

# Claim for persons granted a Refugee, Humanitarian or Protection Visa (SS415)

Family Tax Benefit, Parenting Payment Partnered/Single, Age Pension, Youth Allowance (job seeker),  
JobSeeker Payment, Crisis Payment, Medicare Enrolment, Medicare Safety Net and  
Australian Immunisation Register

## You

1 Do you need an interpreter when dealing with us?

This includes an interpreter for people who have a hearing or speech impairment.

No  **Go to 4**

Yes  Give details below

2 What is your preferred spoken language?

3 What is your preferred written language?

4 Your Centrelink Reference Number (if known)

5 Your name

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

## Your partner (if you have one)

1 Do you need an interpreter when dealing with us?

This includes an interpreter for people who have a hearing or speech impairment.

No  **Go to 4**

Yes  Give details below

2 What is your preferred spoken language?

3 What is your preferred written language?

4 Your Centrelink Reference Number (if known)

5 Your name

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name



CLK0SS415 2403



**You**

**12** What is your country of birth?

**13** What is your country of citizenship?

Date granted (DD MM YYYY)

**14** Date of arrival in Australia (DD MM YYYY)

**15** Method of travel to Australia

**16** What document did you travel to Australia on?

Passport or document reference number

Country of issue

**17** Are you an entrant under the Community Support Program?

No  **Go to 22**

Yes  **Go to next question**

**18** Are you currently under an Assurance of Support?

No

Yes

**19** Is your assurer providing you with financial support?

No

Yes

**20** On what date were you granted Humanitarian/Refugee residence?

 (DD MM YYYY)

**Your partner (if you have one)**

**12** What is your country of birth?

**13** What is your country of citizenship?

Date granted (DD MM YYYY)

**14** Date of arrival in Australia (DD MM YYYY)

**15** Method of travel to Australia

**16** What document did you travel to Australia on?

Passport or document reference number

Country of issue

**17** Are you an entrant under the Community Support Program?

No  **Go to 22**

Yes  **Go to next question**

**18** Are you currently under an Assurance of Support?

No

Yes

**19** Is your assurer providing you with financial support?

No

Yes

**20** On what date were you granted Humanitarian/Refugee residence?

 (DD MM YYYY)

You

21 Is Australia now your permanent home?

No

Yes

22 Read this before answering the following questions.

Questions 22 and 23 only apply if you are claiming or receiving a Centrelink payment and/or service. This does not apply to Medicare.

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

You can change this authority at any time.

No

Yes

23 Do you want to authorise another person or organisation to make enquiries, get payments and/or act on your behalf?

No  Go to next question

Yes



You will need to complete and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. If you do not have this form, go to [servicesaustralia.gov.au/nominees](http://servicesaustralia.gov.au/nominees)

Office use only – issue form (SS313) if required.

Your partner (if you have one)

21 Is Australia now your permanent home?

No

Yes

22 Read this before answering the following questions.

Questions 22 and 23 only apply if you are claiming or receiving a Centrelink payment and/or service. This does not apply to Medicare.

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

You can change this authority at any time.

No

Yes

23 Do you want to authorise another person or organisation to make enquiries, get payments and/or act on your behalf?

No  Go to next question

Yes



You will need to complete and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. If you do not have this form, go to [servicesaustralia.gov.au/nominees](http://servicesaustralia.gov.au/nominees)

Office use only – issue form (SS313) if required.

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

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

**Married**

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

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▶ **Go to 25**

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

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▶ **Go to 25**

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

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▶ **Go to 25**

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

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▶ **Go to 29**

**Divorced**  Date of divorce (DD MM YYYY)

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▶ **Go to 29**

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

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▶ **Go to 29**

**Never married or lived with a partner**  **Go to 29**

**25** Is your partner living in Australia?

No  **Go to 27**

**Office use only** – If No, consider payment at the single rate (s24 SS Act).

Yes  **Go to next question**

**26** Do you currently live in the same home as your partner?

No  **Go to next question**

Yes  **Go to 29**

**27** Why are you not living with your partner?

Partner's illness

Your illness

Partner in prison

Partner's employment

Other  Give details below


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

From 

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To 

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

or indefinite

**29** Do you pay for your accommodation?

No  **Go to 33**

Yes  **Go to next question**

**30** Who do you pay?

--

**31** How much do you pay per week?

\$ 

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 per week

**32** Does this include meals?

No

Yes

**33** Do you have children under 19 years of age who are in your care in Australia?

Only the person claiming Family Tax Benefit should complete details of dependents (for example, children). If you have children in your care and live apart from the children's other parent, you may be eligible to apply for a child support assessment. Contact Child Support on **131 272**.

