

s 22 - Irrelevant material



Australian Government

Services Australia

Special Benefit 003-08000000

Currently published version valid from 13/11/2024 3:25 AM

Background

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This document outlines Special Benefit (SpB). SpB is help provided to eligible people who:

- are in financial hardship due to circumstances beyond their control, and
- unable to earn a sufficient livelihood for themselves and their dependants

Government intent

The rate of SpB paid is not a set amount and is paid at the discretion of the decision maker, taking account of the degree of support the customer needs.

Regardless of circumstances, the rate of payment cannot exceed the rate of JobSeeker Payment (JSP), Youth Allowance (YA) or Austudy the customer would receive if they were qualified for one of those payments and it was payable. Austudy is rarely applied.

Entitled to another payment

A customer is not entitled to SpB if they are entitled to another income support payment.

Newly arrived residents

Newly arrived residents must attempt to obtain support from all possible alternative sources before being granted SpB.

SpB for Australian Citizen or Australian Permanent resident child/ren (ACC) or Unreasonable to Live at home (USY) customers

Customers under 16 may be granted SpB for one of the following 2 reasons:

Australian Citizen or Australian Permanent resident child/ren

- Special Benefit (SpB) may be paid to a child:
 - who is an Australian Citizen Child (ACC) or an Australian permanent resident, and
 - whose custodial parent/s or guardian is precluded from receiving any social security payment due to the parent/s or guardian's residency status

Unsupported customer under 16 years (USY)

- SpB may be payable for people under 16 years of age whose parent, guardian or someone else who has taken on the long term role of a parent or guardian, can no longer provide support (unreasonable to live at home). See [Assisting a customer aged under 16](#)
- These customers must be [referred to a social worker](#) for assessment of their entitlement, and to conduct a thorough assessment of their support needs

Contents

[Eligibility and new claim procedures for Special Benefit \(SpB\).](#)

[Mutual obligation requirements for Special Benefit \(SpB\).](#)

[Processing Special Benefit \(SpB\) claims](#)

[Rates of payment for Special Benefit \(SpB\).](#)

[Special Benefit \(SpB\) customer going overseas](#)

[Special Benefit \(SpB\) reviews](#)

Related links

[Social worker involvement with Special Benefit \(SpB\).](#)

[Unsupported under 16 year olds to be immediately referred to a Services Australia social worker](#)

[Special Benefit \(SpB\) categories](#)

[Special Benefit \(SpB\) discretionary decisions](#)

[Special Benefit \(SpB\) income and assets tests](#)

[Commencing or returning to work Special Benefit \(SpB\).](#)

[Assisting a customer aged under 16](#)

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Australian Government Services Australia

Youth Disability Supplement (YDS) 008-03070030

Currently published version valid from 11/01/2025 3:24 AM

Background

s 22 - Irrelevant material

This document outlines YDS and who is eligible to receive this payment.

Customers eligible for YDS

YDS is an income supplement paid to young people with a disability recognising additional costs associated with having a physical, intellectual or psychiatric disability.

YDS is added to the basic payment rate for customers:

- under 21 years of age who receive Disability Support Pension (DSP) at the no dependent children rate
- under 22 years of age, assessed as having a partial capacity to work, and receiving one of the following payments:
 - ABSTUDY (students and Australian Apprentices receiving Living Allowance)
 - Youth Allowance (YA) including full-time students, Australian Apprentices or job seekers

Rate of payment

The rate of YDS is adjusted annually on 1 January in line with Consumer Price Index (CPI) increases.

The amount of:

- DSP payable to a customer under 21 years of age cannot be more than the amount payable to a customer aged 21 years or older
- Youth Allowance (YA) and ABSTUDY payable to a customer under 22 years of age cannot be more than the amount payable to a JobSeeker Payment (JSP) customer aged 22 years or older

For YA and ABSTUDY, this means YDS may not be payable, or may be payable at a reduced rate.

YDS is paid fortnightly.

YDS will not be paid during periods where the customer is in an [employment income nil rate period](#).

YDS is a non-taxable payment when paid with DSP.

Information about the rate of YDS is available on Services Australia website. See the [Resources](#) page for a link.

Partial capacity to work

Youth Allowance (YA) and ABSTUDY customers with a [partial capacity to work \(PCW\)](#) may be paid Youth Disability Supplement (YDS). This is determined by an Employment Services Assessment (ESAt) or Job

Capacity Assessment (JCA). Full-time students can be eligible for YDS and may require an ESAt to determine if they have a partial capacity to work.

