Australian Government
Services Australia

centrelink

Claim for Disability Support Pension (SA466)

Online account

Completing this form online is faster and easier.

Access your Centrelink online account through myGov and select:

- Payments and claims
- then Make a claim.

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

When to use this form

Use this form to claim Disability Support Pension (DSP) if you cannot claim online and you:

- are 15 years and 9 months or older and under Age Pension age, and
- are permanently blind, or
- have a disability and/or a medical condition(s), and
- are not able to work 15 hours or more a week, or be retrained for any work within the next 2 years.

You must also meet other rules like residence, income and assets.

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

You can use the pre-claim guide to see if you may be able to get DSP, go to **servicesaustralia.gov.au/dsppreclaimguide**

Terminal illness

If you have a terminal illness with a life expectancy of less than 2 years, you can use this form instead:

- **Claim for Disability Support Pension for a terminal illness (SA494)** form.

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return this form and all required supporting documents.

You can do this:

- online (excluding identity documents) using your Centrelink online account. For more information, go to **servicesaustralia.gov.au/centrelinkuploaddocs**
- by post to

  Services Australia, Disability Services
  PO Box 7806
  CANBERRA BC ACT 2610

- in person at one of our service centres.

Important note: You need to give us all the medical evidence and supporting documents we ask for. If you do not, we may not accept your claim or we may reject it.

Getting help to claim DSP

If you are not sure what to do, there is support to help you claim DSP.

We are here to help you

You or your nominee can visit a service centre or call us to help you complete your claim.

Go to **findus.servicesaustralia.gov.au** to find your closest service centre or call us on **132 717**.

Help from a disability advocate

An advocate may be able to help you to claim DSP. You can find advocacy services, in your area, by going to **disabilitygateway.gov.au** and searching for 'Disability Advocacy'.

You can also ask for disability advocacy help through the Disability Gateway Helpline by calling **1800 643 787**, Monday to Friday, 8am to 8pm.

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

You may want someone to help you deal with us.

Giving a person or an organisation permission to help you do your business with us does not stop you from contacting us. You can cancel the arrangement at any time, online or by calling **132 717**.

We have listed the options available below. This may help you choose one that best suits your needs:

- a person permitted to enquire can ask us questions to help you better understand your payments and services from us
- a correspondence nominee can ask questions, make changes and act on your behalf
- a payment nominee gets your payments from us.

If you choose to have a person or organisation help you, you can:

- choose just one of these options, or
- have a correspondence nominee and a payment nominee, or
- have the same person for both.

If you want to give a person or an organisation permission to help you do your business with us, you can do this online or complete 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/SS313**

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

For more information

Go to **servicesaustralia.gov.au/dsp** 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 for free.
To speak to us in your language, call **131 202**.

Hearing and speech assistance

If you have a hearing or speech loss, 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
- your own Auslan interpreter. They must be nationally accredited if calling by phone.

For more details about accessibility go to **servicesaustralia.gov.au/accessibility**

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

Family and domestic violence

To complete this form you may need to answer questions about your partner and/or living arrangements.

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**

Having a partner

We consider you to have a partner and be a member of a couple if you are either:

- married
- in a registered relationship. This is when your relationship is registered under a law of a state or territory.
- in a de facto relationship. This is when you and your partner are in a marriage like relationship but you are not married or in a registered relationship.

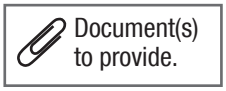
We may still consider you a member of a couple if you are not physically living with your partner. For example, your partner may fly-in fly-out or live away for work, like military or oil rig workers.

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

How to complete this form

You will need to provide the following:

- medical evidence for each condition that affects your ability to work.
- identity documents if you have not confirmed your identity with us. For a list of acceptable documents, go to **servicesaustralia.gov.au/identity**
- income and assets documents. If you are not currently getting an income support payment from us, you need to complete and return an **Income and assets (SA369)** form. If you ask an accountant or financial adviser to complete the form for you, you must still sign it.
- any additional documents or forms. You will know what these documents are when you answer a question that has a paperclip in a box.



Filling in this form:

There are steps in this claim form which you **must** complete and some you can **skip**.

Step 1 – your details	
This step is about your personal details.	You **must** complete this step.
Step 2 – your payment details	
This step is about how you want to be paid if you can get DSP.	You **must** complete this step.
Step 3 – your circumstances	
This step is about things that may affect your rate of payment such as: • your residence • your partner (if you have one) • your living arrangements • employment related income.	You can **skip** this step if: • you are already on a Centrelink income support payment. For more information, go to **servicesaustralia.gov.au** and search income support payment, and • there are no changes to your circumstances.
Step 4 – your independence	
This step is about independence. You need to do this step if you are younger than 21 years. If you can get DSP, it helps us decide how much.	You can **skip** this step if you are 21 years or older.
Step 5 – your checklist and declaration	
This step is: • a checklist of documents you may need to provide • a declaration you must complete.	You **must** complete this step.
Step 6 – your medical details	
This step is about: • your medical condition(s) • your treatment • your treating health professional(s).	You **must** complete this step.
Step 7 – consent to disclose medical information	
In this step, we ask for your consent to talk to your treating health professional(s) if we need to.	You **can** complete this step – it may help us assess your claim more quickly.

Medical evidence to support your claim for DSP

We need to know how your disability or medical condition affects you. This will help us work out if you can get DSP.

We need medical evidence from your treating doctors or other health professionals. In most cases, we need current evidence for each condition that affects your ability to work.

Give us all your medical evidence with your claim so we can assess it faster. It should support what you have put in the medical details section of this claim form.

If you do not give us evidence, we may not be able to assess your claim. If you are having problems getting evidence, call us on **132 717**. We can talk with you about your options.

For more information about what medical evidence you may need to provide, go to **servicesaustralia.gov.au/dspmedicalevidence**

Assessments

You may need to attend one or more assessments as part of your claim for DSP.

