

# Claim for Special Benefit on behalf of a child who is an Australian citizen or permanent resident

## Online services



### Completing this form online is faster and easier.

Many of our customers find it easier to update their details using their Centrelink online account.

You need a myGov account to link and use your Centrelink online account. If you do not have a myGov account, go to **my.gov.au** and create one. For help, go to **servicesaustralia.gov.au/onlineguides**

## When to use this form



Use this form to lodge a claim for Special Benefit on behalf of a child if:

- the child is in your custody and is an Australian citizen or Australian permanent resident
- you cannot get any income support payments because you are not a permanent Australian resident
- you are in financial hardship, and cannot support yourself and the child.

## Important information

If the child's claim is granted there will be ongoing Special Benefit reviews you will have to complete for the child's payment to continue or the payments will stop.

The child(ren) can be linked to your myGov online account and reviews of the child(ren) can be submitted online.

When the child starts school full-time, they may no longer be eligible for Special Benefit.

## What else you may need to provide

You will need to provide identity documents for yourself and the child(ren). For a list of acceptable documents, go to **servicesaustralia.gov.au/identity**

## Filling in this form

There are 3 parts to this form:

- Part A – about you – the custodial parent, your partner and child(ren) in your care other than the child who is seeking to claim Special Benefit
- Part B – about the child – the child who is seeking to claim Special Benefit. If you have more than 2 dependent children claiming Special Benefit, copy Part B pages 18 and 19 for each additional child.
- Part C – checklist and declaration.

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.

**Keep these Notes (pages 1 to 4) for your information.**

Notes—1 of 4

## For more information



Go to [servicesaustralia.gov.au/specialbenefit](https://servicesaustralia.gov.au/specialbenefit)

Call us on **132 850**.

### 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.

## Eligibility

To qualify the child for Special Benefit you must:

- be in financial hardship
- not be able to earn a sufficient livelihood for yourself and your dependants because of age, physical or mental disability, domestic circumstances or for any other reasons beyond your control
- not be receiving or entitled to an income support payment or a Service Pension from the Department of Veterans' Affairs
- not be entitled to receive any other ongoing support
- be an Australian resident or the holder of an approved visa
- be living in Australia at date of claim and during the period of payment.

## Social work assistance

We have professional social workers in our service centres and smart centres throughout Australia. Social workers can offer you personal counselling and support in difficult times, such as family and domestic violence, financial hardship, homelessness, loss and bereavement. They can refer you to other services and programs like housing, health, emergency relief, legal and/or counselling services and support groups.

You can ask to speak with a social worker by calling us on **132 850** Monday to Friday, 8 am to 5 pm local time.

For more information, go to [servicesaustralia.gov.au/socialwork](https://servicesaustralia.gov.au/socialwork)

## Having a partner

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

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

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

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

For more information, go to [servicesaustralia.gov.au/moc](https://servicesaustralia.gov.au/moc)

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 [servicesaustralia.gov.au/domesticviolence](https://servicesaustralia.gov.au/domesticviolence) or if you are in immediate danger, call **000**.

## Applying for a child support assessment

Separated parents are required to apply for a child support assessment through Services Australia.

The requirement to apply for a child support assessment also applies to your current partner if they have a child from a previous relationship in their care.

If you are a non-parent carer, you may be able to receive child support from one or both parents.

For more information go to **[servicesaustralia.gov.au/childsupport](https://servicesaustralia.gov.au/childsupport)**

If you are not able to apply for a child support assessment due to fear of family and domestic violence or other circumstances you should discuss your situation with a social worker.

Call **132 850** Monday to Friday, 8 am to 5 pm local time, and ask to speak to a social worker.

## Authorised representative for a child younger than 16 years

Child(ren) younger than 16 years may need an authorised representative to deal with us on their behalf.

To authorise a person or organisation to lodge a claim, enquire, act and get payments on behalf of a child, you will need to appoint a correspondence and payment nominee for the child.

To appoint a nominee, complete and return the **Authorising a person a organisation to enquire or act on your behalf (SS313)** form at the back of this form. If you want more information about nominee arrangements, go to **[servicesaustralia.gov.au/authorisedrepresentative](https://servicesaustralia.gov.au/authorisedrepresentative)**

## Information in other languages

### English

To speak to us in your language, call **131 202**. Call charges may apply. For information in your language about our payments and services, go to **servicesaustralia.gov.au/yourlanguage**

### Arabic

للتحدث إلينا بلغتك، اتصل على الرقم **131 202**. قد تفرض الرسوم على هذا الاتصال. للحصول على معلومات بلغتك عن المدفوعات والخدمات التي نقدمها، اطلع على الرابط **servicesaustralia.gov.au/yourlanguage**

### Assyrian

لەبەشێوەی ئێوەدا ڕێزێکی ئێوەمان، مەژێ. بۆ ئەوەی ڕێزێکی ئێوەمان، **131 202**. ڕێزێکی ئێوەمان، مەژێ. بۆ ئەوەی ڕێزێکی ئێوەمان، **servicesaustralia.gov.au/yourlanguage**

### Chaldean

لەبەشێوەی ئێوەدا ڕێزێکی ئێوەمان، مەژێ. بۆ ئەوەی ڕێزێکی ئێوەمان، **131 202**. ڕێزێکی ئێوەمان، مەژێ. بۆ ئەوەی ڕێزێکی ئێوەمان، **servicesaustralia.gov.au/yourlanguage**

### Chinese (Simplified)

如果您希望用自己的语言与我们交谈，请致电 **131 202**（可能需要收费）。获取有关我们提供的各项福利金以及相关服务的中文资料可访问 **servicesaustralia.gov.au/yourlanguage**

### Croatian

Da razgovarate s nama na vašem jeziku, pozovite **131 202**. Pozivi se mogu naplaćivati. Za informacije o našim isplatama i uslugama na vašem jeziku, pogledajte **servicesaustralia.gov.au/yourlanguage**

### Dari

برای صحبت کردن با ما به لسان خودتان، به شماره **131 202** زنگ بزنید. این مکالمه ممکن است برایتان خرج بردارد. برای معلومات بیشتر راجع به مساعدت های مالی و خدمات ما به لسان خودتان، به وبسایت **servicesaustralia.gov.au/yourlanguage** مراجعه کنید.

