

Review of Carer Payment and Carer Allowance Care Needs Assessment (for a child under 16 years)

Purpose of this form



Services Australia uses this form to review your Carer Payment and Carer Allowance to make sure your payment is correct.

We need information from you to add to the details provided by the child's Treating Health Professional.

This information will be used to assess your eligibility for Carer Payment and Carer Allowance.

Online account



You can upload this form, with any supporting documents, online.

For more information about how to access an online account or how to lodge documents online, go to **servicesaustralia.gov.au/centrelinkuploaddocs**

What else you will need to provide

You will need to provide the Carer Payment and Carer Allowance Medical Report completed by the child's Treating Health Professional.

For more information

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

Call us on **132 717**.



Information in your language

We can translate documents you need for your claim or payment for free.

To speak to us in your language, call **131 202**.



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'.

For additional support

Carer Gateway – is a national service providing in-person, online and phone-based support and services to people who care for a family member or friend with disability, a medical condition, mental illness, or who is frail due to age.

Carers can access Carer Gateway by calling **1800 422 737**, Monday to Friday between 8 am and 5 pm or by visiting **carergateway.gov.au**

Carers Australia – the national peak body for carers. The Carers Australia website has information and support services. Visit **carersaustralia.com.au**

Review of Carer Payment and Carer Allowance Care Needs Assessment (for a child under 16 years) (SA417)

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.

This form must be filled in by the person providing care

1 Your Customer Reference Number (if known)

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

2 Your name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

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

4 Your permanent address

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

5 Your postal address (if different to above)

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

6 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

Your contact details

Home phone number (including area code)

Mobile phone number

Email

7 Do you do any paid work?

No ☐ ► **Go to next question**

Yes ☐ Tell us how many hours you spend away from care to participate in paid work (including employment and self-employment) in a 4 week period.


Do not include travel time.

	Name of employer	Hours per 4 week period
Employment	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Self-employment	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

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

No ☐ ► **Go to next question**

Yes ☐ Details below

 You need to fill in and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. You can also do this online. You and the person or organisation will need a Centrelink online account.

If you want more information or to download the form, go to servicesaustralia.gov.au/authorisedrepresentative



CLK0SA417 2503

Details about the child you are caring for

9 Child's Customer Reference Number (if known)

--	--	--	--

10 Name of the child you are caring for

Child's family name

Child's first given name

Child's second given name

11 Child's date of birth (DD MM YYYY)

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

12 Do you personally provide additional care and attention to the child because of their disability or medical condition?

No ☐ You may not be eligible for Carer Payment and Carer Allowance. Call us on **132 717**.

Yes ☐

13 How many days each week do you provide this care?

 days each week

14 Read this before answering the following question.

Constant care means you provide personal care for a significant time each day (at least the equivalent of a normal working day), and because of your caring responsibilities you are unable to support yourself through substantial paid work, including self-employment.

This care may include supervision and monitoring.

Do you provide constant care to the child on a daily basis?

No ☐

Yes ☐

15 Does the child live with you?

No ☐

INT

Yes ☐

16 Read this before answering the following question.

Generally you only need to tell us about the time this child is out of your care if it is for 1 or more 24 hour periods (midnight to midnight).

For example: A carer provides care on Tuesday morning and the child enters respite that same day. They provide care again on the Friday afternoon that the child returns home. This would result in a total of 2 respite days being used. The respite is from Wednesday to Thursday.

The child may be out of your care for a number of reasons including:

- formal respite – short or long-term
- hospitalisation of yourself or the child
- visiting family or friends overnight or for the weekend
- attending boarding school or training
- receiving treatment other than in hospital.

Has the child temporarily been out of your care in the last 12 weeks?