- No  **Go to 35**  
 Yes  Give details below

**Child 1**

Name of child

Date of birth (DD MM YYYY)

Age Gender  
 Male  Female  Non-binary

Medicare card number for this child (if known)  
   Ref no.

Your relationship (such as biological) to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Net

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

*Continued*

**Child 2**

Name of child

Date of birth (DD MM YYYY)

Age Gender  
 Male  Female  Non-binary

Medicare card number for this child (if known)  
   Ref no.

Your relationship (such as biological) to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Net

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

**Child 3**

Name of child

Date of birth (DD MM YYYY)

Age Gender  
 Male  Female  Non-binary

Medicare card number for this child (if known)  
   Ref no.

Your relationship (such as biological) to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Net

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

**Child 4**

Name of child

Date of birth (DD MM YYYY)

Age Gender

 Male  Female  Non-binary 

Medicare card number for this child (if known)

 Ref no. 

Your relationship (such as biological) to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Net

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

**Child 5**

Name of child

Date of birth (DD MM YYYY)

Age Gender

 Male  Female  Non-binary 

Medicare card number for this child (if known)

 Ref no. 

Your relationship (such as biological) to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Net

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

**Child 6**

Name of child

Date of birth (DD MM YYYY)

Age Gender

 Male  Female  Non-binary 

Medicare card number for this child (if known)

 Ref no. 

Your relationship (such as biological) to this child Your partner's (if you have one) relationship to this child

Register for Medicare Safety Net

What is this child's country of birth?

What document did this child travel to Australia on?

Passport or document reference number

Country of issue

If you have more than 6 children in your care, provide a separate sheet with details.

**34** Are any of these children orphans?

No

Yes  **Office use only** – consider issuing SC003.

**You**

**35** What is your estimated income for the current financial year?

**Include** income from outside Australia.  
If you estimate no income, write **\$0**.

\$

**36** How much cash do you have on hand?

\$

**37** Do you have any income or assets in and/or outside Australia?

**Include** bank accounts, term deposits, accounts you hold in trust or under any other name, or money held in church or any other development funds and investments, or any other assets in or outside Australia that you have not already advised us about.

No  **Go to next question**

Yes  **Office use only** – issue Mod(iA) or if Age Pension, issue SA369.

**38** Your tax file number (if known)

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

If your only income for this financial year is the payment you are now claiming, you may not have to pay any tax. However, you may have to pay tax if you get any other income this financial year, such as salary or wages. If you think you will have to pay tax this year, you can ask us to deduct tax instalments from your payment. You can change this at any time. If you are not sure how much tax to have taken out of your payment, contact the Australian Taxation Office.

Do you want any tax deductions from your payment?

**Office use only** – For job seekers, check Refugee activity test exemptions.

No  **Go to next question**

Yes  Enter the amount **OR** percentage of tax you want taken out per fortnight.

Amount (must be in whole dollars)  **OR** Percentage (%) of taxable payment

**Your partner (if you have one)**

**35** What is your estimated income for the current financial year?

**Include** income from outside Australia.  
If you estimate no income, write **\$0**.

\$

**36** How much cash do you have on hand?

\$

**37** Do you have any income or assets in and/or outside Australia?

**Include** bank accounts, term deposits, accounts you hold in trust or under any other name, or money held in church or any other development funds and investments, or any other assets in or outside Australia that you have not already advised us about.

No  **Go to next question**

Yes  **Office use only** – issue Mod(iA) or if Age Pension, issue SA369.

**38** Your tax file number (if known)

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

If your only income for this financial year is the payment you are now claiming, you may not have to pay any tax. However, you may have to pay tax if you get any other income this financial year, such as salary or wages. If you think you will have to pay tax this year, you can ask us to deduct tax instalments from your payment. You can change this at any time. If you are not sure how much tax to have taken out of your payment, contact the Australian Taxation Office.

Do you want any tax deductions from your payment?

**Office use only** – For job seekers, check Refugee activity test exemptions.

No  **Go to next question**

Yes  Enter the amount **OR** percentage of tax you want taken out per fortnight.

Amount (must be in whole dollars)  **OR** Percentage (%) of taxable payment



**You**

Information included in this form will be used to determine a person's eligibility to Medicare benefits.