### Greek

Για να μας μιλήσετε στη γλώσσα σας, καλέστε το **131 202**. Μπορεί να ισχύουν χρεώσεις κλήσης. Για πληροφορίες στη γλώσσα σας σχετικά με τις πληρωμές και τις υπηρεσίες μας, πηγαίνετε στο **servicesaustralia.gov.au/yourlanguage**

### Italian

Per parlare con noi nella tua lingua, chiama il numero **131 202**. La chiamata potrebbe essere soggetta a tariffa. Per informazioni nella tua lingua in merito a sussidi e servizi, visita il sito **servicesaustralia.gov.au/yourlanguage**

### Khmer

ដើម្បីនិយាយមកកាន់យើងខ្ញុំជាភាសាលោកអ្នក សូមទូរស័ព្ទទៅលេខ **131 202**។ លោកអ្នកអាចបង់ថ្លៃទូរស័ព្ទ។ ដើម្បីទទួលព័ត៌មានជាភាសាលោកអ្នកអំពីប្រាក់ផ្តល់និងសេវាបេសយើងខ្ញុំ សូមបើកមើល **servicesaustralia.gov.au/yourlanguage**

### Korean

귀하의 언어로 통화하기를 원하시면, **131 202** 번으로 전화하십시오. 통화료가 부과될 수 있습니다. 귀하의 언어로 저희가 제공하는 급부금 및 서비스에 대한 정보를 찾아보기 원하시면, **servicesaustralia.gov.au/yourlanguage** 에 방문하십시오.

### Kurdish (Kurmanji)

Ji bo ku bi zimanê xwe bi me re biaxivin, ev reqemên **131 202** re telefon bikin. Dibe ku bihayên telefon kirin were sepandin. Ji bo agahdariya di derbarê diravdanî û xizmetên me de herin li ser **servicesaustralia.gov.au/yourlanguage**

### Macedonian

За да зборувате со нас на македонски јазик, јавете се на **131 202**. Повиците може да се наплаќаат. За информации на македонски јазик за нашите исплати и услуги, отидете на **servicesaustralia.gov.au/yourlanguage**

### Persian (Farsi)

برای گفتگو با ما به زبان خود، با شماره **131 202** تماس بگیرید. ممکن است تماس هزینه داشته باشد. برای کسب اطلاعات درباره پرداخت‌ها و خدمات ما به زبان خود، به تارنمای **servicesaustralia.gov.au/yourlanguage** بروید.

### Russian

Чтобы проконсультироваться с нами на родном языке, позвоните по номеру **131 202**. Звонок может быть платным. За сведениями о наших выплатах и услугах на вашем языке обращайтесь по адресу **servicesaustralia.gov.au/yourlanguage**

### Serbian

Da razgovarate sa nama na vašem jeziku, pozovite **131 202**. Pozivi mogu da se naplaćuju. Za informacije o našim isplatama i uslugama na vašem jeziku, pogledajte **servicesaustralia.gov.au/yourlanguage**

### Spanish

Para hablarnos en español llame al **131 202**. Puede que se le cobre la llamada. Obtenga información en español sobre nuestros pagos y servicios en **servicesaustralia.gov.au/yourlanguage**

### Turkish

Bizimle kendi dilinizde konuşmak için **131 202** numaralı telefonu arayın. Arama ücreti uygulanabilir. Ücretlerimiz ve hizmetlerimiz hakkında kendi dilinizde bilgi için şu siteye girin: **servicesaustralia.gov.au/yourlanguage**

### Vietnamese

Muốn nói chuyện với chúng tôi bằng ngôn ngữ của mình, quý vị hãy gọi số **131 202**. Có thể bị tính cước gọi. Muốn biết thông tin bằng ngôn ngữ của mình về các khoản trợ cấp và dịch vụ của chúng tôi, quý vị hãy truy cập **servicesaustralia.gov.au/yourlanguage**

# Claim for Special Benefit on behalf of a child who is an Australian citizen or permanent resident (SU721)

## Part A – about you – the parent/guardian of the child


- 1 Are you claiming Special Benefit on behalf of a child(ren) under the age of 16 years in your care?

No ☐  Do not complete this form. Go to [servicesaustralia.gov.au/paymentfinder](https://servicesaustralia.gov.au/paymentfinder) to see what other payments and services you may be eligible for, call us on **132 850**.

Yes ☐ Give details below

For the purposes of this claim you will be the child's nominee.

Children under 16 may need an authorised representative to deal with us on their behalf.

 To appoint a nominee, complete and return the **Authorising a person or organisation to enquire or act on your behalf (SS313)** form at the back of this form. If you want more information about nominee arrangements, go to [servicesaustralia.gov.au/authorisedrepresentative](https://servicesaustralia.gov.au/authorisedrepresentative)  
▶ *Go to next question*

- 2 Are you an Australian citizen or a permanent visa holder?

No ☐ *Go to next question*

Yes ☐  Do not complete this form.  
For more information on other payments and services you may be eligible for, go to [servicesaustralia.gov.au/paymentfinder](https://servicesaustralia.gov.au/paymentfinder) or call us on **132 850**.

- 3 Is your partner an Australian citizen or a permanent visa holder?

Not applicable, ☐ *Go to next question*  
no partner

No ☐ *Go to next question*

Yes, no longer ☐ *Go to next question*  
with partner

Yes ☐  Do not complete this form.  
For more information on other payments and services you may be eligible for, go to [servicesaustralia.gov.au/paymentfinder](https://servicesaustralia.gov.au/paymentfinder) or call us on **132 850**.

- 4 Read this before answering the following question.

Separated parents are required to apply for Child Support before claiming Special Benefit.

For more information, see 'Applying for a child support assessment' on page 3 of the **Notes**.

Do you have a child support assessment for the child(ren)?

Not applicable, ☐ *Go to next question*  
still partnered  
and/or  
no other parent

No ☐ You will need to apply for Child Support.  
For more information, go to [servicesaustralia.gov.au/childsupport](https://servicesaustralia.gov.au/childsupport)

Yes ☐ *Go to next question*

- 5 Your Customer Reference Number (if known)

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- 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)

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- 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?



CLK0SU721 2308

10 What is your preferred written language?

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 (where you live)

  
  
  
 Postcode

14 Your postal address (if different to above)

  
  
  
 Postcode

15 Read this before answering the following question.

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

Your contact details

Home phone number (including area code)

Whose name is the phone account in? My name ☐

My partner's name ☐

Another name ☐

Mobile phone number

Whose name is the mobile phone account in? My name ☐

My partner's name ☐

Another name ☐

Work phone number (including area code)

Alternative phone number (including area code)

Email

16 What country are you currently living in?

The country of residence is where you normally live on a long term basis.