No ☐ Go to next question

Yes ☐ Give details below

1 Absence from (DD MM YYYY)

Absence to (DD MM YYYY)

Reason for absence

2 Absence from (DD MM YYYY)

Absence to (DD MM YYYY)

Reason for absence

3 Absence from (DD MM YYYY)

Absence to (DD MM YYYY)

Reason for absence

4 Absence from (DD MM YYYY)

Absence to (DD MM YYYY)

Reason for absence

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

- 17 Does the child stay regularly with any other person or organisation?
- No ☐ Go to next question
- Yes ☐ Tick all boxes that show why this child stays overnight or longer with another person/organisation

☐ **Temporary care**

for example, spends night(s) with an organisation, with another person not living with you or in respite care

How many 24 hour periods (midnight to midnight)?

per week/fortnight/month

When did this start?

(DD MM YYYY)

☐ **Shared care**

for example, you share the care of this child with another person (other than your current partner who lives with you)

How many 24 hour periods (midnight to midnight)?

per week/fortnight/month

When did this start?

(DD MM YYYY)

Name of the other person with whom you share the care of this child

Address of the person with whom you share the care of this child

 Postcode

☐ **Education, Training or Treatment other than hospital**

for example, spends 1 or more 24 hour periods from midnight to midnight at a training centre, hostel, boarding school or therapy centre.

How often does this occur (for example, monthly, fortnightly, each school term)?

How many 24 hour periods (midnight to midnight)?

per week/fortnight/month

When did this start?

(DD MM YYYY)

Care Needs Assessment

- 18 Read this before answering the following questions.

In the questions that follow, tick the box that BEST describes the child.

The child's ability to do everyday things (for example, eating, bathing, talking, walking and mixing with other people) is:

Improving over time (that is, the child is likely to need less help in the future) ☐ 1A

Becoming worse over time (that is, the child is likely to need more help in the future) ☐ 1B

Relatively stable (that is, the child is likely to need the same level of help in the future) ☐ 1C

Fluctuating or episodic (that is, the child's condition and ability to do everyday things goes up and down from day to day or week to week) ☐ 1D

Not sure ☐ 1E

Section A – Behaviour

- 19 Settling down to sleep at night
(for example, repeated efforts needed to get the child to go to sleep at night)

The child **never** has difficulty settling down to sleep at night ☐ 2A

The child **sometimes** has difficulty settling down to sleep at night (for example, 1 or 2 nights a week) ☐ 2B

The child **often** has difficulty settling down to sleep at night (for example, more than 2 nights a week) ☐ 2C

This child **always** has difficulty settling down to sleep at night (for example, every night) ☐ 2D

- 20 Disrupted sleep at night
(for example, waking up many times during the night, awake for long periods during the night, or having nightmares)

The child **never** has disrupted sleep at night ☐ 3A

The child **sometimes** has disrupted sleep at night (for example, 1 or 2 nights a week) ☐ 3B

The child **often** has disrupted sleep at night (for example, more than 2 nights a week) ☐ 3C

The child **always** has disrupted sleep at night (for example, every night) ☐ 3D

- 21** Irritable behaviour
(for example, crying all the time, not able to be calmed down, or for an older child, continually agitated, prone to angry outbursts)
- The child **never** has irritable behaviour ☐ 4A
- The child **sometimes** has irritable behaviour
(for example, 1 or 2 days a week) ☐ 4B
- The child **often** has irritable behaviour
(for example, more than 2 days a week) ☐ 4C
- The child **always** has irritable behaviour
(for example, every day) ☐ 4D

- 22** Speaking and communicating
(that is, speaking and communicating everyday needs)
- The child's speech and communication is **appropriate for their age** (for example, the child can speak and communicate their everyday needs in the same way as other children of the same age. For young babies this may include crying when hungry, smiling or babbling) ☐ 5A
- The child has **difficulty speaking or communicating** their needs in other ways (for example, speech is unclear and can only be understood by people who know the child very well or the child is older than 4 and can only say or sign a few words) ☐ 5B
- The child **uses other ways to communicate** (for example, sign language, picture board, electronic communicator, gestures, pointing) ☐ 5C
- The child **cannot talk or communicate** their needs effectively in any way ☐ 5D