**40** Do you want to enrol in Medicare or update your Medicare details?

No  **Go to 45**

Yes  **Go to next question**

**41** What is the date you lodged your application for permanent residency?

(DD MM YYYY)

**Office use only** – If this date is after the date of arrival in Australia but before the date a permanent resident visa was granted, this may effect the Medicare eligibility start date.

**42** Have you previously been enrolled in Medicare?

No  Eligible members for a Medicare Safety Net family include dependents. A dependant is someone who the family supports financially and is a child under 16 years of age or a full-time student aged between 16 years and 25 years.

You and all other persons included in this claim will be enrolled in Medicare. We will register your family for the family safety net. Make sure you have identified who you want added (eligible members) by ticking the Medicare Safety Net box against the name(s) listed at question 33. If you have any additional dependents not listed that you would like registered, complete a **Medicare Safety Net Registration and Amendment for Couples and Families (MS016)** form. If you do not have this form, go to [servicesaustralia.gov.au/forms](http://servicesaustralia.gov.au/forms)

All persons will be listed on the same Medicare card, and you will also be listed as the contact for Medicare correspondence purposes.

**Go to next question**

Yes  Medicare card number (if known)

Eligible members include dependents. A dependant is someone who the family supports financially and is a child under 16 years of age or a full-time student aged between 16 years and 25 years.

A new Medicare card will be issued to you. Your new Medicare card will include all other persons that are included in this claim that have not been previously enrolled in Medicare.

We will register your family for the family safety net. Make sure you have identified who you want added (eligible members) by ticking the Medicare Safety Net box against the name(s) listed at question 33. If you have any additional dependents not listed that you would like registered, complete a **Medicare Safety Net Registration and Amendment for Couples and Families (MS016)** form. If you do not have this form, go to [servicesaustralia.gov.au/forms](http://servicesaustralia.gov.au/forms)

**Go to next question**

**Your partner (if you have one)**

Information included in this form will be used to determine a person's eligibility to Medicare benefits.

**40** Do you want to enrol in Medicare or update your Medicare details?

No  **Go to 45**

Yes  **Go to next question**

**41** What is the date you lodged your application for permanent residency?

(DD MM YYYY)

**Office use only** – If this date is after the date of arrival in Australia but before the date a permanent resident visa was granted, this may effect the Medicare eligibility start date.

**42** Have you previously been enrolled in Medicare?

No  The information in this claim will be used to enrol you in Medicare. We will register your family for the family safety net. Make sure you have identified who you want added (eligible members) by ticking the Medicare Safety Net box against the name(s) listed at question 33.

You will be listed on a Medicare card with your partner and all other persons included in this claim.

**Go to next question**

Yes  Medicare card number (if known)

A new Medicare card will be issued to you only if there has been a change to your Medicare eligibility status. If you wish to be included on your partner's Medicare card, you will need to complete an **Application to copy or transfer from one Medicare card to another (MS011)** form.

If you do not have this form, go to [servicesaustralia.gov.au/forms](http://servicesaustralia.gov.au/forms)

**Go to next question**

**You**

**43** Do you want to give permission to your Humanitarian Settlement Program provider to receive your Medicare card number?

No  Go to next question

Yes  Give details below

Humanitarian Settlement Program provider	
<input type="text"/>	
Name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Contact phone number (including area code)	
<input type="text"/>	
Fax number (including area code)	
<input type="text"/>	

**44** Do you need a duplicate Medicare card?

A duplicate card is a copy of your Medicare card. If you have more than one person on your Medicare card, you may find it useful to have a duplicate card.

No

Yes

**Your partner (if you have one)**

**43** Do you want to give permission to your Humanitarian Settlement Program provider to receive your Medicare card number?

No  Go to next question

Yes  Give details below

Humanitarian Settlement Program provider	
<input type="text"/>	
Name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Contact phone number (including area code)	
<input type="text"/>	
Fax number (including area code)	
<input type="text"/>	

## 45 Payment details

**Medicare payments only** – Persons 14 years of age and over that will be listed on your Medicare card must sign and give their consent for Medicare payments to be made to either bank account A or B in the question below. Authorisation details must be completed at question 46.

### You

Where do you want your payment made?

The bank, building society or credit union account must be in your name. A joint account is acceptable.

**A** 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

### Your partner (if you have one)

Where do you want your payment made?

**Only give details if you are also claiming a payment on this form.**

The bank, building society or credit union account must be in your name. A joint account is acceptable.