Australia ☐ Go to next question

Other ☐ Country of residence

17 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

18 What is your country of birth?

19 What is your country of citizenship?

Country of citizenship

Date citizenship granted (DD MM YYYY)

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20 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 22

Not sure ☐ Go to 22

21 Your visa details on arrival

Visa subclass Date visa granted (DD MM YYYY)

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22 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)

--	--	--	--	--	--

23 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)

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2 Country

Date from (DD MM YYYY)

--	--	--	--	--	--

3 Country

Date from (DD MM YYYY)

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

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

For more information about relationship status, read page 2 of the **Notes**.

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 25**

**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 25**

**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 25**

**Separated**

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

- ☐ Date of last separation (DD MM YYYY)

► **Go to 29**

**Divorced**

- ☐ Date of divorce (DD MM YYYY)

► **Go to 29**

**Widowed**

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

- ☐ Date of partner's death (DD MM YYYY)

► **Go to 28**

**Never married or lived with a partner**

- ☐ **Go to 44**

- 25** Do you live in the same home as your partner?

No ☐ ► **Go to next question**

Yes ☐ ► **Go to 31**

- 26** Why are you not living with your partner?

Partner's illness ☐

Your illness ☐

Partner in prison ☐

Partner's employment ☐

Other ☐ ► Give details below

- 27** Period not living with your partner (DD MM YYYY)

From

To

or indefinite ☐

► **Go to 31**

- 28** Give details about your deceased partner

Full name

Date of birth (DD MM YYYY)

► **Go to 44**

- 29** Your ex-partner's family name

First given name

Second given name

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

► **Go to 43**

- 31** Your partner's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

- 32** Your partner's date of birth (DD MM YYYY)



**33** 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.

**34** Your partner's gender

Male ☐

Female ☐

Non-binary ☐

**35** What country is your partner currently living in?

The country of residence is where your partner normally lives on a long term basis.

Australia ☐ **Go to next question**

Other ☐ **Country of residence**

**36** 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 travelled to Australia ☐ **Go to next question**

Yes ☐ **Give details below**

Year last entered Australia

Passport number

Country of issue

**37** What is your partner's country of birth?

**38** What is your partner's country of citizenship?

Australia ☐ **Date citizenship granted (DD MM YYYY)**

**Go to 42**

Other ☐ **Give details below**

Country of citizenship

Date citizenship granted (DD MM YYYY)

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

No ☐ **Go to 43**

Yes ☐ **Go to next question**

**40** What is your partner's current type of visa?

Permanent ☐ **Go to next question**

Temporary ☐ **Go to next question**

New Zealand passport (Special Category visa) ☐ **Go to 42**

Not sure ☐ **Go to 42**

**41** Your partner's current visa details

Visa subclass

Date visa granted (DD MM YYYY)

**42** 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 your partner 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 your partner 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)

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

**43** Was or is the partner you provided details at question 29 or 31 the other parent or guardian of the child claiming Special Benefit?No ☐Yes ☐**Your living arrangements****44** Do you share your accommodation with anyone other than an immediate family member?

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 46**Yes ☐ **Go to next question****45** 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 ☐**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](https://servicesaustralia.gov.au/forms)

**Go to G**

## Person 1

**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](https://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 46**

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 ☐

## Person 2

**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](https://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](https://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 next question**

Yes ☐

 Provide a separate sheet with full details of each additional person.

► **Go to next question**



**52** What type of accommodation best describes where you (and your partner) live?

You are single, under 25 years of age and living in the principal home of a parent ☐ **Go to 68**

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 60**

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 53**

In a home owned by:

- a company in which you (and/or your partner) are a shareholder or director
- 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 68**

In public housing (for example, housing owned by the Housing Authority. This does not include paying rent to a Community Housing organisation.) ☐ **Go to 57**

In a boarding house, guest house, hostel, hotel, campus, refuge, emergency or supported accommodation or similar ☐ **Go to 61**

In a hospital or home for people with disabilities ☐ **Go to 61**

In accommodation which you (and/or your partner) have the right to use for life ☐ **Go to 68**

In accommodation where you pay no rent ☐ **Go to 68**

Other, for example, this could be where you (and/or your partner) do not have a fixed address ☐ Give details below

<b>Go to 60</b>

**53** Is your (and your partner's) home situated on a block of land larger than 2 hectares (5 acres)?

No ☐ **Go to next question**

Yes ☐

 You will need to complete and return a **Real estate details (Mod R)** form. If you do not have this form, go to **servicesaustralia.gov.au/forms**  
**Go to 55**

**54** Is your home situated on more than one title?

No ☐ **Go to next question**

Yes ☐


 You will need to complete and return a **Real estate details (Mod R)** form. If you do not have this form, go to **servicesaustralia.gov.au/forms**

**55** Is any part of the home used to produce income?

**Do not include** rent from boarders or lodgers.

No ☐ **Go to next question**

Yes ☐

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

**56** Do you pay site, ground or mooring fees for your (and your partner's) home (this could be for a caravan, mobile home or boat)?

No ☐ **Go to 68**

Yes ☐ **Go to 60**

**57** Is your (or your partner's) name on the rental contract or lease agreement?

No ☐ **Go to next question**

Yes ☐ **Go to 68**

**58** Is the primary tenant paying the market rate of rent?

No ☐ **Go to next question**

Not sure ☐ **Go to next question**

Yes ☐ **Go to 60**

**59** 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 68**

Yes ☐ **Go to 60**

## Living with other people

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.

**60** 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

**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

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

## Paying for accommodation

**61** 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 63**

Yes ☐ **Go to next question**

**62** 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 64**

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 64**

**63** 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

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

(DD MM YYYY)

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

Boarding house/hostel/private hotel, hospital or disability housing ☐ **Go to 67**

Private house or townhouse/unit/flat ☐

Community housing ☐

Defence housing ☐

Caravan/cabin/mobile home ☐

Boat ☐

Other ☐ **Give details below**

**Go to next question**

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

\$	per
----	-----

67 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.

### Other income and assets

68 Do you (and/or your partner) have any of the income or assets listed below?

**Include** income and/or assets in and/or outside Australia.

**Tick all that apply**

Money on loan to another person or organisation ☐

Bonds or debentures ☐

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, granny flat).