- 23** Understanding speech
(that is, the child understanding what you say to them)
- The child is able to understand everything that I would expect for a child of this age ☐ 6A
- The child **sometimes** needs me to speak more simply, repeat things or give reminders (for example, once or twice a day) ☐ 6B
- The child **often** needs me to speak more simply, repeat things or give reminders (for example, the child has a lot of difficulty understanding what I say several times a day) ☐ 6C
- The child **cannot understand** most things I say (for example, the child does not appear to understand simple instructions or questions such as 'do you want a drink?') ☐ 6D

- 24** Playing and mixing with other children
- The child plays and mixes with other children as expected for a child of their age ☐ 7A
- The child sometimes needs help to play and mix appropriately with other children (for example, once or twice a week) ☐ 7B
- The child often needs help to play and mix appropriately with other children (for example, several times a week) ☐ 7C
- The child **cannot** play or mix with other children at all (for example, the child has extreme behaviour problems or the child cannot play with other children because of a severe disability or medical condition) ☐ 7D

- 25** Is the child younger than 3?
- No ☐ **Go to next question**
- Yes ☐ **Go to 38**

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

Questions 27 to 37 ask you about the child's behaviour, (for example, running away, aggressive behaviours, self harming behaviours, extreme anxiety or withdrawal). For each question, select the response that best describes the child's behaviour and the impact this behaviour has on you during the day and the night.

- 27** Does the child have severe behaviour difficulties?
- No ☐ **Go to 38**
- Yes ☐ **Go to next question**
- Not sure ☐ **Go to next question**
- 28** The child wanders, escapes or runs away from home, school or community settings.
- Never** (the child never has this behaviour) ☐ 11A
- Sometimes** (for example, the child sometimes wanders or runs away but not every week) ☐ 11B
- Often** (for example, the child would wander or run away at least once a week if not closely supervised) ☐ 11C
- Always** (for example, the child continually wanders or runs away unless hand is held or doors and gates are locked) ☐ 11D

- 29** The child shouts, screams at or threatens other people or makes so much noise that other people become alarmed.
- Never** (the child never has this behaviour) ☐ 12A
- Sometimes** (the child sometimes has this behaviour, but not every week) ☐ 12B
- Often** (the child often has this behaviour, for example, at least once a week) ☐ 12C
- Always** (the child has this behaviour all the time, for example, every day) ☐ 12D
- 30** The child becomes physically aggressive and harms others by hitting, pushing, kicking, biting or throwing objects.
- Never** (the child never has this behaviour) ☐ 13A
- Sometimes** (the child sometimes has this behaviour, but not every week) ☐ 13B
- Often** (the child often has this behaviour, for example, at least once a week) ☐ 13C
- Always** (the child has this behaviour all the time, for example, every day) ☐ 13D
- 31** The child gets extremely upset for little or no apparent reason (for example, the child has episodes of intense crying or screaming and is very difficult to calm down).
- Never** (the child never has this behaviour) ☐ 14A
- Sometimes** (the child sometimes has this behaviour, but not every week) ☐ 14B
- Often** (the child often has this behaviour, for example, at least once a week) ☐ 14C
- Always** (the child has this behaviour all the time, for example, every day) ☐ 14D
- 32** The child gets extremely anxious, fearful or becomes emotionally withdrawn.
- Never** (the child never has this behaviour) ☐ 15A
- Sometimes** (the child sometimes has this behaviour, but not every week) ☐ 15B
- Often** (the child often has this behaviour, for example, at least once a week) ☐ 15C
- Always** (the child has this behaviour all the time, for example, every day) ☐ 15D

