager or SPIN code

Name of fund

Product reference number

Current market value

 \$

Date of joining/investment
(DD MM YYYY)

Owned by

You Your partner

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

100 Read this before answering the following question.

An **income stream product** is a regular series of payments which may be made for a lifetime or a fixed period by:

- a financial institution
- a retirement savings account
- a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF).


Types of income streams include:

- account-based pension (also known as allocated pension)
- market-linked pension (also known as term allocated pension)
- lifetime income stream
- pooled lifetime income stream
- life expectancy income stream
- term income stream
- defined benefit pension (for example, public sector and private sector defined benefit pensions).

Do you (and/or your partner) receive income from any Australian income stream products?

No **Go to next question**

Yes Give details on the next page

 For each income stream product, you (and/or your partner) will need to provide:

- a Centrelink/DVA schedule or similar schedule, or
- a **Details of income stream product (SA330)** form.

The schedule or form must be completed by:

- your product provider
- the trustee of the SMSF or SAF, or
- the SMSF administrator.

If you do not have this form, go to **servicesaustralia.gov.au/forms**

Continued

1 Name of product provider/SMSF/SAF

Type of income stream

Product reference number

Commencement date (DD MM YYYY) Owned by
 You Your partner

2 Name of product provider/SMSF/SAF

Type of income stream

Product reference number

Commencement date (DD MM YYYY) Owned by
 You Your partner

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

Financial assets

101 Do you (and/or your partner) own any shares, options, rights, convertible notes or other securities **listed** on a stock/securities exchange in and/or outside Australia?


Include:

- futures
- options
- derivatives
- rights
- convertible notes.

Do not include managed investments.

No **Go to next question**

Yes **Give details below**

 Provide a copy of the latest statement detailing the shareholding in each company.

1 Name of the public company or ASX code

Number of shares held Country if not Australia

Your share % Partner's share %

2 Name of the public company or ASX code

Number of shares held Country if not Australia

Your share % Partner's share %

3 Name of the public company or ASX code

Number of shares held Country if not Australia

Your share % Partner's share %

4 Name of the public company or ASX code

Number of shares held Country if not Australia

Your share % Partner's share %


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

102 Do you (and/or your partner) own any shares, options or rights in **public** companies, **not listed** on a stock exchange?

Do not include managed investments.

No Go to next question

Yes Give details below

 Provide a copy of the latest statement or document that shows the number of shares held.

1 Name of public company

Type of shares Number of shares

| | | |
|-------------------------|------------------------|------------------------|
| Current market value | Your share | Partner's share |
| \$ <input type="text"/> | <input type="text"/> % | <input type="text"/> % |

2 Name of public company

Type of shares Number of shares

| | | |
|-------------------------|------------------------|------------------------|
| Current market value | Your share | Partner's share |
| \$ <input type="text"/> | <input type="text"/> % | <input type="text"/> % |

3 Name of public company

Type of shares Number of shares

| | | |
|-------------------------|------------------------|------------------------|
| Current market value | Your share | Partner's share |
| \$ <input type="text"/> | <input type="text"/> % | <input type="text"/> % |

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

103 Do you (and/or your partner) own any managed investments in and/or outside Australia?

Include:

- investment trusts
- personal investment plans
- life insurance bonds
- friendly society bonds.


Do not include:

- conventional life insurance policies
- funeral bonds
- superannuation or rollover investments.

APIR code – is commonly used for fund managers to identify individual financial products.

No Go to next question

Yes Give details below

 Provide a copy of the document which gives current details for each investment (for example, certificate with number of units or account balance).

1 Name of company

Name of product and product option

Number of units held (if applicable)

APIR code (if known)

Value of the investment

Currency if not AUD

Your share %

Partner's share %

2 Name of company

Name of product and product option

Number of units held (if applicable)

APIR code (if known)

Value of the investment

Currency if not AUD

Your share %

Partner's share %

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

104 Do you (and/or your partner) own any bonds or debentures in and/or outside Australia?


Bonds refer to government and semi-government bonds.

Do not include:

- friendly society bonds
- funeral bonds
- life insurance bonds
- accommodation bonds for residing in an aged care facility.

No Go to next question

Yes Give details below

 Provide a copy of the document which gives details for each bond or debenture.

1 Name of company

Type of investment

Current amount invested

Currency if not AUD

Your share %

Partner's share %

2 Name of company

Type of investment

Current amount invested

Currency if not AUD

Your share %

Partner's share %

3 Name of company

Type of investment

Current amount invested

Currency if not AUD

Your share %

Partner's share %

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

Loans and gifts


105 Have you (and/or your partner) lent money to another person or organisation?

Include all loans, whether they are made to family members, other people or organisations or trusts.

Do not include loans to secure accommodation in retirement villages or aged care.

No Go to next question

Yes Give details below

 Provide a copy of the document which gives details for each loan (if available).

1 Who did you lend the money to?

Date lent (DD MM YYYY)

Amount lent

Current balance on loan

\$

\$

Lent by you

%

Lent by your partner

%

2 Who did you lend the money to?

Date lent (DD MM YYYY)

Amount lent

Current balance on loan

\$

\$

Lent by you

%

Lent by your partner

%

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

106 In the last 5 years, have you (and/or your partner) given away, sold for less than their market value or surrendered a right to any cash, assets, property or income?