The customer's partial capacity to work may be reviewed if they are working consistently above their assessed work capacity.

The [Resources](#) page contains a link to the online estimators and YDS pages on the Services Australia website.

Related links

[Job Capacity Assessment \(JCA\) referral](#)

[Request an Employment Services Assessment \(ESAt\)](#)

[Identifying people with a partial capacity to work](#)

[Youth Allowance \(YA\) student or Australian Apprentice becomes incapacitated or impacted by unforeseen or extreme circumstances](#)

Process

This document outlines YDS and who is eligible to receive this payment.

On this page:

[Checking YDS eligibility](#)

[Assessing YDS for YA and ABSTUDY customers](#)

[Change of circumstances for YA and ABSTUDY customers](#)

Checking YDS eligibility

Table 1

Step	Action
1	<p>Eligibility for Youth Disability Supplement (YDS) + Read more ...</p> <p>YDS is a supplementary payment, so no separate claim is required.</p> <p>Is the customer aged under 21 years for Disability Support Pension (DSP) or under 22 years for ABSTUDY or Youth Allowance (YA)?</p> <ul style="list-style-type: none"> • Yes: <ul style="list-style-type: none"> ○ Receiving DSP, YDS is automatically added to the basic payment rate. Check the s 47E(d) screen for the rate that is payable. The rate of DSP plus YDS cannot be more than the DSP rate for a customer aged 21 or older. The basic rate component is adjusted rather than the rate of YDS (YA and ABSTUDY the YDS is adjusted). Procedure ends here ○ Receiving ABSTUDY or YA, go to Step 2 • No, the customer is not eligible for Youth Disability Supplement (YDS). Procedure ends here
2	<p>Current and valid assessment of work capacity + Read more ...</p>

	<p>To check the status of any completed JCA or ESAt reports in Process Direct: s 47E(d)</p> <p>An assessment is current and valid if it was conducted within the previous 2 years and there have been no significant change to the customer's medical condition or work capacity.</p> <p>Is there a current and valid assessment of the customer's work capacity indicating partial capacity to work?</p> <ul style="list-style-type: none"> • Yes, eligibility for YDS has already been determined based on the ESAt. Check the s 47E(d) screen for the assessment results: <ul style="list-style-type: none"> ○ If 'baseline work capacity' and 'work capacity with intervention' are less than 30 hours per week, the customer has a partial capacity to work (PCW) and is eligible for YDS. PCW status is also displayed on the s 47E(d) screen in Customer First. See Table 2 • No, go to Step 3
3	<p>YA or ABSTUDY customers + Read more ...</p> <p>Is the customer receiving YA or ABSTUDY at the same rate or higher as that of a JobSeeker Payment (JSP) customer aged 22 years and older?</p> <p>Note: there are various JSP rates that may apply based on the customer's circumstances, see Rates and Threshold index.</p> <ul style="list-style-type: none"> • Yes, YDS is not payable as payment rate cannot be more than the rate of a JSP customer aged 22 and older. Advise the customer if their rate decreases due to a change of circumstances (for example, customer is no longer partnered), they can test their eligibility for YDS. Record details on a DOC <ul style="list-style-type: none"> ○ YA job seekers with a medical condition which may result in a partial capacity to work (PCW) should still be assessed for this as they may still be able to access concessional and supplementary benefits. See Identifying people with a partial capacity to work ○ YA students with an incapacity may be qualified for YA (job seeker) with study as an approved activity if assessed as having a partial capacity to work (PCW). Procedure ends here • No, go to Step 4
4	<p>Partial capacity to work + Read more ...</p> <p>Does the customer have a disability or medical condition that may cause a partial capacity to work?</p> <ul style="list-style-type: none"> • Yes, an ESAt is required to determine if they have a partial capacity to work (PCW) and eligibility for YDS <ul style="list-style-type: none"> ○ Advise the customer to provide medical evidence (for example, Verification of Medical Conditions (SU684) for the ESAt