- 33** The child has very strange behaviours such as unusual routines, repetitive or obsessive behaviours, hearing voices or seeing things that are not there.
- Never** (the child never has this behaviour) ☐ 16A
- Sometimes** (the child sometimes has this behaviour, but not every week) ☐ 16B
- Often** (the child often has this behaviour, for example, at least once a week) ☐ 16C
- Always** (the child has this behaviour all the time, for example, every day) ☐ 16D
- 34** The child displays high-risk behaviour that causes a danger to themselves or to others, including family members. The child requires supervision and actions such as locking away household items that would not normally have to be locked away, preventing the child from running into traffic.
- Never** (the child never has this behaviour) ☐ 17A
- Sometimes** (the child sometimes has this behaviour, but not every week) ☐ 17B
- Often** (the child often has this behaviour, for example, at least once a week) ☐ 17C
- Always** (the child has this behaviour all the time, for example, every day) ☐ 17D
- 35** The child behaves in ways that result in injury to themselves. This may include head-banging, hand-biting or other self harming behaviours.
- Never** (the child never has this behaviour) ☐ 18A
- Sometimes** (the child sometimes has this behaviour, but not every week) ☐ 18B
- Often** (the child often has this behaviour, for example, at least once a week) ☐ 18C
- Always** (the child has this behaviour all the time, for example, every day) ☐ 18D
- 36** The child has displayed suicidal behaviours (for example, the child has suicidal thoughts and has planned or attempted suicide).
- Never** (the child has never displayed suicidal thoughts or behaviours) ☐ 19A
- Sometimes** (the child has displayed suicidal behaviours once or twice in the past 2 years) ☐ 19B
- Often** (the child has displayed suicidal behaviours more than twice in the past 2 years) ☐ 19C
- Always** (the child is continually displaying suicidal thoughts or behaviours, for example, suicidal thoughts every week and several suicide attempts in the past 2 years) ☐ 19D

- 37** The child does or says things that are sexually inappropriate.
- Never** (the child never has this behaviour) ☐ 20A
- Sometimes** (the child sometimes has this behaviour, but not every week) ☐ 20B
- Often** (the child often has this behaviour, for example, at least once a week) ☐ 20C
- Always** (the child has this behaviour all the time, for example, every day) ☐ 20D

Section B – Functional abilities – everyday tasks

- 38** Does the child have more problems and needs more help doing everyday tasks (for example, eating, grooming, bathing, using the toilet, walking) than other children of the same age?

No ☐ **Go to 56**

Yes ☐ **Go to next question**

Not sure ☐ **Go to next question**

- 39** Is the child younger than 12 months?

No ☐ **Go to next question**

Yes ☐ **Go to 56**

- 40** Read this before answering the following question.

Questions 41 to 55 ask you to rate the child's ability to perform a number of different tasks. **You must answer all of these questions.** For each question, select the response that best describes the child's ability. Base your responses on what the child does when using any aids, appliances or home modifications that assist with the care of the child.

If the child has a **condition that changes from day to day**, base your answers on the child's usual ability, for example, what the child is able to do most of the time.

Help includes supervision, prompting, reminding or training required as well as physical help. **The child's age will be taken into account when assessing your responses.**

- 41** Does the child feed themselves once food is prepared?

The child feeds themselves with **no help** (for example, the child needs no help from me) ☐ 24A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ 24B

The child needs **a lot of help** (for example, a lot of physical help) ☐ 24C

The child is **completely dependent** on me to feed them (for example, I have to hold the child's bottle, spoon feed the child or feed the child through a naso-gastric feeding tube, gastrostomy or Percutaneous Endoscopic Gastrostomy (PEG)) ☐ 24D

- 42** Does the child do everyday grooming tasks (for example, brush teeth, brush/comb hair, wash and rinse hands and face)?

The child grooms themselves with **no help** (for example, the child needs no help from me) ☐ 25A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ 25B

The child needs **a lot of help** (for example, a lot of physical help) ☐ 25C

The child is **completely dependent** on me to do their grooming ☐ 25D

- 43** Does the child wash themselves from the neck down (except for their back) in the bath, shower or sponge/bed bath?

The child washes themselves with **no help** (for example, the child needs no help from me) ☐ 26A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ 26B

The child needs **a lot of help** (for example, a lot of physical help) ☐ 26C

The child is **completely dependent** and needs me to wash them ☐ 26D

- 44** Does the child dress themselves from the waist up (for example, putting on singlets, t-shirts, jumpers, jackets)?