Job Capacity Assessment

This may be done in person, by phone or video conference. We will tell you if you need to attend.

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

Disability Medical Assessment

Not everyone who claims needs to attend. We will tell you if you need to attend.

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

Program of support

A Program of Support is a government funded program that helps people to prepare for, find and keep a job.

To get DSP you may need to have participated in a Program of Support within the last 3 years.

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

While we assess your claim

If you are getting JobSeeker Payment or another payment with participation requirements, you will be exempt from looking for work while we assess your claim for DSP.

If you claim DSP, you may be able to get another payment while we assess your claim, such as:

- Jobseeker Payment
- Youth Allowance for job seekers.

If you would like to claim one of these payments, you can go online or call us.

If you are claiming DSP online, you can claim JobSeeker Payment as part of your online claim.

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

Other payments or services

Mobility Allowance

A payment to help with travel costs for work, study or looking for work if you have a disability, illness or injury that means you cannot use public transport.

You cannot be paid Mobility Allowance if you are receiving a funded package of support under the National Disability Insurance Scheme (NDIS).

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

Carer Payment/Carer Allowance

If your disabilities, illnesses or injuries make it hard for you to care for yourself and you have someone caring for you, they may be eligible for Carer Payment and/or Carer Allowance.

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

Essential Medical Equipment Payment

A yearly payment to help with energy costs to run essential medical equipment or heating or cooling used for medical needs.

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

Pensioner Education Supplement

A payment to help with your study costs if you are studying an approved course and getting a payment such as DSP.

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

Continence Aids Payment Scheme

A yearly non-taxable payment to cover some of the cost of products that help you manage incontinence.

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

Finding other help

For more information about how to access support services for everyday life when you live with disability, go to **servicesaustralia.gov.au** and search finding other help when you are living with disability.

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Clear

Step 1 – your details

You must complete this step, it is about your personal details. It helps us confirm information, such as

- your name and contact details
- if you want someone to act on your behalf
- if you have, or can, claim compensation, insurance or damages.

Filling in this form

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

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

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.

Your personal details

1 Your Customer Reference Number (if known)

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)

4 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.

5 Your gender

Male ☐

Female ☐

Non-binary ☐

6 Your permanent address

Postcode

7 Your postal address (if different to above)

Postcode

CLK0SA466 2511

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

Providing a mobile phone number or an email address means you may get 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

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

No ▶ *Go to next question*

Yes ▶

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 do not have this form, go to **servicesaustralia.gov.au/SS313**

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

10 Before you needed to make this claim, were you working as a wage or salary earner?

No ▶ ***Go to 16***

Yes ▶ *Go to next question*

11 Was your work supported by any of the following?

Supported Wage System

Australian Disability Enterprises provider

Inclusive Employment Australia provider

None of the above

For more information about these services, go to **servicesaustralia.gov.au/dsphelptowork**

12 Are you still working for this employer?

No ▶ ***Go to 16***

Yes ▶ How many hours are you working now?

hours per week

13 Is this a gradual return to work?

No

Yes

14 Are you planning on working less hours due to your disability or medical condition(s)?

No

Yes

15 Are you at risk of losing your job because of your disability or medical condition(s)?

No

Yes

16 Before you needed to make this claim, were you:

- self employed
- working as a sub contractor
- a primary producer (for example, a farmer, a market gardener)?

No ▶ ***Go to 18***

Yes ▶ *Go to next question*

17 Are you still doing this work?

No ▶ *Go to next question*

Yes ▶ How many hours are you working now?

hours per week

18 Are you a full-time Australian Apprentice?

No ▶ *Go to next question*

Yes ▶ Give details below

Type of employment:

Australian Apprenticeship

Traineeship

Start date of your apprenticeship or traineeship

(DD MM YYYY)

Expected end date of your apprenticeship or traineeship

(DD MM YYYY)

19 Are you still attending secondary school?

No ▶ When did you leave?

(DD MM YYYY)

▶ *Go to next question*

Yes ▶ Give details below

Name of Institution/Campus (for example, Melba high school)

20 Are you doing other study (for example, TAFE college or university)?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Give details below

Name of Institution/Campus (for example, Melbourne University)

Name of course (for example, Bachelor of Arts)

Date study started

(DD MM YYYY)

How many hours are you studying now?

hours per week

Is this full-time study?

No ☐

Yes ☐

21 Before you needed to make this claim, were you doing something other than paid employment or studying?

For example:

- voluntary work
- unemployed
- in receipt of another payment
- financially dependent on someone else
- undertaking home duties
- caring for someone else
- parenting
- recovering from an illness or operation
- undergoing rehabilitation.

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Give details below

22 Have you been **charged with an offence** and are:

- in prison pending trial or sentencing, or under sentence for conviction of an offence, or
- undergoing psychiatric confinement?

No ☐ ▶ ***Go to 25***

Yes ☐ ▶ You may not be eligible for DSP.
Before completing this claim call us on **132 717**.
▶ *Go to next question*

23 What is the name of the institution where you are detained?

24 What is your expected release date (if known)?

(DD MM YYYY)

25 Are you claiming DSP because you are permanently blind?

No ☐ ▶ ***Go to 30***

Yes ☐ ▶ *Go to next question*

26 Are you (and/or your partner) claiming Rent Assistance?

No ☐ ▶ *Go to next question*

Yes ☐

You need to complete and return an **Income and assets (SA369)** form.
If you do not have this form, go to **servicesaustralia.gov.au/forms**
▶ ***Go to* Step 2 – your payment details** on page 11

27 Are you (and/or your partner) getting a New Zealand government payment?

No ☐ ▶ *Go to next question*

Yes ☐

Provide a letter or other document that gives the reference number and details of the payment.
▶ *Go to next question*

28 Are you (and/or your partner) getting a payment from the Department of Veterans' Affairs?

No ☐ ▶ *Go to next question*

Yes ☐

Provide a letter or other document that gives the reference number and details of each payment.
▶ *Go to next question*

29 Do you (and/or your partner) get Self-Employment Assistance?

No ☐ ▶ *Go to next question*

Yes ☐

Provide a letter or other document that gives the reference number and details of each payment.
▶ *Go to next question*

Compensation, insurance and damages

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

Compensation, insurance and damages include:
- workers' compensation
- motor vehicle third party scheme
- criminal injuries/victims compensation
- sporting injury
- public liability
- medical negligence
- personal accident and sickness insurance
- income replacement insurance.