**Do not include** immediate family members (child, parent).

Educational assistance (for example, scholarships and bursaries) ☐

Managed investments ☐

**Include** investment trusts, personal investment plans, life insurance and friendly society bonds.

Money you receive from a loan against your home (for example, home equity conversion loan) ☐

A life insurance policy that can be cashed in ☐

Any other income or assets that you have not already told us about ☐

69 Did you tick any boxes at question 68?

No ☐ Go to next question

Yes ☐

 You will need to complete and return an **Income and assets (Mod iA)** form. If you do not have this form, go to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)  
▶ Go to 84

### Employment related income

70 Are you (and/or your partner) **currently** paid or expecting to be paid any income as an employee?


**Include gross** income from:

- wages
- salaries
- amounts voluntarily salary sacrificed into superannuation
- the value of employer provided fringe benefits.

**Do not include** self-employment or business income. This will be asked later in the form.

No ☐ Go to next question

Yes ☐ Give details below

 Provide a copy of payslip(s) for the last 4 weeks from each employer.

#### 1 Person working for this employer

You ☐ Your Partner ☐

Employer's name

--

Address

Postcode

Phone number (including area code)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Australian Business Number (ABN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is this work:

Full-time ☐ Part-time ☐ Seasonal ☐ Casual ☐

Hours worked per fortnight  per fortnight

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

Do you receive the same amount each pay day?

No ☐ Yes ☐



Continued

**2** Person working for this employer

You ☐ Your Partner ☐

Employer's name

Address

Postcode									

Phone number (including area code)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Australian Business Number (ABN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Is this work:

Full-time ☐ Part-time ☐ Seasonal ☐ Casual ☐

Hours worked per fortnight  per fortnight

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

Do you receive the same amount each pay day?

No ☐ Yes ☐

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

- 71** In the last 12 months, have you (and/or your partner) received or do you (and/or your partner) expect to receive any leave entitlements or redundancy payments from an employer?

**Include:**

- annual leave
- maternity leave
- 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 ☐

 Provide documents which confirm your leave entitlements or redundancy payment (for example, **Employment Separation Certificate (SU001)** form or a letter from the employer).  
If you do not have this form, go to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)

**Business interests**

- 72** 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](https://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](https://servicesaustralia.gov.au/forms)

**Compensation**

- 73** Read this before answering the following questions.

**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 75

Yes ☐ Go to next question

- 74** 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](https://servicesaustralia.gov.au/forms)  
Go to next question

Yes ☐ Go to next question

- 75** 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.



## Bank accounts

### 76 Where do you want the child's payment made?

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

To authorise a person or organisation to get payment on behalf of a child, you must appoint a nominee by completing the SS313 form.

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

### 77 Give details of all accounts held by you (and/or your partner) and child(ren) in banks, building societies or credit unions in and/or outside Australia.

#### 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 transactions for the last 3 months, current account balance, account number and account holder name(s), for all accounts in and/or outside Australia, for **yourself** (and/or your partner) and **children's** accounts. 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  %

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

## Assets

- 78** What is your estimate of the current market value of your (and/or your partner's) household contents and personal effects?

The **current market value** of an item is what you would get if you sold it. It is not the replacement or insured value.

### Include:

- all furniture (including soft furnishings such as curtains), antiques and works of art
- electrical appliances such as televisions and fridges
- jewellery for personal use and hobby collections (for example, stamps, coins).

### Do not include:

- fixtures such as stoves and built-in items.

Current market value	Balance of loan(s) taken to purchase
\$ <input type="text"/>	\$ <input type="text"/>
Your share <input type="text"/> %	Partner's share <input type="text"/> %

- 79** Do you (and/or your partner) own, partly own or have a financial interest in any motor vehicles, motor cycles or trailers?

No ☐ Go to next question

Yes ☐ Give details below

**1** Type of asset (for example, car) Make (for example, Ford)

Model (for example, Focus) Year (YYYY)

Current market value Balance of loan(s) taken to purchase  
 \$  \$

Your share  % Partner's share  %

Continued

**2** Type of asset (for example, car) Make (for example, Holden)

Model (for example, Astra) Year (YYYY)

Current market value Balance of loan(s) taken to purchase  
 \$  \$

Your share  % Partner's share  %

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

- 80** Do you (and/or your partner) own, partly own or have a financial interest in any boats or caravans/motor homes?

**Do not include** a boat or caravan that you live in.

No ☐ Go to next question

Yes ☐ Give details below

**1** Type of asset (for example, boat) Make (for example, Quintrex)

Model (for example, Coastrunner) Year (YYYY)

Current market value Balance of loan(s) taken to purchase  
 \$  \$

Your share  % Partner's share  %

**2** Type of asset (for example, caravan) Make (for example, Jayco)

Model (for example, Heritage) Year (YYYY)

Current market value Balance of loan(s) taken to purchase  
 \$  \$

Your share  % Partner's share  %

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

**81** Do you (and/or your partner) have an interest in any other property in and/or outside Australia?

No ☐ **Go to 83**

Yes ☐ **Go to next question**

**82** How many other properties in and/or outside Australia do you (and/or your partner) own or have an interest in?



You will need to complete and return a **Real estate details (Mod R)** form for each property. If you do not have this form, go to **servicesaustralia.gov.au/forms**

### Loans and gifts

**83** 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 ☐

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

### Support you receive

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

Any money you get may change your payment, including money you get from other people for children under 16 years of age.

Do you (and/or your partner) receive any money from outside Australia such as a pension, rent or any other means of support?

No ☐ **Go to next question**

Yes ☐



Provide a copy of a letter or other document(s) that shows the reference number and details for the payment(s).

**85** Are you (and/or your partner) currently receiving other support?

**Include:**

- financial assistance, including money
- Red Cross or other agency support
- payment of bills
- spousal maintenance
- provision of food, clothing or pharmaceutical items
- a payment from Department of Veterans' Affairs (DVA), or
- Self-Employment Allowance.

**Do not include**

- Centrelink income support payments.

No ☐ **Go to next question**

Yes ☐ **Give details below**

**1** Type of support received

Value

\$

How often (for example, weekly, fortnightly, monthly, yearly)?

When will this support stop? (DD MM YYYY)

or ongoing ☐

**2** Type of support received

Value

\$

How often (for example, weekly, fortnightly, monthly, yearly)?