	<ul style="list-style-type: none"> When medical evidence is provided, request an ESAt. Note: full-time students and Australian Apprentices must be registered as Job Seeker Registration Only (JSRO) job seekers to allow the ESAt request. Go to Step 5 No, the customer is not eligible for YDS. Go to Step 6
5	<p>ESAt report submitted + Read more ...</p> <p>Has the ESAt report been submitted?</p> <ul style="list-style-type: none"> Yes, and: <ul style="list-style-type: none"> If the ESAt indicates 'baseline and with intervention work capacity' are less than 30 hours per week (that is, recorded as 0-7, 8-14, 15-22 or 22-29), once the ESAt report is accepted, the customer is eligible for YDS. See Step 1 in Table 2 If the ESAt indicates either 'baseline work capacity' or 'work capacity with intervention' is 30 hours or more per week, YDS is not payable. Go to Step 6 No, go to Step 7
6	<p>Rejection of YDS + Read more ...</p> <p>A rejection/cessation advice is to be issued including the following text:</p> <p>s 47E(d)</p> <p>Procedure ends here.</p>
7	<p>Pending eligibility of YDS + Read more ...</p> <p>If YA or ABSTUDY is granted when the ESAt assessment is still outstanding, the customer is to be advised Services Australia is still awaiting results of the ESAt to determine eligibility for YDS.</p> <p>A manual letter is to be issued with the following text:</p> <p>s 47E(d)</p>

Assessing YDS for YA and ABSTUDY customers

Table 2

Step	Action
1	<p>Rate of YDS + Read more ...</p> <p>YDS is paid automatically as part of the YA or ABSTUDY rate if a customer has a partial capacity to work (PCW).</p> <p>If the PCW was assessed based on an ESAt, YDS is paid from the date the ESAt report is accepted.</p> <p>The YA and ABSTUDY plus YDS rate cannot be more than the rate of a JobSeeker Payment (JSP) customer aged 22 and older. This means YDS may not be payable or may be payable at a reduced rate, that is, the rates payable to the following customers are limited to the equivalent JSP rates:</p> <ul style="list-style-type: none"> single customers living away from home

	<ul style="list-style-type: none"> • single customers with children • single customers with a PCW of 0-14 hours • partnered customers <p>Go to Step 2.</p>
2	<p>Issue advice and check if customer is working + Read more ...</p> <p>Issue a manual grant advice with the following text:</p> <p>s 47E(d)</p> <p>s 47E(d)</p> <p>The customer's partial capacity to work (PCW) may be reviewed if they are working consistently above their assessed work capacity.</p> <p>Procedure ends here.</p>

Change of circumstances for YA and ABSTUDY customers

Table 3

Step	Action
1	<p>Customer advises a change of circumstances + Read more ...</p> <p>If a customer receiving Youth Disability Supplement (YDS) advises a change in their circumstances which means they may no longer be eligible for payment (for example, impacts of their condition have significantly resolved following successful treatment), advise the customer:</p> <p>'A new assessment will be required if your circumstances have changed since the last Employment Services Assessment (ESAt)/Job Capacity Assessment (JCA) was completed, or if that assessment does not reflect your current circumstances.'</p> <p>Request an ESAt. Note: full-time students and Australian Apprentices must be registered as Job Seeker Registration Only (JSRO) job seekers to allow the ESAt request. Procedure ends here.</p> <p>When a new ESAt report is submitted, go to Step 2.</p>
2	<p>ESAt report is submitted + Read more ...</p> <p>If the ESAt indicates:</p> <ul style="list-style-type: none"> • 'baseline and with intervention work capacity' are less than 30 hours per week the customer remains eligible for YDS. Procedure ends here • either 'baseline work capacity' or 'work capacity with intervention' is 30 hours or more per week, YDS is no longer payable. Go to Step 3
3	<p>Cessation of YDS + Read more ...</p> <p>An advice is to be issued including the following text:</p>

	<p>s 47E(d)</p> <p>Procedure ends here.</p>
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References

Policy

[Social Security Guide, 1.2.7.140, Youth Disability Supplement \(YDS\) - Description](#)

[Social Security Guide, 5.1.1.20, YA - Current Rates](#)

Links to the ABSTUDY Policy Manual go to pdf and docx documents. Select the document and go to the reference(s) below.

[ABSTUDY Policy Manual, Qualification for Youth Disability Supplement](#)

Legislation

Links to the Federal Register of Legislation site go to a 'Series' page. Select the 'Latest' version.