Did you (or your partner) ever:
- get
- claim, or
- been able to claim

compensation, insurance and/or damages?

No ☐ ▶ ***Go to 32***

Yes ☐ ▶ *Go to next question*

31 Have you (or your partner) told us about this before?

No ☐ ▶

You 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**

▶ *Go to next question*

Yes ☐ ▶ *Go to next question*

32 Do you (and/or your partner) get 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.

▶ *Go to next question*

Step 2 – your payment details

You must complete this step, it is about how you want to be paid if you can get DSP.

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

The Pension Supplement helps you to meet the costs of your daily household and living expenses.

It is automatically paid each fortnight with your regular pension. You can choose to get part of the Pension Supplement on a quarterly basis.

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

How often do you wish to get the minimum Pension Supplement amount?

Fortnightly ☐

Quarterly ☐

34 Where do you want your payment made?

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

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

35 Are you (and/or your partner) currently getting any of the following payments?

- ABSTUDY
- Age Pension
- Austudy
- Carer Payment
- Disability Support Pension
- JobSeeker Payment
- Parenting Payment
- Special Benefit
- Youth Allowance.

No ☐ ▶

You (and your partner) need to complete and return an **Income and assets (SA369)** form.

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

▶ ***Go to*** **Step 3 – your circumstances** on page 12

Yes ☐ ▶ *Go to next question*

36 Are there any changes to your (and/or your partner's) circumstances below that you have not already told us about?

Circumstances:

- your preferred language
- if you are of Aboriginal or Torres Strait Islander Australian descent
- your accommodation
- your living arrangements
- your partner (if applicable)
- your Australian residence
- your home
- employment related income
- tax file number(s).

No ☐ ▶ *Go to next question*

Yes ☐ ▶ ***Go to*** **Step 3 – your circumstances** on page 12

37 Are you younger than 21 years?

No ☐ ▶ ***Go to*** **Step 5 – your checklist and declaration** on page 27

Yes ☐ ▶ ***Go to*** **Step 4 – your independence** on page 25

Step 3 – your circumstances

This step is about your circumstances, such as:
- your Australian residence
- your partner (if you have one)
- your living arrangements
- employment related income.

It helps us understand the things that may affect your rate of payment, if you are eligible.

You can skip this step if:
- you are already on a Centrelink income support payment, and
- there are no changes to your circumstances.

About you

38 Do you need an interpreter?

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

No ☐ ▶ ***Go to 41***

Yes ☐ ▶ *Go to next question*

39 What is your preferred spoken language?

40 What is your preferred written language?

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

This question is voluntary and will not affect your payment. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

Are you of Aboriginal or Torres Strait Islander Australian descent?

If you are of both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

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

This question is voluntary and will not affect your payment. If you do answer, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

Are you of Australian South Sea Islander descent?

No ☐

Yes ☐

Your residence details

43 What country are you currently living in?

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

Australia ☐ ▶ *Go to next question*

Other ☐ ▶ Give country below

44 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

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

No ☐

You need to provide proof of your Australian residence status (for example, citizenship papers, passport or other documentation).

▶ *Go to next question*

Yes ☐ ▶ ***Go to 53***

46 What is your country of birth?

47 What is your country of citizenship?

Australia ☐ ▶ Date citizenship granted (DD MM YYYY)

▶ ***Go to 48***

Other ☐ ▶ Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

48 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 50***

Not sure ☐ ▶ ***Go to 50***

49 Your visa details on arrival

Visa subclass

Date visa granted (DD MM YYYY)

50 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)

51 Did you start living in Australia before 1965?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Give details below

Name of the ship or airline on which you arrived

Name of the place where you first arrived/disembarked

What was your name when you first arrived in Australia?

52 Did someone provide you with an assurance of support for your migration to Australia?

If you want more information on assurance of support, go to **servicesaustralia.gov.au/assurance**

No ☐

Not sure ☐

Yes ☐

53 **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 made your home or spent a long period of time – it does not include places you visited for a holiday.

Have you **ever** lived outside Australia for any period?

No ☐ ▶ *Go to next question*

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

Include when you started living in **Australia**.

Do not include short trips or holidays.

1 Country

Date from (DD MM YYYY)

2 Country

Date from (DD MM YYYY)

3 Country

Date from (DD MM YYYY)

4 Country

Date from (DD MM YYYY)

5 Country

Date from (DD MM YYYY)

6 Country

Date from (DD MM YYYY)

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

Your partner

54 Do you have a partner?

No ☐ ▶ ***Go to 77***

Yes ☐ ▶ *Go to next question*

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

For more information about relationship status, read '**Having a partner**' on page 2.

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. If you need to call us to update your Medicare and/or Child Support record, go to **servicesaustralia.gov.au/phoneus**

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

▶ *Go to next question*

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 next question*

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 next question*

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

57 Your partner's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

58 Your partner's date of birth (DD MM YYYY)

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

You can change this authority at any time.

No ☐

Yes ☐

60 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.

61 Your partner's gender

Male ☐

Female ☐

Non-binary ☐

62 Do you live in the same home as your partner?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ ***Go to 67***

63 Your partner's permanent address

Postcode

64 Your partner's postal address (if different to above)

Postcode

65 Why are you not living with your partner?

Partner's illness ☐
Your illness ☐
Partner in prison ☐
Partner's employment ☐
Other ☐ Give details below

66 Period not living with your partner (DD MM YYYY)

From
To
OR indefinite ☐

67 In the last 14 days did your partner get any of the following payments?

- ABSTUDY
- Age Pension
- Austudy
- Carer Payment
- Disability Support Pension
- JobSeeker Payment
- Parenting Payment
- Special Benefit
- Youth Allowance.