When will this support stop? (DD MM YYYY)

or ongoing ☐

**3** Type of support received

Value

How often (for example, weekly, fortnightly, monthly, yearly)?


When will this support stop?  
(DD MM YYYY)
or ongoing ☐**4** Type of support received

Value

How often (for example, weekly, fortnightly, monthly, yearly)?


When will this support stop?  
(DD MM YYYY)
or ongoing ☐**5** Type of support received

Value

How often (for example, weekly, fortnightly, monthly, yearly)?


When will this support stop?  
(DD MM YYYY)
or ongoing ☐

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

**Other children in your care****86** Do you care for any children, other than the child claiming Special Benefit on this form, younger than 16 years?No ☐ **Go to 87 on page 18**Yes ☐ Give the following details for each of the other children in your care.**1** Customer Reference Number (if known)

Family name

First given name

Second given name

Date of birth  
(DD MM YYYY)

Gender

Male ☐ Female ☐ Non-binary ☐

Current address (if different to your address, at question 13)

Postcode

Country of birth

Country of citizenship

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

No ☐Yes ☐ Give details below

<b>2</b> Customer Reference Number (if known)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family name			
<input type="text"/>			
First given name			
<input type="text"/>			
Second given name			
<input type="text"/>			
Date of birth (DD MM YYYY)		<input type="text"/>	<input type="text"/>
Gender		Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Non-binary <input type="checkbox"/>	
Current address (if different to your address, at question 13)			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Postcode			
Country of birth			
<input type="text"/>			
Country of citizenship			
<input type="text"/>			
Does this child receive a payment from any Commonwealth, state or territory government?			
No <input type="checkbox"/>			
Yes <input type="checkbox"/> Give details below			
<input type="text"/>			
<input type="text"/>			

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

Continue to next page ►

## Part B – about the child(ren) claiming Special Benefit

To be completed on behalf of the Australian citizen child or Australian permanent resident child.

### 87 Give the following details for any child(ren) younger than 16 years who is claiming Special Benefit.

If you are claiming Special Benefit for more than 2 dependent children, **copy and provide pages 18 and 19 for each additional child** before completing the details for child 1.

#### Child 1

##### 88 Family name

First given name

Second given name

##### 89 Has this child ever been known by any other names?

No ☐ Go to next question

Yes ☐ List the other names

##### 90 Gender

Male ☐

Female ☐

Non-binary ☐

##### 91 Date of birth (DD MM YYYY)

##### 92 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 child last entered Australia

Passport number

Country of issue

##### 93 Is this child an Australian citizen **who was born in Australia**?

No ☐

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

▶ Go to next question

Yes ☐

 You will need to provide evidence of this child's Australian residence status (for example, **Australian Birth Certificate or other government issues documents**).

▶ Go to 95

##### 94 What is this child's country of birth?

##### 95 Read this before answering the following question.

The term 'parent' refers to a natural, adoptive or relationship parent (a person who is legally responsible for a child born through an artificial conception procedure or where a surrogacy court order is in place).

##### Your relationship to this child

Parent ☐

Adoptive parent ☐

Grandparent ☐

Step-parent ☐

Foster carer ☐

Other ☐ Give details below

##### 96 Your partner's (if you have one) relationship to this child

Parent ☐

Adoptive parent ☐

Grandparent ☐

Step-parent ☐

Foster carer ☐

Other ☐ Give details below

## Child 1

**97** Does this child currently live with you?

No ☐

Yes ☐

**98** Do you (and/or your partner) share the care of this child with another person?

**Do not include** school or day care arrangements.

No ☐ **Go to 100**

Yes ☐ What is the percentage of your (and/or your partner's) care of this child?

%

**99** Do you (and/or your partner) have a Child Support assessment case number, for this child?

No ☐ **Go to 100**

Yes ☐ Case ID

Amount you (or your partner) receive

\$  per



Provide details of your current Child Support Assessment.

► **Go to next question**

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

No ☐ **Go to next question**

Yes ☐ Give details below

**101** Is this child younger than 5 years?

No ☐ **Go to next question**

Yes ☐ **Go to 103**

**102** Is this child in full-time education?

No ☐ **Go to next question**

Yes ☐ This child may not be eligible for Special Benefit as they are a full time student.

**103** 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**

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

We need this child's tax file number (TFN). If this child does not have a TFN, you can apply for one through the Australian Taxation Office and give to us **within 21 days** from the date your payment is approved.

In giving us this child's TFN in relation to this claim you authorise us to use this child's TFN for continued Special Benefit payments.

Do you have a tax file number for **this** child?

No ☐ Go to **ato.gov.au**

Yes ☐ This child's tax file number

**105** Are you claiming Special Benefit for another child younger than 16 years, you have not already claimed for?

No ☐ **Go to 106**

Yes ☐ **Go to next question**

## Child 2

### 88 Family name

First given name

Second given name

### 89 Has this child ever been known by any other names?

No ☐ Go to next question

Yes ☐ List the other names


### 90 Gender

Male ☐

Female ☐

Non-binary ☐

### 91 Date of birth (DD MM YYYY)

### 92 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 child last entered Australia

Passport number

Country of issue

### 93 Is this child an Australian citizen **who was born in Australia**?

No ☐



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

▶ Go to next question

Yes ☐



You will need to provide evidence of this child's Australian residence status (for example, **Australian Birth Certificate or other government issues documents**).

▶ Go to 95

### 94 What is this child's country of birth?

### 95 Read this before answering the following question.

The term 'parent' refers to a natural, adoptive or relationship parent (a person who is legally responsible for a child born through an artificial conception procedure or where a surrogacy court order is in place).

#### Your relationship to this child

Parent ☐

Adoptive parent ☐

Grandparent ☐

Step-parent ☐

Foster carer ☐

Other ☐ Give details below

### 96 Your partner's (if you have one) relationship to this child

Parent ☐

Adoptive parent ☐

Grandparent ☐

Step-parent ☐

Foster carer ☐

Other ☐ Give details below



## Child 2

**97** Does this child currently live with you?

No ☐

Yes ☐

**98** Do you (and/or your partner) share the care of this child with another person?

**Do not include** school or day care arrangements.

No ☐ **Go to 100**

Yes ☐ What is the percentage of your (and/or your partner's) care of this child?

