

When to use this form



Use this form to tell Services Australia about the **personal care** you provide for a person 16 years or older who **you do not live with**.

Personal care refers to the help you provide with the basic activities of daily living. These activities must relate to the bodily functions or to sustaining the life of the person you provide care for.

This includes supervising and/or prompting them to do these activities.

Personal care includes activities such as:

- mobility
- personal hygiene
- assistance with eating and drinking
- communication
- treatment
- safety and behaviour.

Personal care does not include activities such as:

- shopping
- banking
- housework.

The activities you are claiming Carer Allowance for must relate to the disability or medical condition of the person you provide care for.

There may be many other important activities you do, however, the activities you are claiming for must relate to **personal care**.

Important information

You should only complete this form if you do not live with the person you provide care for and you meet **all** of the following criteria:

- provide **personal care** daily
- the **personal care** you provide must total at least **20 hours** per week
- provide this care in either your home or the home of the person you provide care for, such as in a **private home** (this excludes situations where the care receiver is living in an institution or hospital)
- not receive relevant minimum wages or above for providing this care.

Two carers, who do not live with the person they provide care for, can share one payment of Carer Allowance if together they are providing daily care that totals at least 20 hours **personal care** per week.

Return this form and any supporting documents to us **within 14 days**. If you cannot do this, you must contact us as soon as possible.

Online account



Many of our customers find it easier to update their details using their Centrelink online account or Express Plus Centrelink mobile app.

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

For more information

Go to **servicesaustralia.gov.au/carerallocation**

Call us on **132 717**.



Information 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.



Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to **servicesaustralia.gov.au** and search 'other support and advice'.

centrelink

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

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

About you

1 Your Customer Reference Number (if known)

2 Your name

(the person providing **personal care**)

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Your date of birth
(DD MM YYYY)

4 Your contact phone number (including area code)

About the person you provide care for

5 Customer Reference Number (if known)

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth
(DD MM YYYY)

6 Do you provide **personal care** in your home or the home of the person you provide care for?

No **Go to 21**

Yes **Go to next question**

7 Do you receive relevant minimum wages or above for providing this care?

This does not include any payments received from Services Australia.

If you are receiving relevant minimum wages or above for providing this care, you will not be eligible for Carer Allowance.

If you need more information, call us on **132 717**.

No **Go to next question**

Yes **Go to 21**

8 Does someone else also provide **personal care** for this person on a regular basis?

No **Go to 10**

Yes **Go to next question**

9 Details of the other person who provides **personal care** on a regular basis.

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Address

Postcode

Contact phone number (including area code)



CLK0SA381 2406

- 10 How many days each week do you provide **personal care** to the person you provide care for?

days each week

- 11 What date did you start providing the **above** amount of care?

(DD MM YYYY)

- 12 Is the person you provide care for in the final phase of a terminal illness and not expected to live for more than 3 months?

No **Go to 14**

Yes **Go to next question**

- 13 How many hours of **personal care** do you provide?

hours per week **Go to 21**

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

The following questions ask how much time you spend providing care in each of the 6 **personal care** categories, in a typical week.

We know it can be hard to estimate the hours spent providing **personal care**. It may help to think about the total time you spend caring each week, and then the time you spend on activities in each category.

If an activity fits into several categories, **only record the information under 1 category**.

If you are caring for a person with a non physical disability or medical condition such as mental illness, acquired brain impairment, intellectual impairment or Alzheimer's disease, you may find it useful to think about the different **personal care** activities you need to prompt or supervise this person to do.

- 15 How many hours do you spend each week helping the person you provide care for with mobility around the home or indoors?

Mobility refers to supervising, prompting or helping the person to be able to move about the home or indoors.

Include:

- supervising the person to ensure that they do not fall
- moving around the house
- moving to and from bed, chair, wheelchair and walking aids
- moving up and down stairs.

Do not include:

- driving them to do their shopping or banking
- travelling to their house to provide care.

hours per week

- 16 How many hours do you spend each week helping the person you provide care for with personal hygiene?

Personal hygiene refers to helping the person to maintain their **personal care** and hygiene.

Include:

- supervising and/or prompting to ensure they bathe/shower
- bathing/showering, grooming and dressing
- cleaning teeth and/or fitting false teeth
- using the toilet and/or using continence aids.

Do not include:

- washing or ironing their clothes
- general housework.

hours per week

- 17 How many hours do you spend each week helping the person you provide care for with assistance with eating and drinking?

Assistance with eating and drinking refers to helping the person to eat their meals and/or drink.

Include:

- supervising and/or prompting to ensure they eat or drink
- mashing and juicing food
- feeding food to them
- ensuring they do not choke when eating.

Do not include:

- meal preparation or cooking
- shopping for food
- spending time with them while they eat their meal
- washing the dishes and cleaning up after meals.

hours per week

- 18 How many hours do you spend each week helping the person you provide care for with communication?

Communication refers to helping the person to communicate their needs to you and other people or organisations, or helping them to interpret or understand information, because of their disability or medical condition.

Include:

- explaining or relaying information and messages
- reading and signing documents
- helping them to use equipment, such as a hearing aid.

Do not include:

- reading a book or newspaper aloud to them
- spending time watching television with them
- arranging social outings.

hours per week

19 How many hours do you spend each week helping the person you provide care for with treatment?

Treatment refers to helping the person take medication, participate in therapy, or have treatment.

Include:

- arranging medication to be taken at the correct time
- helping to give or administering treatment (including changing dressings)
- massaging limbs or helping with therapeutic exercises
- operating and monitoring medical apparatus
- prompting or supervising them to take medication.

Do not include:

- waiting while treatment is being provided.

hours per week

20 How many hours do you spend each week helping the person you provide care for with safety and behaviour?

Safety and behaviour refers to supervising the person to ensure their safety, the safety of others, and/or to prevent inappropriate behaviour.

Include:

- not letting them wander
- removing them from dangerous situations
- preventing them from damaging property
- preventing them from injuring themselves or others
- monitoring behaviour to ensure their safety
- supervising and preventing aggressive behaviour
- preventing inappropriate behaviour
- reassuring and calming them if they are distressed.

Do not include:

- repairing or replacing damaged property.

hours per week

Privacy notice

21 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

22 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.
- giving false or misleading information is a serious offence.

I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

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Your signature (**only** required if returning by post or in person)



Returning this form

Return this form and any supporting documents:

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