No ☐ *Go to next question*
Yes ☐ ***Go to 81***

68 What country is your partner currently living in?

This is the country where your partner normally lives on a long term basis.

Australia ☐ *Go to next question*
Other ☐ Give country below

69 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

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

No ☐
You will need to provide proof of your partner's Australian residence status (for example, citizenship papers, passport or other documentation).
Go to next question

Yes ☐ ***Go to 76***

71 What is your partner's country of birth?

72 What is your partner's country of citizenship?

Australia ☐ Date citizenship granted (DD MM YYYY)
Go to 74

Other ☐ Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

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

No ☐ ***Go to 81***
Yes ☐ *Go to next question*

74 What type of visa did your partner arrive on?

Permanent ☐ *Go to next question*
Temporary ☐ *Go to next question*
New Zealand passport (Special Category visa) ☐ ***Go to 76***
Not sure ☐ ***Go to 76***

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

Visa subclass
Date visa granted (DD MM YYYY)

76 **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 made their home or spent a long period of time – it does not include places they visited for a holiday.

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

No ☐ ▶ ***Go to 81***

Yes ☐ ▶ List **all** countries your partner has lived in since birth and the date they 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)

4 Country

Date from (DD MM YYYY)

5 Country

Date from (DD MM YYYY)

6 Country

Date from (DD MM YYYY)

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

▶ ***Go to 81***

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

For more information about relationship status, read '**Having a partner**' on page 2.

This will update your Centrelink record only. If you need to call us to update your Medicare and/or Child Support record, go to **servicesaustralia.gov.au/phoneus**

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

▶ ***Go to 79***

Divorced ☐ ▶ Date of divorce (DD MM YYYY)

▶ ***Go to 79***

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

▶ ***Go to 78***

Never married or lived with a partner ☐ ▶ ***Go to 81***

78 Give details about your deceased partner

Full name

Date of birth (DD MM YYYY)

▶ ***Go to 81***

79 Your ex-partner's family name

First given name

Second given name

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

Postcode

▶ *Go to next question*

Your living arrangements

81 Do you share your accommodation with anyone other than an immediate member of your family?

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 83***

Yes ☐ ▶ *Go to next question*

82 **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 ☐

Person 1

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**

▶ ***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**

▶ ***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 83***

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 ☐

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**

▶ ***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**

▶ ***Go to G***

Person 2

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*

About your home

83 Do you (and/or your partner) own a home that you do not live in?

No ☐ ▶ ***Go to 85***

Yes ☐ ▶ *Go to next question*

84 What is the reason you (and/or your partner) do not live in the home?

You or your children are studying ☐

Getting medical treatment ☐

Getting care from a person in a private home ☐

Getting care in a nursing home ☐

Providing care to a person in a private home ☐

Overseas absence ☐

Other ☐ ▶ Give details below

85 Have you (and/or your partner) sold your former home within the last 24 months and intend to buy or build a new family home?

No ☐ ▶ ***Go to 86***

Yes ☐ ▶ Give details below

What was the date of settlement?

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

What was the amount you got after any mortgage and costs were taken out of the sale price?

$

Provide documents to verify the details of the sale (for example, settlement statement). Copies are acceptable.

What is the total amount you (and/or your partner) intend to use to buy or build your new family home (cannot exceed the amount of the sale proceeds)?

$

If you are a member of a couple, what share of the intended amount do you and your partner each have invested?

You	**Your partner**
$	$

Expected date of purchase or completion of your new family home

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

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

You are single, 18 to 20 years old and living in the principal home of a parent ☐ ▶ ***Go to 116***

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 108***

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 87***

In a home owned by:
- a company in which you (and/or your partner) are a shareholder or director, or
- 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 116***

In public housing, for example, housing owned by the Housing Authority. This does not include paying rent to a Community Housing organisation. ☐ ▶ ***Go to 88***

In a boarding house, guest house, hostel, hotel, campus, refuge, emergency or supported accommodation or similar ☐ ▶ ***Go to 109***

In a hospital or home for people with disabilities ☐ ▶ ***Go to 109***

In an aged care home or nursing home ☐ ▶ ***Go to 91***

In a retirement village ☐ ▶ ***Go to 98***

In accommodation which you (and/or your partner) have the right to use for life ☐ ▶ ***Go to 102***

In accommodation where you pay no rent ☐ ▶ ***Go to 116***

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

▶ ***Go to 108***

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

No ☐ ▶ ***Go to 116***

Yes ☐ ▶ ***Go to 108***

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

No ☐ ▶ *Go to next question*

Yes ☐ ▶ ***Go to 116***

89 Is the primary tenant paying the market rate of rent?

No ☐ ▶ *Go to next question*

Not sure ☐ ▶ *Go to next question*

Yes ☐ ▶ ***Go to 108***

90 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 116***

Yes ☐ ▶ ***Go to 108***

Aged care home or nursing home

91 What is the name of the aged care home or nursing home?

92 What date did you (and/or your partner) move in?

You

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

Your partner

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

93 How long will you (and/or your partner) be staying?

Long term or indefinitely

You ☐ **Your partner** ☐ ▶ ***Go to 95***

Short term or temporary respite care

You ☐ **Your partner** ☐ ▶ *Go to next question*

94 What date do you (and/or your partner) expect to leave?

You

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

Your partner

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

▶ ***Go to 116***

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

Payments for accommodation may include:

- Accommodation Bond
- Accommodation Charge
- Refundable Accommodation Deposit (RAD)
- Daily Accommodation Payment (DAP)
- Daily Accommodation Contribution (DAC)
- Refundable Accommodation Contribution (RAC).