%

**99** Do you (and/or your partner) have a Child Support assessment case number, for this child?

No ☐ **Go to 100**

Yes ☐ Case ID

Amount you (or your partner) receive

\$  per



Provide details of your current Child Support Assessment.

► **Go to next question**

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

No ☐ **Go to next question**

Yes ☐ Give details below

**101** Is this child younger than 5 years?

No ☐ **Go to next question**

Yes ☐ **Go to 103**

**102** Is this child in full-time education?

No ☐ **Go to next question**

Yes ☐ This child may not be eligible for Special Benefit as they are a full time student.

**103** 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**

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

We need this child's tax file number (TFN). If this child does not have a TFN, you can apply for one through the Australian Taxation Office and give to us **within 21 days** from the date your payment is approved.

In giving us this child's TFN in relation to this claim you authorise us to use this child's TFN for continued Special Benefit payments.

Do you have a tax file number for **this** child?

No ☐ Go to **ato.gov.au**

Yes ☐ This child's tax file number

**105** Are you claiming Special Benefit for another child younger than 16 years, you have not already claimed for?

No ☐ **Go to next question**

Yes ☐



Provide details of each additional child.

► **Go to next question**

## Part C – checklist and declaration

### Checklist

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

Where you are asked to supply documents, provide original documents. In some circumstances photocopies may be accepted, as detailed in the checklist below.

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

Identity documents For a full list of acceptable documents, go to <a href="https://servicesaustralia.gov.au/identity">servicesaustralia.gov.au/identity</a>	<input type="checkbox"/>
<b>Authorising a person or organisation to enquire or act on your behalf (SS313)</b> form (If you have completed this form on behalf of a child see <b>question 1</b> )	<input type="checkbox"/>
<b>Relationship details – Separated under one roof (SS293)</b> form (Both you and your ex-partner (for each <b>Person 1</b> and/or <b>Person 2</b> ), if you answered Yes at <b>question 45 E</b> and No at <b>question 45 G</b> or only you, if you answered Yes at <b>question 45 E</b> and Yes at <b>question 45 G</b> )	<input type="checkbox"/>
<b>Relationship details (SS284)</b> form (Both you and the other person (for each <b>Person 1</b> and/or <b>Person 2</b> ), if you answered Yes at <b>question 45 F</b> and No at <b>question 45 G</b> or only you, if you answered Yes at <b>question 45 F</b> and Yes at <b>question 45 G</b> )	<input type="checkbox"/>
Details of each additional person who shares your accommodation (if you answered Yes at <b>question 45 H</b> )	<input type="checkbox"/>
Copy of documents to verify the details of sale (If you answered Yes at <b>question 51</b> )	<input type="checkbox"/>
<b>Real estate details (Mod R)</b> form (If you answered Yes at <b>question 53</b> , <b>question 54</b> or for each property if you answered <b>question 82</b> )	<input type="checkbox"/>
<b>Business details (Mod F)</b> form and <b>Real estate details (Mod R)</b> form for each property (If you answered Yes at <b>question 55</b> or <b>question 72</b> )	<input type="checkbox"/>
Copy of signed lease or tenancy agreement (If you answered Yes at <b>question 67</b> )	<input type="checkbox"/>
<b>Income and Assets (Mod iA)</b> form (If you answered Yes at <b>question 69</b> )	<input type="checkbox"/>
Copy of payslip(s) for the last 4 weeks from each employer (If you answered Yes at <b>question 70</b> )	<input type="checkbox"/>
Documents which confirm your leave entitlements and/or redundancy payment or <b>Employment Separation Certificate (SU001)</b> form (If you answered Yes at <b>question 71</b> )	<input type="checkbox"/>

Continued

<b>Compensation and damages (Mod C)</b> form (If you answered No at <b>question 74</b> )	<input type="checkbox"/>
Copy of the policy document and the latest statement for this policy (If you answered Yes at <b>question 75</b> )	<input type="checkbox"/>
Copies of documents showing account transactions for the last 3 months, current account balance, account number and account holder name(s), for all accounts in and/or outside Australia, for <b>yourself, your partner and child(ren)</b> (Required at <b>question 77</b> )	<input type="checkbox"/>
Copy of a letter or other document(s) that shows the reference number and details for the payment(s) (If you answered Yes at <b>question 84</b> )	<input type="checkbox"/>
Dependent child proof of Australian residence, for example, citizenship papers, passport or other documentation (If you answered No at <b>question 93</b> )	<input type="checkbox"/>
Details of your current Child Support Assessment. (If you answered Yes at <b>question 99</b> )	<input type="checkbox"/>
Dependent child proof of birth (If you answered No at <b>question 103</b> )	<input type="checkbox"/>
Details of additional dependent children (If you answered Yes at <b>question 105</b> on page 21)	<input type="checkbox"/>

Continue to next page ►

## Privacy notice

### 107 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/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

### 108 I declare that:

- I will notify Centrelink of any change(s) to this information **within 14 days** of the changes occurring.
- the information I have provided in this form is complete and correct.

#### I understand that:

- Centrelink can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your signature – parent/guardian of the child(ren)



Date (DD MM YYYY)

DD	MM	YYYY

Your partner's signature (if applicable)



Date (DD MM YYYY)

DD	MM	YYYY

Not able to obtain partner's signature ☐ Give details below


## 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](https://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.

**This page has been left blank intentionally.**

# Authorising a person or organisation to enquire or act on your behalf



## When to use this form

You can use this form to authorise a person or organisation to enquire or act on your behalf for Centrelink payments and services including aged care.



If you or your nominee have your Centrelink payments income managed, call **1800 132 594** before filling in this form.



## Protecting you and your information

If you are affected by family and domestic violence, there is help available. Call **132 850** Monday to Friday, 8am to 5pm local time, and ask to speak to a social worker. Otherwise, you can contact 1800RESPECT (**1800 737 732**), a 24 hour service. If you are in immediate danger, call **000**. For more information, go to **servicesaustralia.gov.au/domesticviolence**

If you think the arrangement you have given a person or organisation is being misused, you can call us on your regular payment line, or call **132 850** Monday to Friday from 8 am to 5 pm, or visit one of our service centres.



## For more information

For Child Support, Medicare or more information, go to **servicesaustralia.gov.au/authorisedrepresentative**

If you need to call us, use your regular payment line.

To speak to us in your language, call **131 202**. Call charges may apply.



We can translate documents you need to give us for free.