[Social Security Act 1991](#)

- section 1066A-C1, Youth disability supplement
- section 1067G-A1, Method of calculating rate
- section 16B, Partial capacity to work

Resources

Services Australia website links

[Online estimators](#)

[Youth Disability Supplement](#)

Training & Support

Add the course number to the s 47E(d) field in the s 47E(d) in ESSentials:

- s 47E(d) - DSP - Assessing independence

s 22 - Irrelevant material



Australian Government Services Australia

Program of Support (POS) requirements for Disability Support Pension (DSP) 008-03090010

Currently published version valid from 1/01/2025 4:01 PM

Background

s 22 - Irrelevant material

This document is about the POS requirements for DSP claimants from 3 September 2011.

Program of Support (POS)

A POS provides vocational, rehabilitation or employment services. It aims to help people with disability improve their capacity to:

- prepare for
- find, or
- maintain work (including self-employment)

The agency supports customers to participate. The agency also assesses POS requirements if required for DSP claims. Service Officers must be aware of POS requirements so they can give correct advice to customers, including those who may claim DSP in the future.

A POS is delivered by designated providers. It is specifically tailored for a participant's level of impairment, individual needs and barriers to employment. A POS must include at least one of the following:

- job search
- job preparation
- education and training
- work experiences
- employment
- return to work
- vocational or occupational rehabilitation
- injury management
- an activity designed to assist the participant to prepare for, find, or maintain work

A POS includes work related programs delivered by employment services providers for customers:

- with mutual obligation or participation requirements, such as Workforce Australia - Transition to Work
- who volunteer to participate. This can assist customers where they are not eligible for income support payments like JobSeeker Payment or Youth Allowance

For more details about participation in Workforce Australia Online Base Service without provider support, see the FAQ section in the [Resources](#) page.

The [References](#) page provides a link to the Instrument 'Requirements and Guidelines - Active participation for Disability Support Pension - Determination 2014'.

Customers required to actively participate in a POS

DSP claimants

To be eligible for DSP claimants must meet a number of requirements. As well as meeting all other eligibility requirements, customers who lodge a DSP claim on or after 3 September 2011 **must** have actively participated in a POS during the relevant period if:

- they are not manifestly medically eligible
- their conditions attract a rating of at least 20 points under the Impairment Tables, and
- they do not have a severe impairment (20 points or more under a single Impairment Table)

Designated providers of a POS

Where the customer started a POS on or after **5 January 2015**, the provider must be partly or wholly funded by the Commonwealth. Designated providers include, but are not limited to:

- Workforce Australia
- Disability Employment Services (DES)
- the Community Development Program (CDP) (previously Remote Jobs and Communities Programme)
- supported employment services, also known as Australian Disability Enterprises (ADE)
- ParentsNext (ceased 31 October 2024 - can only be used as POS up to 1 November 2027)
- [Parent Pathways](#)
- Transition to Work (TtW)
- Self-Employment Assistance program (Small Business Coaching element only)

Customers who have a recommended referral to DES, but who are not eligible for DES, may participate with Workforce Australia to meet their POS requirements.

If a program is not delivered by a designated provider, more information about the program and the provider must be obtained to find out if it can be counted as a POS.

Where the customer started a POS before **5 January 2015**, a program not funded by the Commonwealth may be taken into account, as long as the customer participated within the relevant period for the DSP claim.

Evidence to show active participation in a POS

Customers claiming DSP may need to prove they have actively participated in a POS and complied with the requirements of the program. This usually occurs as part of a Job Capacity Assessment (JCA) when an impairment rating is assigned.

The coronavirus (COVID-19) pandemic may have affected a customer's participation in a POS. They may not be able to provide evidence of their active participation. These special circumstances must be taken into account for all DSP claims where the customer must meet the POS requirement.

There is no change to relevant legislation or policy for customers where the POS is affected by the COVID-19 pandemic. Customers subject to POS requirements must still start a program and show they have actively participated in the relevant period. However, staff must take additional care when assessing POS requirements for customers claiming DSP, where participation in a POS may have been affected by COVID-19.

Meeting POS requirements

If a customer has not started a POS in the 3 years before claiming DSP, they cannot meet the POS requirement if required. If a customer starts a POS, their active participation must be assessed if required.