**B** 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

## Consent for Medicare payments to go into nominated bank account

**46** Question 46 is to be completed by persons aged 14 years of age or over that are listed on the Medicare card. They must sign and give their consent for Medicare payments to go into the nominated bank account.

**I authorise** for the payments to be made into the nominated bank account (refer to question 45).

**1** Full name

Nominated bank account A  B

Signature

Date (DD MM YYYY)

**2** Full name

Nominated bank account A  B

Signature

Date (DD MM YYYY)

**3** Full name

Nominated bank account A  B

Signature

Date (DD MM YYYY)

**4** Full name

Nominated bank account A  B

Signature

Date (DD MM YYYY)

If there are more than 4 persons listed, provide a separate sheet with details.

You

**47 Payment received**

**Office use only** – To be completed by the customer where payment has been made by Real Time Gross Settlements (RTGS).

I have received today:

Crisis Payment  for the amount of  
Anticipated Payment  \$

Your signature



Date (DD MM YYYY)

**Witness to complete — Service Officer**

Type of identity sighted (for example, ImmiCard)

Witness name (print in BLOCK LETTERS)

Witness signature



Date (DD MM YYYY)

**48 Did anyone help you complete this form?**

No  Go to next question

Yes  Give details below

Name

Agency name (if applicable)

Contact phone number (including area code)

Your partner (if you have one)

**47 Payment received**

**Office use only** – To be completed by the customer where payment has been made by Real Time Gross Settlements (RTGS).

I have received today:

Crisis Payment  for the amount of  
Anticipated Payment  \$

Your signature



Date (DD MM YYYY)

**Witness to complete — Service Officer**

Type of identity sighted (for example, ImmiCard)

Witness name (print in BLOCK LETTERS)

Witness signature



Date (DD MM YYYY)

**You**

**49 You need to read this**

**Privacy and your personal information**

The privacy and security of your personal information is important to us, and is protected by law. We need to 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](https://servicesaustralia.gov.au/privacy)

**Your partner (if you have one)**

**49 You need to read this**

**Privacy and your personal information**

The privacy and security of your personal information is important to us, and is protected by law. We need to 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](https://servicesaustralia.gov.au/privacy)

**Declaration**

**50 I declare that:**

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

**I understand that:**

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- for the purposes of referral to an Employment Services Provider and administration reasons, Services Australia may disclose my information to the Australian Taxation Office, the Department of Education and Training and the Department of Jobs and Small Business.
- for the purposes of confirming my child's immunisation, Services Australia may use my Medicare card number to data match with the Australian Immunisation Register.
- giving false or misleading information is a serious offence.

This information has been provided to establish my entitlement under the social security law, family assistance law and health insurance act.

Your signature



Date (DD MM YYYY)

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Make sure you complete the My Health Record section of this form, on the following pages.

**50 I declare that:**

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

**I understand that:**

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- for the purposes of referral to an Employment Services Provider and administration reasons, Services Australia may disclose my information to the Australian Taxation Office, the Department of Education and Training and the Department of Jobs and Small Business.
- for the purposes of confirming my child's immunisation, Services Australia may use my Medicare card number to data match with the Australian Immunisation Register.
- giving false or misleading information is a serious offence.

This information has been provided to establish my entitlement under the social security law, family assistance law and health insurance act.

Your signature



Date (DD MM YYYY)

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Make sure you complete the My Health Record section of this form, on the following pages.



## My Health Record

A My Health Record is an online summary of an individual's health information. It can be accessed at any time by the individual and their healthcare providers.

You and any other person enrolling in Medicare on this form can get a My Health Record.

We cannot process the following My Health Record questions if you or the additional people have:

- an existing My Health Record
- cancelled a My Health Record
- opted out of getting a My Health Record.

For more information or to make changes to previous My Health Record preferences, go to [myhealthrecord.gov.au](http://myhealthrecord.gov.au) or call the My Health Record System Operator on **1800 723 471**.

### You

**51** Are you enrolling yourself in Medicare on this form?

No  **Go to 53**

Yes  *Go to next question*

**52** Do you want a My Health Record?

No – **Do not** give me a My Health Record

Yes – Give me a My Health Record

**53** Are you using this form to enrol a dependent child(ren)  
(as given in question 33) in Medicare?

No  **Go to 56**

Yes  *Go to next question*

### Your partner (if you have one)

**51** Are you enrolling yourself in Medicare on this form?

No  **Go to 56**

Yes  *Go to next question*

**52** Do you want a My Health Record?

No – **Do not** give me a My Health Record

Yes – Give me a My Health Record

**Go to 56**

**54 Read this before answering the following questions.**

You must have parental responsibility to complete questions for additional people under 14 years of age.