The child dresses themselves from the waist up with **no help** (for example, the child needs no help from me) ☐ 27A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ 27B

The child needs **a lot of help** (for example, a lot of physical help) ☐ 27C

The child is **completely dependent** and needs me to dress them ☐ 27D

- 45** Does the child dress themselves from the waist down (for example, putting on underpants, skirts/pants/trousers, socks, shoes)?

The child dresses themselves with **no help** (for example, the child needs no help from me) ☐ 28A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ 28B

The child needs **a lot of help** (for example, a lot of physical help) ☐ 28C

The child is **completely dependent** and needs me to dress them ☐ 28D

46 Does the child wipe themselves and adjust their clothing before and after using the toilet?

The child uses the toilet with **no help** (for example, the child needs no help from me) ☐ 29A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ 29B

The child needs **a lot of help** (for example, a lot of physical help) ☐ 29C

The child is **completely dependent** for toileting, or wears nappies or incontinence pads day and night ☐ 29D

47 Does the child have bladder accidents (for example, wets their pants or nappy)?

The child never has bladder accidents (for example, the child is dry during the day and at night) ☐ 30A

The child has bladder accidents during the **night** but is dry during the day (for example, the child wets the bed or nappy at night only) ☐ 30B

The child has **occasional** bladder accidents during the **day and at night** (for example, the child sometimes wets their pants or nappy during the day and wets the bed at night) ☐ 30C

The child has **frequent** bladder accidents during the **day and at night** (for example, the child wets their pants or nappy several times during the day **AND** wets the bed or nappy most nights, or the child has a catheter or stoma to pass urine) ☐ 30D

48 Does the child have bowel accidents (for example, soils their pants or nappy)?

The child **never** has bowel accidents ☐ 31A

The child **sometimes** has bowel accidents (for example, the child occasionally soils their pants or nappy during the day or night) ☐ 31B

The child **often** has bowel accidents (for example, the child soils their pants or nappy several times a week) ☐ 31C

The child is **completely incontinent of faeces** (for example, the child has no bowel control, or the child needs an enema or suppository to have a bowel motion, or the child has a stoma to pass faeces such as from a colostomy or ileostomy) ☐ 31D

49 Does the child sit down and get up from the toilet or potty?

The child sits down and gets up from the toilet or potty with **no help** (for example, the child needs no help from me) ☐ 32A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ 32B

The child needs **a lot of help** (for example, a lot of physical help) ☐ 32C

The child is **completely dependent** for toileting (for example, the child needs to be lifted on and off the toilet or potty or cannot sit on a toilet or potty) ☐ 32D

50 Does the child sit down and get up from a chair OR wheelchair?

The child sits down and gets up from a chair with **no help** (for example, the child needs no help from me) ☐ 33A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ 33B

The child needs **a lot of help** (for example, a lot of physical help) ☐ 33C

The child cannot sit in a chair or is **completely dependent** (for example, the child needs to be lifted on and off the chair or wheelchair) ☐ 33D

51 Does the child get into or out of a bath or shower (whichever is used more often)?

The child gets into and out of a bath or shower with **no help** (for example, the child needs no help from me) ☐ 34A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ 34B

The child needs **a lot of help** (for example, a lot of physical help) ☐ 34C

The child is completely dependent (for example, the child cannot get into or out of a bath or shower and needs complete physical help or lifting) ☐ 34D

52 How does the child move around?

The child moves around by walking ☐ 35A

The child moves around by using a wheelchair or other mobility aids (for example, stroller, crutches, walking sticks, walking frame or other mobility equipment) ☐ 35B

The child moves around by crawling, rolling or bottom-hitching (for example, the child does not walk but can move around on the floor) ☐ 35C

The child is not able to move around by themselves ☐ 35D

- 53** Does the child move around by themselves indoors on an even surface?
- The child moves around on an even surface with **no help** (for example, the child needs no help from me) ☐ 36A
- The child needs **a little help** (for example, supervision or a small amount of physical help from me) ☐ 36B
- The child needs **a lot of help** (for example, a lot of physical help from me) ☐ 36C
- The child is **completely dependent** (for example, the child cannot move around indoors by themselves) ☐ 36D