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.

### Type of arrangement you can request

The **information below** may help you choose the type of arrangement that best suits your needs and will assist you to answer question 5. There are 4 types of arrangements that can be requested.

If you want to have a different correspondence nominee to your payment nominee, person permitted to enquire or person permitted to update, you will need to complete a separate form.

Your authorised person or organisations can:	Person permitted		Correspondence nominee	Payment nominee
	 to enquire	 to update		
Ask us questions about your payments or services	✓	✓	✓	✓
Tell us about changes to your circumstances	✗	✓	✓	✗
Respond to requests for information	✗	✓	✓	✗
Come to appointments with you or, if appropriate, on your behalf	✗	✗	✓	✗
Complete and sign forms and statements	✗	✗	✓	✗
Get copies of your letters	✗	✗	✓	✗
Get your Centrelink payments, and use them only for your benefit	✗	✗	✗	✓
View and update your information online	✗	✗	✓	✓
Claim payments and services for you	✗	✗	✓	✗

### Identity requirements

#### Power of Attorney or authorised person

The **Power of Attorney** or **authorised person** of the customer will need to provide photo identification in person at one of our service centres, agents or access points to have their identity verified. For example, a current Australian driver licence or valid passport can be provided – for a full list, go to **servicesaustralia.gov.au/identity**

#### Authorised organisation staff

Staff from your authorised organisation will need to verify their identity details when they create their Provider Digital Access (PRODA) account to access nominee online services. For more information, go to **servicesaustralia.gov.au/proda**

### Important information – type of arrangement

When choosing your type of arrangement, you should consider the following:

- you can only have **one** correspondence and **one** payment nominee. These can be different people. You will need to complete a separate form for each
- a person or organisation who is **both a correspondence and payment nominee** can enquire, act and get your Centrelink payments and aged care fee assessment on your behalf
- the person you are authorising cannot have a nominee acting on their behalf
- you can still deal with us, even if you have authorised a person or organisation to assist you
- if you get more money from us than you are entitled to, you will need to repay this. Your nominee is not responsible for repaying this money
- if you have a nominee of the same type already in place, this request will automatically cancel the existing arrangement. Your existing nominee will get a letter telling them of the cancellation.

### Person permitted to enquire or update – responsibilities and obligations



#### A person permitted to enquire or update:

- is required to use the information we give them to assist you to better understand your payment and services.



#### A person permitted to update:

- can provide us with information to update your payment and services
- must act in your best interest.

A person permitted to enquire or update cannot:

- make decisions for you
- sign forms or statements
- get copies of your letters.

You can authorise more than one person or organisation to be your person permitted to enquire or update.

### Correspondence and payment nominee – responsibilities and obligations



#### A correspondence nominee is required to:

- let us know of any changes to your circumstances **within 14 days (within 28 days if they are outside Australia)**
- respond to notices, including providing requested information and reporting notifiable events. If they do not respond to a notice, it will mean that you (as the customer), did not meet your obligations. If applicable, your payments may be stopped
- act in your best interest
- let us know of any changes that may affect their ability to be your nominee.



#### A payment nominee is required to:

- use your Centrelink payments for your benefit
- keep records on how the money was spent. We can review these records at any time. If the payment nominee does not provide this information, financial penalties may be imposed on them
- act in your best interest
- let us know of any changes that may affect their ability to be your nominee.

### Aged care calculation of your cost of care

Your **person permitted to enquire** can ask questions only, and your **person permitted to update** can ask questions and make updates to your income and assets.

If you are accessing aged care services, your **correspondence nominee** will be able to:

- complete and sign forms for calculation of your aged care cost of care
- ask questions about your aged care cost of care
- update your income and assets
- get copies of your aged care cost of care letters.

# Authorising a person or organisation to enquire or act on your behalf (SS313)

## Part B – Authorised person or organisation details

7

### Tick one only

Are you authorising a person or organisation?



Person ☐ **GO** to Authorised person below

or



Organisation ☐ **GO** to Authorised organisation below



### Authorised person

The authorised person's Centrelink Customer Reference Number (if known)

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

The authorised person's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name(s)

The authorised person's date of birth (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other name(s) the authorised person has been known by

#### Include:

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

The authorised person's contact details

Permanent address

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

Postal address (if different from above)

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

Contact phone number (including area code)

Email

**GO** to question 8



### Authorised organisation

The authorised organisation's Centrelink Customer Reference Number (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Trading name of organisation

This is not the contact person. The name of the contact person is to be provided at the end of this question.

Business name of organisation (if different from above)

Australian Business Number (ABN)

This is mandatory when nominating an organisation.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The authorised organisation's contact details

Permanent address

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

Postcode

Postal address (if different from above)

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

Postcode

Organisation's email

Name of contact person

Contact phone number (including area code)

The authorised organisation will need to register their business for Provider Digital Access (PRODA) and Business Hub to use the Nominee Services online.

For more information, go to [servicesaustralia.gov.au/proda](https://servicesaustralia.gov.au/proda)

**GO** to question 8



## Part C – Customer declaration and Third Party authorisation

8

### Tick one only

I declare that I am able to ☐ **GO** to **Customer Declaration** below

**or** If the customer is not able to ☐ **GO** to **Third Party authorisation** below

**Read this before continuing.** Make sure you have read **Privacy and your personal information** on page 1 of this form.

### Customer declaration

**If the customer is able to** make their own decisions but is not able to sign this form, it may be signed by their Power of Attorney.

Tick this box if a Power of Attorney is signing the customer declaration ☐



The Power of Attorney needs to provide:

- a copy of the legal documents
- photo identification for the attorney, such as an Australian driver licence or valid passport
- if there are multiple attorneys with majority or joint decision making, you will need to copy this page and provide the name and signature of each attorney.

Name of the Power of Attorney

**I declare that** the information I have provided in this form is complete and correct.

**I authorise** the person or organisation named on this form, to deal with Services Australia on my behalf according to the type of arrangement shown on this form.

#### I understand that:

- this is voluntary and I can cancel this arrangement at any time.
- the type of arrangement may be rejected or cancelled at any time by Services Australia, if the person or organisation is not able to meet their responsibilities and obligations.
- giving false or misleading information is a serious offence.

Your signature



Date

(DD MM YYYY)

--	--	--



You have now completed **Part C**.  
The **authorised person or organisation**  
is to complete **Part D**.