If required a customer claiming DSP must actively participate in a POS in the 3 years before lodging the DSP claim and meet one of the following:

- actively participated in a program for at least 18 months (78 weeks)
- completed a program of a duration less than 18 months (for example, a voluntary programme of 6 months duration only)
- started a program but did not complete it and are unable, solely because of their impairment, to improve their capacity to prepare for, find or maintain work through continued participation in the program

To meet active participation in a POS for a period, customers must:

- be connected to a designated provider, and
- be placed/commenced in the program delivered by that provider

Any relevant period of active participation in a POS can be considered, including where the customer:

- was required to participate in work related programmes to meet mutual obligation or participation requirements
- volunteered to continue their active participation when they were temporarily exempt from mutual obligation or participation requirements, or
- had reduced mutual obligation or participation requirements

Customers who are not getting an activity-tested payment may meet POS by participating on a voluntary basis, with a designated provider.

For more information about participation in Workforce Australia Online Base Service without provider support, see the FAQ section in the [Resources](#) page.

When a DSP claimant is referred for a JCA, the assessor:

- considers if the customer has actively participated in a POS during the relevant period
- makes a recommendation to the delegate about if the customer does, or does not, satisfy POS requirements

Active participation in a POS is assessed regardless of any type of income support payment the customer may have previously claimed or received during the relevant period, or whether they had mutual obligation or participation requirements.

Social Security Law requires eligibility for DSP to be established within 13 weeks of the date of claim. This includes the need, where required, for a customer to have actively participated in a POS before making a claim for DSP.

Where a customer's DSP claim is rejected, or they appeal a DSP rejection decision and are then deemed as needing to meet POS, they must still satisfy the requirement to have actively participated before the date of claim. If the customer has not started a POS **before** the date of claim, they should be referred to an appropriate provider to start a POS. The customer can reclaim DSP at any time. If they need to meet POS requirements for that claim, evidence of their further participation is considered, including the last 3 years they have:

- participated for 18 months or completed a program, or
- started a program, and evidence shows they are, solely because of their impairment, unable to improve their capacity to prepare for, find or maintain work through continued participation in the program

DSP claims during the coronavirus (COVID-19) pandemic

When customers have been affected by the COVID-19 pandemic staff must consider how it impacted the customer's ability to meet POS requirements. This includes staff conducting Job Capacity Assessments (JCA) and reviews of DSP claim rejection decisions.

For affected customers who do not clearly meet POS requirements, staff **must**:

- carefully consider the impacts of the COVID-19 pandemic on the customer, including any exemptions from mutual obligation or participation requirements, and their ability to attend provider appointments
- check if the customer's participation in a POS was interrupted or affected by COVID-19
- consider the need for more evidence to support a correct decision, including inviting the customer to provide details, and contacting the customer's employment services provider
- look at whether the customer can meet POS requirements if their impairment prevents them from further improving their work capacity through continued participation in the program
- seek guidance on appropriate application of POS rules, if required

For queries that cannot be resolved using available resources (including Operational Blueprint) refer to the [Disability Payments Team](#) for advice.

Periods of non-participation do not count

Any period where a customer is not actively participating in a POS does not count. This includes where the customer was exempt from mutual obligation or participation requirements, such as with:

- a temporary incapacity exemption
- other temporary exemptions (including Major Personal Crisis)
- a partial capacity to work or a temporary reduced work capacity of less than 15 hours per week

Note: for customers subject to mutual obligation requirements, serious illness exemptions cannot be coded if the incapacity start date on the medical certificate is 1 January 2025 or later. A customer may have been granted a serious illness exemption commencing prior to 1 January 2025 and would be assessed as non-participation in POS.

Any periods where a customer continued their participation with the provider while exempt from mutual obligation or participation requirements may count.

Customers can talk to their provider about how the provider can support them to continue their participation during periods of exemption or reduced work capacity.

Customers who have not completed a POS

A customer may still be assessed as meeting POS requirements even though they have not completed a full POS or participated for at least 18 months. This can apply to customers who are still participating in a POS and

those who have exited. However, the customer must have started in a POS in the relevant period. Staff may assess whether the customer is unable to benefit from the POS solely due to their impairment.

This assessment is usually done as part of a Job Capacity Assessment. The assessor can consider evidence that shows the customer started in a POS but was unable to improve their work capacity by further participating solely due to their impairment. This may include:

- medical evidence from the customer's treating health professional(s) about the customer's condition
- written or verbal evidence from the designated provider, which details:
 - the participation in a POS
 - why the program was terminated (if applicable), and
 - if the customer was or is unable to benefit from continuing in the program as a result of their impairment

Note: s 47E(d)

Customers may be asked for available evidence from the provider if they have it. If more information is required for a submitted DSP claim, agency staff can contact the provider by telephone.