Include:

- forgiven loans
- shares in private companies
- transfer of business or farm ownership.

No Go to next question

Yes Give details below

1 What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

Date given or sold (DD MM YYYY)

What it was worth \$ What you got for it \$

Your share % Partner's share % Was this gift to a Special Disability Trust (SDT)? No Yes

2 What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

Date given or sold (DD MM YYYY)

What it was worth \$ What you got for it \$

Your share % Partner's share % Was this gift to a Special Disability Trust (SDT)? No Yes

3 What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

Date given or sold (DD MM YYYY)

What it was worth \$ What you got for it \$

Your share % Partner's share % Was this gift to a Special Disability Trust (SDT)? No Yes

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

Other income

107 Do you (and/or your partner) receive any payments that you have not already told us about on this form?

Include:

- Department of Veterans' Affairs (DVA) payments
- Self-Employment Allowance
- gratuities
- match or sporting payments
- non-monetary payments for services
- scholarships, educational assistance or allowance
- any other income.

Do not include:

- funding from the National Disability Insurance Scheme
- Parental Leave Pay
- Dad and Partner Pay.

No Go to next question

Yes Give details below



Provide a copy of the most recent statement/certificate that gives details for each type of payment.

1 Type of payment

Who pays it?

Amount per fortnight

\$

Date commenced (if known)

(DD MM YYYY)

Your share % Partner's share %

2 Type of payment

Who pays it?

Amount per fortnight

\$

Date commenced (if known)

(DD MM YYYY)

Your share % Partner's share %

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

108 Do you have any foster children for whom you wish to claim a Health Care Card?

No **Go to 121**

Yes **Go to next question**

109 Provide details of foster children in your care for whom you wish to claim a Health Care Card

If you have more than 2 foster children, copy and provide this page for additional children before completing details for child 1.

If you want to claim Family Tax Benefit as well as a Health Care Card for a foster child, you may not need to complete this form, go to servicesaustralia.gov.au/families

Foster child 1

110 Full name

111 Gender

Male

Female

Non-binary

112 Date of birth (DD MM YYYY)

113 What is this child's country of birth?

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

This question will help us to verify their Australian residence.

No **Go to next question**

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

Yes **Give details below**

Year child last entered Australia

Passport number

Country of issue

115 Relationship to you (for example, niece, grandchild, unrelated)

116 Date this child entered your care (DD MM YYYY)

117 How long will this child be in your care?

118 Who cared for this child before you (if known)?

This information helps us to confirm your foster child's identity.


Full name

Address

Postcode

119 Are you getting Family Tax Benefit for this child?

No

 Provide legal or other documents to show that you have the day-to-day care and responsibility for the foster child.
Go to next question

Yes **Go to next question**

120 Do you want to claim a Health Care Card for another foster child?

No **Go to 121 on page 24**

Yes **Go to next question**

Foster child 2

110 Full name

111 Gender

- Male
- Female
- Non-binary

112 Date of birth (DD MM YYYY)

113 What is this child's country of birth?

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

This question will help us to verify their Australian residence.

- No *Go to next question*
- Not applicable – never travelled to Australia *Go to next question*
- Yes *Give details below*

Year child last entered Australia

Passport number

Country of issue

115 Relationship to you (for example, niece, grandchild, unrelated)

116 Date this child entered your care (DD MM YYYY)

117 How long will this child be in your care?

118 Who cared for this child before you (if known)?

This information helps us to confirm your foster child's identity.


Full name

Address

Postcode

119 Are you getting Family Tax Benefit for this child?

No


 Provide legal or other documents to show that you have the day-to-day care and responsibility for the foster child.
▶ *Go to next question*

Yes *Go to next question*

120 Do you want to claim a Health Care Card for another foster child?

No *Go to next question*

Yes

 Provide details of each additional foster child.
▶ *Go to next question*

121

If medical treatment has been received before you claim this card, your claim may be able to be back-dated.

For more information, read the information booklet, **Information you need to know about your claim for concession card and healthcare cards (Ci010)**. If you do not have this booklet, go to servicesaustralia.gov.au/forms

Do you want this claim back-dated due to medical treatment?

No Go to next question

Yes



You will need to provide evidence of the date and type of medical treatment received.