► **GO** to question 9

### Third Party authorisation

**If the customer is not able to sign this form** due to physical or mental disability and the type of arrangement is in the person's best interest, a third party may sign this section on their behalf.



An appropriate third party may be one of the following and they must provide evidence as outlined below:

- a relevant professional, for example, a treating doctor, nurse, case worker or social worker
  - provide a letter or the medical evidence of the customer's incapacity
- the holder of an Enduring Power of Attorney (financial and/or legal decisions)
  - provide a copy of the legal document and medical evidence
  - provide photo identification for the attorney, such as an Australian driver licence or valid passport
  - if there are multiple attorneys with majority or joint decision making, they must all provide a letter or signature with their agreement
- the person or organisation holding a guardianship, financial management or administration order
  - provide a copy of the order or certificate.

Will receiving Centrelink or aged care letters cause distress or confusion for the customer? No ☐ Yes ☐

Name of the third party

Relationship to customer

Address

Postcode

Contact phone number  
(including area code)

#### I declare that:

- the customer is not able to sign this form due to physical or mental disability.
- it is in the customer's best interest to authorise the person or organisation named on this form, to deal with Services Australia on the customer's behalf according to the type of arrangement shown on this form.
- the information I have provided in this form is complete and correct.

Signature of the third party



Date

(DD MM YYYY)

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You have now completed **Part C**.  
The **authorised person or organisation** is to complete **Part D**.

► **GO** to question 9

## Part D – To be completed by the authorised person or organisation

9 Do you have any of the following:

Power of Attorney (financial and/or legal decisions) ☐

Enduring Power of Attorney (financial and/or legal decisions) ☐

Guardianship order ☐

Financial management/administration order ☐

None of the above ☐



Provide a copy of any documents ticked above.

10 **PASSWORD** – For security purposes, we will ask for this password every time you contact us.

Provide a password

The password needs to have 4 to 12 letters or numbers.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Payment nominee only to complete

This is not applicable if you are only accessing aged care services.

11 Will you be receiving payments on behalf of the customer?

No ☐ **GO to question 12**

Yes – by deposit ☐ Give Deposit account details below into account

Yes – by group ☐ Give Group payment details below payment

### Complete this if you are a payment nominee.

It may be easier as a nominee to manage the payments by having a separate account. As a nominee you must tell us if this account changes.

### Deposit account

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


### Group payment

Group Payment organisations – enter 3 character

Group Institution Code (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Authorised person or organisation declaration

12 Make sure the authorised person and/or organisation details are correct in **question 7**.

For more information about the responsibilities and obligations as an authorised person or organisation, refer to the **Notes**.

Read **Privacy and your personal information** on page 1 of this form.

### I declare that I:

- understand and accept the responsibilities and obligations for the type of arrangement requested in this form.
- will act in the best interest of the customer.

### I understand that:

- any personal information I am given access to under this type of arrangement is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates.
- the type of arrangement may be rejected or cancelled at any time by Services Australia, if I am not able to meet my responsibilities and obligations.
- giving false or misleading information is a serious offence.

Signature of the authorised person or organisation



Date (DD MM YYYY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your relationship with the customer

### Tick one only

Parent of customer ☐

Child of customer ☐

Legal guardian ☐

Partner ☐

Sibling ☐

Grandparent of customer ☐

Grandchild of customer ☐

Other relative ☐

Organisation ☐

Professional ☐

Other ☐ Give details below


## Checklist

### Identity requirements – Authorised person – (question 7) or Power of Attorney (question 8)

- authorised person, or
- Power of Attorney, either completing the customer declaration or Third Party authorisation section, is required to provide photo identification in person at one of our service centres, agents or access points. For locations go to [servicesaustralia.gov.au/findus](https://servicesaustralia.gov.au/findus).



Which of the following documents are you providing with this form?

**Provide a copy of the relevant documents.** They do not need to be certified and will not be returned to you.

Tick all that apply	
<b>Customer declaration – I am able to make my own decisions (question 8)</b>	
If the Power of Attorney completes the customer declaration, they will need to provide	
• the Power of Attorney (financial and/or legal decisions) document – if there are multiple attorneys with majority or joint decision making, you will need to copy page 3 of the form and provide the name and signature of each attorney	<input type="checkbox"/>
• photo identification for the attorney, has been provided in person to a service centre, agent or access point	<input type="checkbox"/>
<b>Third Party authorisation – the customer is not able to make their own decisions (question 8)</b>	
If a third party provides authorisation, they must provide evidence as outlined below	
• a relevant professional, for example, a treating doctor, nurse, case worker or social worker – a letter or the medical evidence of the customer's incapacity	<input type="checkbox"/>
• the holder of an Enduring Power of Attorney (financial and/or legal decisions) – a copy of the legal document and medical evidence of the customer's incapacity	<input type="checkbox"/>
– photo identification for the attorney, has been provided in person to a service centre, agent or access point	<input type="checkbox"/>
– if there are multiple attorneys with majority or joint decision making, they must all provide a letter or signature with their agreement	<input type="checkbox"/>
• the person or organisation holding a guardianship, financial management or administration order – a copy of the order or certificate	<input type="checkbox"/>
<b>If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents (question 9)</b>	
• Power of Attorney (financial and/or legal decisions)	<input type="checkbox"/>
• Enduring Power of Attorney (financial and/or legal decisions)	<input type="checkbox"/>
• Guardianship order	<input type="checkbox"/>
• Financial management/administration order	<input type="checkbox"/>

## Stopping your arrangement

You can cancel your arrangement at any time, unless it is a court, tribunal, guardianship or an administration appointed arrangement.

If you cancel your nominee arrangement, a letter will automatically be sent to you and your nominee.

To cancel the type of arrangement:

- call us – go to [servicesaustralia.gov.au/phoneus](https://servicesaustralia.gov.au/phoneus)
- use your **online account** to cancel or change your correspondence and/or payment nominee at any time
- write to us – go to [servicesaustralia.gov.au/contactus](https://servicesaustralia.gov.au/contactus)

Centrelink may review, reject or cancel your type of arrangement at any time. This includes if the person or organisation is not able to meet their responsibilities and obligations.

## 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](https://servicesaustralia.gov.au/centrelinkuploaddocs)
- post to: Services Australia, PO Box 7800, CANBERRA BC ACT 2610
- fax to: 1300 786 102
- in person at one of our service centres.