- 54** Does the child move around by themselves outdoors on uneven surfaces?
- The child moves around outdoors on uneven surfaces with **no help** (for example, the child needs no help from me) ☐ 37A
- The child needs **a little help** (for example, supervision or a small amount of physical help from me) ☐ 37B
- The child needs **a lot of help** (for example, a lot of physical help from me) ☐ 37C
- The child is **completely dependent** (for example, the child cannot move around outdoors by themselves) ☐ 37D

- 55** Does the child go up and down stairs?
- The child goes **up and down a flight of stairs with no help** from me ☐ 38A
- The child goes **up and down 2 or 3 steps with no help** from me ☐ 38B
- The child goes **up and down a single step or kerb with no help** from me ☐ 38C
- The child **needs physical help** from me to go up and down steps or stairs **OR** the child **cannot use steps or stairs** at all ☐ 38D

Section C – Special care needs

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

Questions 57 to 73 ask you to indicate the child's special care needs.

If the child has a **condition that changes from day to day**, base your answers on the child's usual and ongoing needs.

- 57** Does the child use any of the following to help with breathing? Tick any that apply.

Tracheostomy (A tracheostomy is an opening made by a surgeon through the front of the child's neck into the windpipe. A tracheostomy tube is used to keep the tracheostomy open.) ☐ 40A

Ventilator (A ventilator is a machine that breathes for the child and connects to the child's airway – usually through a tube into the windpipe known as a tracheostomy tube.) ☐ 40B

Oxygen (The child is regularly given extra oxygen to breathe from an oxygen cylinder at home as directed by a medical practitioner.) ☐ 40C

CPAP/BiPAP (A CPAP or BiPAP machine helps to keep the child's airway open by providing a flow of air at pressure, usually through a mask fitted firmly to the face.) ☐ 40D

No ☐ 40E ► *Go to next question*

- 58** Does the child receive dialysis (due to a kidney condition)?

Dialysis is the assisted removal of waste products from the body for people with kidney failure.

No ☐ 41A

Yes ☐ 41B

- 59** Do you provide Total Parenteral Nutrition (TPN) for the child?

TPN is a technique in which nutrients are given to a person through a tube directly into their veins, usually because they cannot digest regular food.

No ☐ 42A

Yes ☐ 42B

60 Do you do postural drainage for the child?

Postural drainage means using positioning to help drain mucus from the child's lungs and airways. This often includes physical techniques such as patting the child's chest with cupped hands (percussion) to help clear the secretions.

No ☐ Go to next question

Yes ☐ Indicate how often you provide postural drainage for the child

During the day

Less than daily ☐ 43A

Once or twice a day ☐ 43B

3 or more times a day ☐ 43C

During the night (that is, 10 pm to 6 am)

Less than nightly ☐ 43A

Once a night ☐ 43B

2 or more times a night ☐ 43C

61 Do you clear the child's airways through suctioning?

Suctioning is the use of a tube connected to equipment to remove mucus or saliva from the child's mouth, throat or airway.

No ☐ Go to next question

Yes ☐ Indicate how often you provide suctioning for the child

During the day

Less than daily ☐ 44A

Once or twice a day ☐ 44B

3 or more times a day ☐ 44C

During the night (that is, 10 pm to 6 am)

Less than nightly ☐ 44A

Once a night ☐ 44B

2 or more times a night ☐ 44C

62 Do you physically assist or position the jaw of the child to help with chewing and/or swallowing?

No ☐ Go to next question

Yes ☐ Indicate how often you physically assist with chewing and/or swallowing

Less than daily ☐ 45A

Once or twice a day ☐ 45B

3 or more times a day ☐ 45C

63 Do you Percutaneous Endoscopic Gastrostomy (PEG) feed or use a feeding tube to feed the child?

When a child is PEG fed they have a tube or button that goes directly into their stomach and are fed through that tube.