Did you (and/or your partner) pay, or agree to pay, a daily payment or a lump sum (either by instalments or in full) for your accommodation to the Aged Care Provider?

This payment may have been a donation, a loan or some type of payment which may be repayable to you in whole or in part, if you leave. This payment does not include gifts or loans above the amount you had to pay for the right to your accommodation.

No ☐ ▶ ***Go to 116***

Yes ☐ ▶ Amount of payment

$

Provide a copy of the signed accommodation agreement(s).

96 Did you (and/or your partner) make a gift and/or loan in addition for the right to your accommodation?

No ☐ ▶ ***Go to 116***

Yes ☐ ▶ *Go to next question*

97 What was the additional amount paid as a gift and/or loan?

Amount of gift

$

Amount of loan

$

▶ ***Go to 116***

Retirement village

98 What date did you (and/or your partner) move into the retirement village?

You

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

Your partner

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

99 Did you (and/or your partner) pay an entry contribution?

Your entry contribution may have been a donation, a loan or some type of payment that may be repayable to you in whole or in part, if you leave. An entry contribution does not include gifts or loans above the amount you had to pay for the right to your accommodation.

No ☐ *Go to next question*

Yes ☐ Amount of entry contribution

$

Provide a copy of the signed contract or agreement.

100 Did you (and/or your partner) make a gift and/or loan instead of or in addition to an entry contribution?

No ☐ ***Go to 108***

Yes ☐ *Go to next question*

101 What was the gift and/or loan amount paid?

Amount of gift

$

Amount of loan

$

Go to 108

Life interest

102 Did you (and/or your partner) pay any money or transfer any assets in return for this right to accommodation for life?

No ☐ *Go to next question*

Yes ☐ ***Go to 104***

103 Which option describes how you (and/or your partner) obtained a life interest in a home without any exchange of money or transfer of assets?

Inherited the life interest ☐ ***Go to 116***

A formal agreement documenting the life interest ☐ ***Go to 116***

An informal agreement, no rent paid ☐ ***Go to 116***

An informal agreement to live at a child's home and pay rent ☐ ***Go to 108***

Other ☐ Give details below

Go to 108

104 Who was transferred the money or assets in return for the right to accommodation for life?

Full name (of the person or organisation)

Address

Postcode

105 What was the amount paid?

$

106 What (if any) assets were transferred?

107 What was the market value of transferred assets?

$

Living with other people

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

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.

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 (not required if they own the home)

$ per

Continued

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 (not required if they own the home)

$ 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 (not required if they own the home)

$ per

4 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 (not required if they own the home)

$ per

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

Paying for accommodation

109 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 111***

Yes ☐ ▶ *Go to next question*

110 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 112***

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 112***

111 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

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

(DD MM YYYY)

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

Boarding house/hostel/private hotel, hospital or disability housing ☐ ▶ ***Go to 115***

Private house or townhouse/unit/flat ☐

Community housing ☐

Defence housing ☐ ▶ *Go to next question*

Caravan/cabin/mobile home ☐

Boat ☐

Other ☐ ▶ Give details below

▶ *Go to next question*

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

$ per

115 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.

Employment related income

116 In the last 12 months, have you (and/or your partner) stopped working for any employers (including self-employment)?

No ☐ *Go to next question*

Yes ☐ Give details below

Provide documents which confirm:
- that you (and/or your partner) stopped work (for example, **Employment Separation Certificate (SU001)** form or letter from the employer), or
- your (and/or your partner's) business has stopped trading.

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

1 Employer or business name

Australian Business Number (ABN)

Who works for this employer?

You ☐ Your partner ☐

2 Employer or business name

Australian Business Number (ABN)

Who works for this employer?

You ☐ Your partner ☐

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

117 In the last 12 months, did you (and/or your partner) get or expect to get, any leave entitlement payments from an employer?

Include:
- annual leave
- maternity leave
- long service leave or sick leave you got 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 ☐ Give details below

Provide documents which confirm each leave entitlement payment (for example, **Employment Separation Certificate (SU001)** form or letter from the employer).

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

1 Type of leave entitlement payment

Amount (before tax and other deductions)

$

Number of working days covered by the payment

Date paid or date payable (DD MM YYYY)

Leave entitlement for

You ☐ Your partner ☐

Employer's details

Name of business

Australian Business Number (ABN)

Phone number (including area code)

Continued

2 Type of leave entitlement payment

Amount (before tax and other deductions)

$

Number of working days covered by the payment

Date paid or date payable (DD MM YYYY)

Leave entitlement for

You ☐ Your partner ☐

Employer's details

Name of business

Australian Business Number (ABN)

Phone number (including area code)

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

118 Did you (and/or your partner) get a redundancy payment in the last 2 years?

No ☐ *Go to next question*

Yes ☐

Provide documents which confirm any redundancy payments (for example, **Employment Separation Certificate (SU001)** form or letter from the employer).

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

Tax file number(s)

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

You are not breaking the law if you do not give us your (and your partner's) tax file number(s) (TFN), but if you (and your partner) do not provide them to us, or authorise us to get them from the Australian Taxation Office, you may not be paid.

In giving us your (and your partner's) TFN in relation to this claim you authorise us to use your (and your partner's) TFN for other social security payments and services in future where necessary.

Have you (and your partner) given us your tax file number(s) before?

No ☐ *Go to next question*

Not sure ☐ *Go to next question*

Yes ☐ ***Go to 121***

120 Do you (and your partner) have a tax file number(s)?

You

No ☐ Go to **ato.gov.au**

Yes ☐ Your tax file number

Your partner

No ☐ Go to **ato.gov.au**

Yes ☐ Your partner's tax file number

121 Are you younger than 21 years?

No ☐ ***Go to*** **Step 5 – your checklist and declaration** on page 27

Yes ☐ ***Go to*** **Step 4 – your independence** on page 25

You must complete this step if you are younger than 21 years. It helps us decide your rate of payment if you are eligible.