The evidence must show a customer is prevented from improving their capacity to prepare for, find or maintain work through participation in a POS, not just that they have a current nil or limited work capacity. For example, medical certificates or a JCA report recommending a current work capacity of 0-7 hours per week does not necessarily mean that the customer cannot improve their capacity. If a customer has had limited or sporadic engagement in a POS, there may not be enough evidence to show they are unable to benefit from continued participation.

The assessment of whether the customer is prevented solely due to their impairment, from improving their capacity to prepare for, find or maintain work is determined by the facts of the particular case. This includes the nature and effect of the impairment, other skills the customer may have and whether it has been shown through participation in the program that the customer cannot improve their capacity.

DSP claimants who do not meet POS requirements

If a DSP claimant is required to meet POS requirements and there is no evidence they have actively participated in a POS, their [Disability Support Pension \(DSP\) claim will be rejected](#) and they will be:

- referred to an appropriate employment service such as [Disability Employment Services \(DES\)](#) to complete a POS
- if appropriate, offered an alternative income support payment such as [JobSeeker Payment \(JSP\)](#) while they are participating in the program

With all DSP claim rejections, staff must make sure customers are aware of the POS requirement and the options available for referral to a designated provider. This may assist customers to reclaim DSP in the future.

Reclaiming DSP

Customers can reclaim DSP at any time, however, their claim will likely be rejected if their circumstances have not changed and they have still not actively participated in a POS.

Before recommending a new JCA, a Medical Assessment Team (MAT) assessor:

- considers new medical evidence lodged by the claimant
- looks for new evidence of participation in a POS
- considers if the customer is unable to benefit from further participation in POS

These checks are completed in all instances, including where there is a current and valid JCA.

Impairment Table changes from 1 April 2023

From 1 April 2023, a new version of Impairment Tables was introduced. The new Tables are used to assess a customer's medical eligibility for all DSP claims lodged on or after this date. See [The Impairment Tables](#).

Disability Level 2 Helpdesk support

Disability [Level 2 Helpdesk](#) is available in a consultative role at each stage of the claim or review should any complex issues arise. The [Resources](#) page contains a link to its contact details.

The [Resources](#) page contains:

- contact details for the Disability Helpdesk
- POS rational examples
- a POS calculator
- a POS script
- examples for checking active participation in a POS, FAQs including participation in the Workforce Australia Online Base Service

Related links

[Eligibility for Disability Support Pension \(DSP\)](#)

[Granting Disability Support Pension \(DSP\) \(manifest\)](#)

[Rejecting a new claim for Disability Support Pension \(DSP\) including manifest rejections](#)

[Referring a job seeker to Disability Employment Services \(DES\)](#)

[Australian Disability Enterprises \(ADE\) referrals](#)

[Supported Wage System \(SWS\)](#)

[Selection or allocation of a Workforce Australia Employment Services Provider](#)

[Assessing Continuing Inability to Work \(CITW\)](#)

[Parent Pathways](#)

Process

This document is about the POS requirements for DSP claimants from 3 September 2011.

On this page:

[Active participation in a POS](#)

[Evidence of participation required for JCA referral](#)

[Referral to suitable employment service](#)

Active participation in a POS

Table 1: this table contains information about assessing Continuing Inability to Work (CITW) and active participation in a POS for DSP purposes.