▶ Go to next question

Continued

| Low Income Health Care Card | |
|--|--------------------------|
| If you are not sure, check the question to see if you should provide the documents. | |
| Tick all that apply | |
| Identity documents for yourself | <input type="checkbox"/> |
| If you (and/or your partner) have not previously provided identity documents, you will need to confirm your identity as part of this claim. For more information, go to servicesaustralia.gov.au/identity | |
| Identity documents for your partner | <input type="checkbox"/> |
| Authorising a person or organisation to enquire or act on your behalf (SS313) form (If you answered Yes at question 18 and/or 47) | <input type="checkbox"/> |
| Details of your child's care arrangements (FA012) form (If you answered No at question 63) | <input type="checkbox"/> |
| Details of each additional dependent child (If you answered Yes at question 64) | <input type="checkbox"/> |
| Document(s) which show date and type of medical treatment and evidence of income 8 weeks before the medical treatment (If you answered Yes at question 73) | <input type="checkbox"/> |
| Payslip(s) for the last 8 weeks or a letter from each employer (If you answered question 78) | <input type="checkbox"/> |
| Business details (Mod F) form and Real estate details (Mod R) form (If you answered Yes at question 79) | <input type="checkbox"/> |
| Evidence of the vesting (If you answered Yes at question 81) | <input type="checkbox"/> |
| Private Trust (Mod PT) form (If you answered No at question 84) | <input type="checkbox"/> |
| Special Disability Trust (Mod SDT) form (If you answered Yes at question 84) | <input type="checkbox"/> |
| Copies of the most recent Income Tax Return and financial statements for the trust (If you answered Yes at question 85) | <input type="checkbox"/> |
| A copy of evidence of deregistration (If you answered Yes at question 87) | <input type="checkbox"/> |
| Private Company (Mod PC) form (If you answered No at question 89) | <input type="checkbox"/> |
| Copies of the most recent Income Tax Return and financial statements for the company (If you answered Yes at question 90) | <input type="checkbox"/> |
| Compensation and damages (Mod C) form (If you answered No at question 92) | <input type="checkbox"/> |

Checklist

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

Where you are asked to supply identity documents, provide original documents. If you post documents to us, we will return them to you by registered mail.

For other documents, you must provide copies. These copies will not be returned.

Foster Child Health Care Card

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

Tick all that apply

| | |
|--|--------------------------|
| Identity documents for yourself | <input type="checkbox"/> |
| If you have not previously provided identity documents, you will need to confirm your identity as part of this claim. For more information, go to servicesaustralia.gov.au/identity | |
| Identity documents for your foster child(ren) | <input type="checkbox"/> |
| You will need to confirm the identity of your foster child(ren) as part of this claim. For more information, go to servicesaustralia.gov.au/identity | |
| Authorising a person or organisation to enquire or act on your behalf (SS313) form (If you answered Yes at question 18) | <input type="checkbox"/> |
| Proof of responsibility of the foster child(ren) (If you answered No at question 119) | <input type="checkbox"/> |
| Details of additional foster child(ren) (If you answered Yes at question 120 on page 23) | <input type="checkbox"/> |
| Document(s) which show date and type of medical treatment (If you answered Yes at question 121) | <input type="checkbox"/> |

Continued ▶

Continued

| | |
|--|--------------------------|
| Policy document(s) and the latest statement for this policy (If you answered Yes at question 93) | <input type="checkbox"/> |
| Real estate details (Mod R) form and most recent income tax return if required (If you answered Yes at question 94) | <input type="checkbox"/> |
| A document (for example, latest pension certificate – not a bank statement) from the issuing authority or agency which gives details including the amount in the foreign currency for each payment (If you answered Yes at question 95) | <input type="checkbox"/> |
| Document(s) which show amount of lump sum payment received (If you answered Yes at question 97) | <input type="checkbox"/> |
| Documents showing balances for bank, building society and credit union accounts (If required at question 98) | <input type="checkbox"/> |
| The latest statements for superannuation funds and retirement savings accounts or, financial statement including income tax return and member statement for SMSFs and SAFs (If you answered Yes at question 99) | <input type="checkbox"/> |
| A Centrelink/DVA schedule or similar schedule or a Details of income stream product (SA330) form (If you answered Yes at question 100) | <input type="checkbox"/> |
| The latest statement for each shareholding listed on a stock/securities exchange (If you answered Yes at question 101) | <input type="checkbox"/> |
| The latest statement for each shareholding not Listed on a stock exchange (If you answered Yes at question 102) | <input type="checkbox"/> |
| Managed investment certificates or similar documents (If you answered Yes at question 103) | <input type="checkbox"/> |
| Investment documents for each bond or debenture (If you answered Yes at question 104) | <input type="checkbox"/> |
| Money on loan documents (if available) (If you answered Yes at question 105) | <input type="checkbox"/> |
| Most recent statement/certificate that gives details for each type of payment (If you answered Yes at question 107) | <input type="checkbox"/> |
| Document(s) which show date and type of medical treatment (If you answered Yes at question 121) | <input type="checkbox"/> |

123 YOUR PARTNER needs to complete this question

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

For more information, read page 2.

No

Yes

Privacy notice

124 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

125 I/We declare that:

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

I/We understand that:

- I/we must return **all** supporting documents at the same time as I/we lodge this claim form. If I/we do not return all documents, my/our claim may not be accepted. The only exception will be if I am/we are waiting for medical evidence or other documents from a third party.
- Centrelink can make relevant enquiries to make sure that I/we receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your signature



Date (DD MM YYYY)

| | | |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|

Partner's signature



Date (DD MM YYYY)

| | | |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|

Returning this form

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
 - Centrelink
 - PO Box 7800
 - CANBERRA BC ACT 2610
- in person at one of our service centres.