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

You may get Telephone Allowance if you have a telephone connected in your home. You can also get it if the connection is in your partner's name.

You must be younger than 21 years with no dependent children to get Telephone Allowance.

Whose name is the home phone account in?

- My name ☐
- My partner's name ☐
- Another name ☐
- Not applicable ☐

Whose name is the mobile phone account in?

- My name ☐
- My partner's name ☐
- Another name ☐
- Not applicable ☐

If you (and/or your partner) have a home internet connection, what is the name of your Internet Service Provider (ISP)?
The ISP is the company that provides your internet access.

Whose name is the ISP account in?

- My name ☐
- My partner's name ☐
- Another name ☐
- Not applicable ☐

123 Tick all of the following circumstances which apply to you. If you tick more than one you only need to provide evidence for one.

You have worked on average 30 hours per week for 18 months in a 2 year period ☐

Provide proof of hours and periods worked, for example, payslips or letter from your employer.

You have earned 75% or more of Wage Level A of the National Training Wage Schedule: ☐

- since leaving secondary school, and
- within an 18 month period.

For more information, go to **guides.dss.gov.au** and search for National Training Wage Schedule.

Provide proof of income earned and periods worked, for example, payslips, letter from your employer or payment summaries.

Since leaving secondary school, you have worked at least 15 hours per week for 2 years ☐

Provide proof of employment, for example, payslips, letter from the employer.

You are, or have been, married or in a registered relationship ☐

Provide proof of marriage or relationship registration.

You currently have a dependent child in your care ☐

Provide proof of birth for this child, if you have not already done so.

You have previously had a dependent child in your care ☐

Provide proof of birth for this child, if you have not already done so.

You lived, or are living, as a member of a couple in a relationship that has lasted: ☐

- for at least 12 months, or
- for at least 6 months where the relationship ended due to exceptional circumstances, such as domestic violence or death of a partner

You are an orphan ☐

You may need to provide evidence.

You are a refugee living in Australia without your parent(s) ☐

Your parent(s) are not able to exercise their parental responsibilities because: ☐

- they are in a nursing home
- they are mentally incapacitated
- they cannot be located, or
- they are in prison

You are, or have been, in state care ☐

None of the above ☐

124 Do you live with your parent(s)?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ ***Go to*** **Step 5 – your checklist and declaration** on page 27

125 Are you younger than 18 years?

No ☐ ▶ ***Go to*** **Step 5 – your checklist and declaration** on page 27

Yes ☐ ▶ *Go to next question*

126 Do you live away from your parents' home because of a disability, illness or injury?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Give details below

▶ ***Go to*** **Step 5 – your checklist and declaration** on page 27

127 Is it unreasonable for you to live at home with your parent(s)?

No ☐ ▶ ***Go to*** **Step 5 – your checklist and declaration** on page 27

Yes ☐ ▶

You need to call us on **132 717** to make an appointment with a social worker.

▶ ***Go to*** **Step 5 – your checklist and declaration** on page 27

Step 5 – your checklist and declaration

You must complete this step. It helps you to identify the information to give us with your claim. It also includes your declaration.

Your checklist

128 Which of the following forms and/or documents are you (and/or your partner) providing with this form?
If you are not sure, check the question to see if you should provide the documents.

Original identity documents For a full list of acceptable documents, go to **servicesaustralia.gov.au/identity**	☐
Authorising a person or organisation to enquire or act on your behalf (SS313) form (if you answered Yes at **question 9**)	☐
Income and assets (SA369) form (if you answered Yes at **question 26**, if you answered No at **question 35**)	☐
Letter or document that gives the reference number and details of each New Zealand payment (if you answered Yes at **question 27**)	☐
Letter or document that gives the reference number and details of each Department of Veterans' Affairs payment (if you answered Yes at **question 28**)	☐
Letter or document(s) that gives the reference number and details of each Self-Employment Assistance payment (if you answered Yes at **question 29**)	☐
Compensation and damages (Mod C) form (if you answered No at **question 31**)	☐
A copy of the policy document and the latest statement for this policy (if you answered Yes at **question 32**)	☐
Proof of Australian residence status (if you answered No at **questions 45** or **70**)	☐
Relationship details – Separated under one roof (SS293) form (**Both you** and **your ex-partner** (for each **Person 1** and/or **Person 2**), if you answered Yes at **question 82 E** and No at **question 82 G** or **only you**, if you answered Yes at **question 82 E** and Yes at **question 82 G**)	☐
Relationship details (SS284) form (**Both you** and the **other person** (for each **Person 1** and/or **Person 2**), if you answered Yes at **question 82 F** and No at **question 82 G** or **only you**, if you answered Yes at **question 82 F** and Yes at **question 82 G**)	☐
Details of each additional person who shares your accommodation (if you answered Yes at **question 82 H**)	☐
A copy of documents to verify the details of the sale (if you answered Yes at **question 85**)	☐

Continued

A copy of the signed accommodation agreement(s) (if you answered Yes at **question 95**)	☐
A copy of the signed contract or agreement (if you answered Yes at **question 99**)	☐
Signed lease or tenancy agreement (if you answered Yes at **question 115**)	☐
Employment Separation Certificate (SU001) form or documents that confirm that you (and/or your partner) stopped work or your (and/or your partner's) business has stopped trading (if you answered Yes at **question 116**)	☐
Employment Separation Certificate (SU001) form or documents that confirm each leave entitlement payment (if you answered Yes at **question 117**)	☐
Employment Separation Certificate (SU001) form or documents that confirm each redundancy payment (if you answered Yes at **question 118**)	☐
Proof of employment (if required at **question 123**)	☐
Proof of marriage or relationship registration (if required at **question 123**)	☐
Dependent children proof of birth (if required at **question 123**)	☐

Privacy notice

129 **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**

Declaration

130 **I declare that:**

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

I understand that:

- I must notify Services Australia of any changes to this information **within 14 days** of the change(s) occurring
- Services Australia can make relevant enquiries to make sure I get the correct entitlement
- giving false or misleading information is a serious offence.