Item	Description
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1	<p>Active participation in a POS for new claimants and current DSP customers + Read more ...</p> <p>A customer claiming DSP who is not manifestly eligible or does not have a severe impairment needs to show, among other things, they have actively participated in a POS.</p> <p>If a customer is assessed as having actively participated in a program of support, this does not by itself mean the customer has a Continuing Inability To Work (CITW). In addition to the POS requirement, the delegate also needs to be satisfied the customer is unable to work or be retrained for work of at least 15 hours per week, within the next 2 years because of an impairment. See Assessing Continuing Inability to Work (CITW).</p>
2	<p>Which DSP customers are not affected by the POS requirement? + Read more ...</p> <p>Assessment of whether a customer has actively participated in a Program of Support (POS) is not required for:</p> <ul style="list-style-type: none"> • new claims where the person is manifestly eligible, or is assessed as having a severe impairment • DSP claims lodged before 3 September 2011, when POS requirements were introduced
3	<p>Periods of active participation in POS + Read more ...</p> <p>Where required customers must show they have actively participated in a Program of Support (POS).</p> <p>A customer has actively participated in a POS if they have:</p> <ul style="list-style-type: none"> • participated in a POS during the relevant period, and • complied with the requirements of the POS, and • met one or more of the following criteria: <ul style="list-style-type: none"> ○ participated in the POS for at least 18 months during the relevant period, or ○ if the duration of the POS was less than 18 months, completed the entire program during the relevant period, or ○ show evidence that they are unable, solely because of their impairment, to improve their capacity to prepare for, find or maintain work through continued participation in the program. See Item 4 <p>The assessment does not need to consider whether the customer was in receipt of an income support payment when they were referred to, or were participating in, a POS. This includes income support recipients with mutual obligation or participation requirements.</p> <p>The customer is not considered to be participating in a POS during any period where they are not engaged in the program. This includes:</p> <ul style="list-style-type: none"> • when they are exited from a program • periods of suspension, such as where a customer is temporarily exempt from their mutual obligation requirements (including a temporary incapacity exemption) <p>A customer can still meet POS requirements for DSP while they:</p> <ul style="list-style-type: none"> • have voluntary participation requirements (e.g. temporary reduced work capacity of less than 15 hours per week), or

	<ul style="list-style-type: none"> • are exempt from mutual obligation requirements, if • they continue to actively participate in a POS, and their participation is not suspended - subject to agreement from their provider <p>Relevant period for participation in a POS</p> <p>Customers must have participated in the POS in the 3 years immediately before the day they made (or are taken to have made) the claim.</p> <p>If a customer has not commenced in a POS, they cannot meet the POS requirements.</p>
4	<p>Customers unable to benefit from POS solely due to their impairment + Read more ...</p> <p>A customer who has participated in a POS during the relevant period but has not participated for at least 18 months and has not completed a program may be able to meet POS requirements. Evidence must be shown that they are unable, solely because of their impairment, to improve their capacity to prepare for, find or maintain work through continued participation in the program.</p> <p>These provisions can be applied for any claim regardless of whether the customer:</p> <ul style="list-style-type: none"> • has been exited from the program, or • is still participating, or their participation is suspended <p>If a customer has not commenced a POS in the 3 years before the claim, the customer cannot meet the POS requirements. An opinion from the assessor, treating health professional or employment service provider about the customer's inability to benefit from a POS will not satisfy the criteria set out in the legislative instrument. The customer must have commenced in a POS in the relevant period before consideration can be given as to whether the customer is unable to benefit from the POS solely due to their impairment.</p> <p>Evidence is required to support a potential decision that a customer meets POS requirements under these provisions. The decision should be informed by a recommendation from a Job Capacity Assessor. Suitable evidence may include:</p> <ul style="list-style-type: none"> • medical evidence from the customer's treating health professional(s) and/or • written or verbal evidence from the customer's POS provider <p>The provider's opinion about the customer's ability to benefit from further participation may be considered but does not determine the outcome of the assessment. Customers intending to claim or reclaim DSP may be invited to provide any available evidence from their provider, but must not be advised:</p> <ul style="list-style-type: none"> • that this evidence alone will enable them to meet POS requirements for a new claim, or • to exit from their program, as Services Australia has no role in delivering POS related programs or determining when a customer may need to be exited <p>Considering all available evidence, the assessor must be satisfied that the customer was prevented by their impairment from improving their capacity to prepare for, find or maintain work through continued participation in the program. This is done by the assessor considering all available evidence including medical evidence about the nature and impacts of the customer's condition.</p> <p>Note: the evidence must show a customer is prevented from improving their capacity to prepare for, find, or maintain work through participation in a POS, not just that they have a current nil or limited work capacity. For example, the lodgement of medical certificates or a JCA report with a</p>