If the additional person is 14 years of age or older, they must:

- answer the question relating to whether or not they want a My Health Record
- read the Privacy notice at question 56
- sign their declaration.

**1** Name of child (as given in question 33)

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 years of age or older.

No – **Do not** give this child a My Health Record

Yes – Give this child a My Health Record

**Child 1 declaration (if 14 years of age or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 1 signature

Date (DD MM YYYY)

*Continued*

**2** Name of child (as given in question 33)

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 years of age or older.

No – **Do not** give this child a My Health Record

Yes – Give this child a My Health Record

**Child 2 declaration (if 14 years of age or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 2 signature

Date (DD MM YYYY)

**3** Name of child (as given in question 33)

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 years of age or older.

No – **Do not** give this child a My Health Record

Yes – Give this child a My Health Record

**Child 3 declaration (if 14 years of age or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 3 signature

Date (DD MM YYYY)

Continued

**4** Name of child (as given in question 33)

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 years of age or older.

No – **Do not** give this child a My Health Record

Yes – Give this child a My Health Record

**Child 4 declaration (if 14 years of age or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 4 signature



Date (DD MM YYYY)




**5** Name of child (as given in question 33)

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 years of age or older.

No – **Do not** give this child a My Health Record

Yes – Give this child a My Health Record

**Child 5 declaration (if 14 years of age or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 5 signature



Date (DD MM YYYY)




Continued

**6** Name of child (as given in question 33)

Do you want this child to get a My Health Record?

This question must be completed by the child if they are 14 years of age or older.

No – **Do not** give this child a My Health Record

Yes – Give this child a My Health Record

**Child 6 declaration (if 14 years of age or older)**

**I declare that:**

- I have read the Privacy notice at question 56.
- the information I have provided is complete and correct.

Child 6 signature



Date (DD MM YYYY)




**55** Do you have more than 6 children enrolling?

No  **Go to 56**

Yes



Provide a separate sheet with My Health Record details, as asked in question 54, for each additional child.

**Go to 56**



**56 Privacy notice**

The My Health Record System Operator will collect personal information in this form from Services Australia for the purpose of the My Health Record system and may also use and disclose this information as required or authorised by law, only within Australia, including the *My Health Records Act 2012* and *Privacy Act 1988*.

For more information, see the My Health Record System Operator's privacy policy at [myhealthrecord.gov.au/privacy](http://myhealthrecord.gov.au/privacy)

**57 Declaration**

**I declare that:**

- I have parental responsibility for the additional people under 14 years of age that I have completed My Health Record questions for.
- I have read and understood the privacy information.
- the information I have provided in this part is complete and correct.

**I understand that:**

- giving false or misleading information is a serious offence.

Your signature



Date (DD MM YYYY)

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Your partner's signature (if applicable)



Date (DD MM YYYY)

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**You**

**Your partner (if you have one)**

**Office Use Only**

Alternative Identity Assessment

Name of a person in another agency, department or organisation who can confirm your identity (for example, case worker, social worker, community liaison worker)

Name of person

Agency, department or organisation

Document provided

No

Yes

Phone number (if known)  
(including area code)

Include details of family members in Australia not listed in this form

Full name

Other name(s) known by

Relationship to this person

Date (DD MM YYYY)

Address (current if possible)

  

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Postcode

Phone number  
(including area code)

What Alternative Identity reason is being used?

  

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Why

  

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Other relevant information

  

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*Continued*

**Office Use Only**

Alternative Identity Assessment

Name of a person in another agency, department or organisation who can confirm your identity (for example, case worker, social worker, community liaison worker)

Name of person

Agency, department or organisation

Document provided

No

Yes

Phone number (if known)  
(including area code)

Include details of family members in Australia not listed in this form

Full name

Other name(s) known by

Relationship to this person

Date (DD MM YYYY)

Address (current if possible)

  

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Postcode

Phone number  
(including area code)

What Alternative Identity reason is being used?

  

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Why

  

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Other relevant information

  

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*Continued*

**You**

**Office Use Only – continued**

I confirm all information provided in this section has been verified.

Name of interviewing Service Officer

Logon

Signature of interviewing Service Officer



Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Your partner (if you have one)**

**Office Use Only – continued**

I confirm all information provided in this section has been verified.

Name of interviewing Service Officer

Logon

Signature of interviewing Service Officer



Date (DD MM YYYY)

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