Your signature

On completion of this form, print and sign by hand

Date (DD MM YYYY)

Your partner's signature (if applicable)

On completion of this form, print and sign by hand

Date (DD MM YYYY)

Read the following when you are ready to return your completed claim.

When returning your completed claim:

- if you are **returning this form** in person at a service centre or by post
  - make sure you include this page.
- if you are **uploading this form** through your Centrelink online account, or Express Plus Centrelink mobile app
  - make sure you upload **pages 30 to 35** using the form code **MEDSA466**.

This will help us assess your claim more quickly.

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

Go to the next page to continue your claim.

Step 6 – your medical details

You must complete this step. This step is about:
- your disability or medical condition(s)
- your treatment
- your treating health professional(s)

We need these details to help assess your medical eligibility for DSP.

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

To get DSP your condition(s) must:
- be diagnosed by a qualified medical professional, and
- likely persist for more than 2 years, and
- stop you working in any job for at least 15 hours a week in the next 2 years.

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

List any conditions that affect your ability to work. Start with the one you think has the most impact.

132 When did your condition(s) begin to significantly affect your ability to work?

If you cannot provide an exact date, try to be as accurate as you can.

(DD MM YYYY)

133 Select **one** option that best describes your condition.

Are you claiming because you:

A Are permanently blind ☐

This means you have:
- visual acuity on the Snellen Scale after correction by suitable lenses of less than 6/60 in both eyes, or
- constriction to within 10 degrees of fixation in the better eye irrespective of corrected visual acuity, or
- a combination of visual defects resulting in the same degree of visual loss as that occurring in the above points.

You need to provide a **Request for Ophthalmologist/Optometrist Report (SA013)** form or equivalent information from your treating ophthalmologist. If you do not have this form, go to **servicesaustralia.gov.au**

▶ ***Go to 140***

B Need nursing home level care or palliative care ☐

This means you:
- are a long term patient of a hospital or nursing home, or
- are in your own home and need the same care as in a nursing home due to your disability or medical condition(s).

You need to provide medical evidence that confirms your symptoms and prognosis.

Evidence may include Occupational Therapy Reports or specialist reports, hospital discharge summaries.

▶ ***Go to 140***

C Have a terminal illness with a life expectancy of less than 2 years ☐

Your evidence needs to show:
- your life expectancy is 2 years or less due to your disability or medical condition, or
- the average life expectancy for someone with the same condition is less than 2 years.

▶ ***Go to 135***

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Continued

Are you claiming because you:

D Have an intellectual disability with an assessed IQ of less than 70 ☐

Your evidence needs to show:
- your treating health professional says you have an intellectual disability, and
- a psychologist has assessed your IQ as less than 70, or
- a psychologist has confirmed you are unable to undergo testing.

Go to 136

E Have category 4 HIV/AIDS ☐

You need to give us details from your treating doctor that shows your diagnosis, stage of treatment and prognosis.

Go to 135

F Get a Disability Compensation Payment at the Special Rate (TPI) from the Department of Veterans' Affairs (DVA) ☐

DVA reference number

You need to give us the Special Rate decision letter from the DVA.

If you do not have your letter, we may be able to confirm the details with the DVA for you.

Go to 143

G None of the above ☐

134 For some conditions, we need specialist medical evidence. Select the options that best describe your condition(s).

Tick all that apply

Are you claiming because of:

A An eye condition affecting your vision, but you are not permanently blind ☐

You need to give us evidence that an ophthalmologist or ophthalmic surgeon supports your treating doctor's diagnosis.

Your evidence could include information about your:
- ability to read print or road signs, or
- need to use visual aids.

Your evidence could be a **Request for Ophthalmologist/Optometrist Report (SA013)** form or equivalent.

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

B A mental health condition ☐

You need to give us evidence a psychiatrist diagnosed your condition, or evidence a registered psychologist supports your treating doctor's diagnosis.

This could include information about your ability to:
- live independently and interact with people, or
- plan, concentrate and make decisions.

C An ear condition affecting your hearing or balance ☐

You need to give us evidence an audiologist or an ear, nose and throat specialist supports your treating doctor's diagnosis.

Your evidence could include information about your:
- ability to hear sounds in different settings, or
- need to use assistive listening devices or sign language, or
- difficulty with balance.

D An intellectual disability with an assessed IQ of 70 or more ☐

You need to give us specific medical evidence for this condition. This will help us assess your intellectual disability.

Your evidence should include an assessment of intellectual function and adaptive behaviour by a psychologist.

E A disability or medical condition not listed above ☐

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

To get DSP, your condition(s) needs to be reasonably treated and stabilised. We consider the next 2 years from when you claim.

To assess if your condition is **reasonably treated** we look at medical evidence from your doctor or health professional to check:

- current treatment
- past treatment
- future treatment
- the suitability of the treatment
- the outcomes of the treatment
- if further treatment may help
- if there are medical or other reasons why you cannot get treatment.

To assess if your condition is **stabilised**, we look at your medical evidence to check, that even with reasonable treatment:

- the condition will not significantly improve
- you will not be able to work at least 15 hours per week in the next 2 years.

If the questions about treatment are not relevant for your condition(s), you can say in the space provided. For example, there is no treatment for your condition(s).

You need to provide medical evidence to support your statements about your treatment.

Provide details of **past treatment**
If you have not had any treatment, write "none".

Continued

Provide details of **current treatment**
If you are not getting any treatment, write "none".

Provide details of **future treatment** you are expecting
If you will not get any treatment in the future, write "none".

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

136 Have you been to a special school or Special Education Unit because of your condition(s)?

Even if this was many years ago this information can help us assess your claim.

No ☐ *Go to next question*

Yes ☐ Give details below

Name of school

Address

Postcode

137 What sort of work have you done in the last 12 months?

If you have not worked in the last 12 months, write 'none.'