No ☐ Go to next question

Yes ☐ Indicate how often you PEG feed or use a feeding tube for the child over a 24 hour period

Less than daily ☐ 46A

Once or twice a day ☐ 46B

3 or more times a day ☐ 46C

64 Do you provide physical assistance to turn or position the child because they are unable to do so independently?

No ☐ Go to next question

Yes ☐ Indicate how often you physically assist the child to turn or position themselves

During the day

Less than daily ☐ 47A

Once or twice a day ☐ 47B

3 or more times a day ☐ 47C

During the night (that is, 10 pm to 6 am)

Less than nightly ☐ 47A

Once a night ☐ 47B

2 or more times a night ☐ 47C

65 Do you manage any wounds and/or dressings for the child?

No ☐ Go to next question

Yes ☐ Indicate how much time you spend managing wounds or dressings for the child

Less than 30 minutes per day ☐ 48A

30–60 minutes per day ☐ 48B

1–2 hours per day ☐ 48C

More than 2 hours per day ☐ 48D

66 Do you give emergency medication or first aid for poorly controlled seizures?

No ☐ Go to next question

Yes ☐ Indicate how often you give emergency medication or first aid for poorly controlled seizures

Less than monthly ☐ 49A

Once or twice a month ☐ 49B

3 or more times a month ☐ 49C

67 Do you provide stoma care (for example, colostomy, ileostomy) for the child?

A stoma is an opening in the abdominal wall and is used to enable waste materials from the intestines to empty into a pouch or bag.

No ☐ **Go to next question**

Yes ☐ Indicate how often you provide stoma care for the child over a 24 hour period

Less than daily ☐ 50A

Once or twice a day ☐ 50B

3 or more times a day ☐ 50C

68 Does the child have an eating disorder that has been diagnosed by a medical practitioner (for example, anorexia nervosa or bulimia)?

No ☐ 51A

Yes ☐ 51B

69 Is the child receiving a course of chemotherapy or radiotherapy treatment?

No ☐ 52A

Yes ☐ 52B

70 Do you prepare or administer medications related to the child's medical condition?

Medications include tablets, other oral medicines, injections, puffers/inhalers, suppositories, enemas, ointments or creams prescribed by a medical practitioner.

No ☐ **Go to next question**

Yes ☐ Indicate how many minutes PER DAY on average you spend preparing and/or administering medications

minutes per day

71 Do you provide any of the following supports or treatments for the child?

Tick any that apply.

Attending health care appointments related to the child's disability or medical condition multiple times per month ☐ 54A

Exercises prescribed by a physiotherapist, speech therapist, occupational therapist or other specialist at least twice a week ☐ 54B

Applying daily splints, braces, special garments or mobility aids recommended by a health practitioner ☐ 54C

Behavioural program recommended by a psychologist, psychiatrist or other therapist ☐ 54D

Early childhood intervention activities recommended by a teacher, therapist or other disability specialist ☐ 54E

Sign language or hearing equipment where the child is deaf or has a severe hearing impairment ☐ 54F

Equipment or tactile aids or other assistance around the home where the child is blind or has a severe visual impairment ☐ 54G

Blood testing or urine testing performed by you at least 3 times a day ☐ 54H

72 Do any of these other care needs apply to you and the child you care for?

Tick any that apply.

I am unable to access general child care, after-school hours care or vacation care programs due to this child's special care needs ☐ 55A

I am often called to the child's school or child care to attend to their special care requirements or collect them due to their health or behavioural problems ☐ 55B

This child has been excluded from school or child care for more than one day in the last school term because of their health care needs or behavioural issues ☐ 55C

This child can only attend school part-time due to the severity of their disability or medical condition or because school supports are not available ☐ 55D

I have to attend and stay at school or child care to provide care for my child due to the severity of their disability or medical condition or because school supports are not available ☐ 55E

I can only leave this child in the care of others when they have had specific training and are willing to manage the child's care needs ☐ 55F

[illegible][illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.