1 Type of work

Did your condition(s) affect your ability to do this work?

No ☐

Yes ☐ Give details below

2 Type of work

Did your condition(s) affect your ability to do this work?

No ☐

Yes ☐ Give details below

138 Did you, or do you, get any of the following extra support in the workplace because of your condition(s)?

This is support that you have had or you are getting now, not what you think you should get.

Tick all that apply

Modification to your work environment	☐
Reduced hours of work	☐
Alternative duties	☐
Retraining	☐
On the job support	☐
No, I did not/do not get any extra support in my workplace	☐

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

A Program of Support is a Government funded program that helps people to prepare for, find and keep a job.

To get DSP you may need to have participated in a Program of Support within the last 3 years. This can include participating in a program with Inclusive Employment Australia, Parent Pathways, Remote Australia Employment Service, or Workforce Australia.

For more information about Program of Support, go to **servicesaustralia.gov.au/dspprogramofsupport**

In the last 3 years, have you done any programs to help you:

- find work
- stay in a job
- return to work
- manage an injury
- get vocational rehabilitation
- gain new skills, work experience or training?

No ☐ *Go to next question*

Yes ☐ Give details below

1 Name of provider

Dates you participated (DD MM YYYY)

From

To

2 Name of provider

Dates you participated (DD MM YYYY)

From

To

140 List the treating health professional(s) we can contact if we need to talk to them about your medical evidence and condition(s). It may help us make a quicker decision about your claim.

It is OK to list only one.

You still need to provide medical evidence.

1 Full name

Profession

Address

Postcode

Phone number (including area code)

2 Full name

Profession

Address

Postcode

Phone number (including area code)

3 Full name

Profession

Address

Postcode

Phone number (including area code)

If you have more than 3 professionals to list, provide a separate sheet with details.

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

We need current medical evidence, from your treating health professional(s), about the condition(s) that affect your ability to work.

The evidence should tell us:

- your diagnosed condition(s)
- when the medical condition(s) was diagnosed
- current symptoms of your condition(s)
- past, current and planned treatment
- how your condition(s) affect you day to day
- the name, qualification and contact details of your treating health professional(s).

If the information is more than 2 years old, check with your treating health professional, as it may not be current.

We do not get the evidence for you.

Statements from you or your nominee are not considered medical evidence.

We do not accept material that is abusive, offensive or contains illegal content.

You do not need to provide everything on the list below.

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

What medical evidence documents are you providing with your claim?

Tick all that apply

- Medical history records, such as a patient health summary signed by your GP ☐
- Report from a medical specialist, such as an ear, nose and throat specialist, psychiatrist or ophthalmologist ☐
- GP referral letter to medical specialist ☐
- Report from another treating health professional, such as a physiotherapist, psychologist, occupational therapist, audiologist or optometrist ☐
- Rehabilitation reports ☐
- Medical imaging report, such as MRI, X-ray, CT (films not required) ☐
- Hospital, outpatient or discharge report ☐
- Compensation medical report ☐
- Wait-list confirmation letter ☐
- Special School/Special Education Unit report ☐
- Other medical evidence – give details below ☐

142 Are you having difficulty giving us evidence?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ To help us understand, tell us why you are having difficulty with medical evidence.

Privacy notice

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Declaration

144 **I declare that:**

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

I understand that:

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- giving false or misleading information is a serious offence.

Your signature

On completion of this form, print and sign by hand

Date (DD MM YYYY)

Important information

Before returning your claim form and documents, **you can complete Step 7 – Consent to disclose medical information** – this may help us to assess your claim more quickly.

Clear

Read the following when you are ready to return your completed claim.

When returning your completed claim:

- if you are **returning this form** in person at a service centre or by post
  - make sure you include this page.
- if you are **uploading this form** through your Centrelink online account, or Express Plus Centrelink mobile app
  - make sure you upload the **next page** using the form code **SA472**.

This will help us assess your claim more quickly.

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

Go to the next page to continue your claim.

Clear

Australian Government
Services Australia

centrelink

Consent to disclose medical information (SA472)

Step 7 – consent to disclose medical information

Purpose of this form

This form is used to confirm that you consent to your treating health professionals and/or health providers disclosing relevant information about your disability or medical conditions to Services Australia, or assessors engaged by Centrelink.

This consent form does not replace the need for you to provide medical evidence for a medical review or when lodging a claim for Disability Support Pension (DSP). We need medical evidence from your treating health professionals to help us understand how your condition affects you and to correctly assess your medical review or claim. This is explained in the **Disability Support Pension Medical evidence checklist (SA473)** form and the **Claim for Disability Support Pension (SA466)** form available on our website.

If we, or assessors engaged by us, need more information to assess your eligibility for DSP, we may contact any treating health professionals and/or health providers who have examined, diagnosed or treated your disability or medical conditions relevant to your claim.

They may be asked to provide any medical information that will help us assess your claim. This may include:

- medical and specialist reports
- clinical notes
- medical records
- any other information or barriers that may affect your ability to work or attend employment services or assistance programs.

Your treating health professionals and/or health providers may ask for confirmation that you have consented for them to disclose your medical information to Centrelink or assessors engaged by us.

You can complete the Consent to disclose medical information statement on this form to provide your consent, and Centrelink will show this to your treating health professionals and/or health providers if requested.

You can withdraw your consent at any time by advising Centrelink. However, if your treating health professionals or health providers do not disclose relevant medical information when requested, Centrelink may not have enough information to assess your eligibility for DSP or employment services. This may result in your claim being rejected or your payment being stopped.

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**

Consent to disclose medical information

I (full name)

Date of birth (DD MM YYYY)

of (address)

Postcode

give consent for my treating health professionals and/or health providers to disclose any relevant information about my disability or medical conditions to Centrelink, or assessors engaged by Centrelink, if required to assess my eligibility for Disability Support Pension or employment services.

Your signature

On completion of this form, print and sign by hand

Date (DD MM YYYY)

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