	<p>current work capacity of 0-7 hours per week, does not indicate that a person cannot improve their capacity. If a customer has had limited or sporadic engagement in a POS, there may not be enough evidence to conclude that they are unable to benefit from continued participation.</p> <p>The assessment of whether the person is prevented solely, by reason of their impairment, from improving their capacity to prepare for, find or maintain work is determined by the facts of the particular case. This includes the nature and effect of the impairment, other skills the person may have and whether it has been demonstrated through participation in the program that the person cannot improve their capacity.</p> <p>The assessment may also consider a medical condition which was not diagnosed at the time the customer commenced the program but became clearly evident during the program. Deterioration of existing conditions may also contribute to the customer being unable to continue in a program.</p> <p>Any impacts to a customer's active participation during the Coronavirus Pandemic should also be considered.</p> <p>Any suspected, undiagnosed conditions should be investigated and assessed according to normal procedures and may be considered by the assessor. This includes conditions that may have contributed to termination of, or disengagement from, the program, particularly mental health conditions. See What is medical evidence for Disability Support Pension (DSP)?</p>
5	<p>Coding customer record where the customer is unable to benefit from continued participation in a POS solely due to their impairment + Read more ...</p> <p>If the customer is claiming DSP</p> <p>The assessor completing the JCA will record that the customer has met POS requirements. This information will be captured on the s 47E(d) screen when the JCA is accepted.</p>

Evidence of participation required for JCA referral

Table 2: this table contains information in relation to what evidence is required to support the Job Capacity Assessment (JCA) referral for a Disability Support Pension (DSP) new claim or formal review of a decision.

Item	Description
1	<p>Evidence provided by the customer to support the JCA + Read more ...</p> <p>Customers usually do not need to provide documentary evidence about their participation in a POS.</p> <p>In most cases, evidence about participation in Commonwealth-funded programs such as Disability Employment Services (DES), Workforce Australia, Parent Pathways or Community Development Program (CDP) is available to the assessor and processing teams through the history of referral and participation on the customer's record.</p> <p>Information which a customer may need to provide about their active participation in a POS includes but is not limited to the:</p> <ul style="list-style-type: none"> • details of the designated provider of the program • dates they participated in the program • dates they did not participate in the program and why

	<ul style="list-style-type: none"> • terms and activities of the program specifically designed to address their impairment, needs and barriers to employment, and • help they received to prepare for, find and/or maintain work <p>The 'Medical Details' section of the claim form asks the customer to provide information about their employment history, support provided in the workplace, and recent participation in programs of support. This section, along with any other relevant evidence lodged with the claim form, should be scanned so that this information is available for the Job Capacity Assessor.</p> <p>When streaming DSP claims, staff should be mindful that customers manifestly eligible or who have a severe impairment do not need to show they have actively participated in a Program of Support (POS). However, as the assessment of whether a customer is severely impaired does not take place until the JCA, it will generally not be possible to make a full determination about what evidence the customer may need to provide before then.</p> <p>Note: s 47E(d)</p> <p>If agency staff need additional information from a government funded provider, they should contact the provider in the first instance to discuss the customer's participation.</p> <p>If the customer commenced a POS before 5 January 2015, they may need to provide additional evidence if they have participated in a non-government funded program such as a rehabilitation program provided or funded by a worker's compensation authority or insurance provider. If this applies, the customer should be requested to contact their POS provider.</p>
2	<p>Other sources of information + Read more ...</p> <p>Evidence of whether the customer has actively participated in a Program of Support (POS) may be obtained from:</p> <ul style="list-style-type: none"> • the history of referrals to programs such as Disability Employment Services (DES) can be seen in Customer First • exit or progress reports from DES and other providers can be viewed in Process Direct by: s 47E(d) • the history of referrals to Parent Pathways can be seen in Process Direct on the s 47E(d) screen • the history of participation in ParentsNext can be seen in Customer First on the s 47E(d) screen. s 47E(d) in Process Direct also needs to be checked to confirm when the customer commenced with a provider and when the customer was either suspended or exited. Note: ParentsNext ceased 31 October 2024, therefore participation in Parents Next cannot be included in a POS assessment for a DSP claim submitted on or after 1 November 2027 • other verbal or written information from Employment Services Providers about the person's participation • Job Plans

	<p>For customers who commenced a POS before 1 January 2015, the following may also be used as evidence:</p> <ul style="list-style-type: none"> documents relating to participation in rehabilitation programs provided or funded by workers compensation authority or insurance providers documentation from an employer indicating that the workplace and or nature of employment has been substantially modified to account for the persons individual needs
3	<p>Assessors guide to assessing active participation in a POS + Read more ...</p> <p>Consider the following when assessing whether a customer has actively participated in a POS:</p> <ul style="list-style-type: none"> Checking s 47E(d) screens is not sufficient on its own. The customer must be asked about their participation at the interview. Answers need to be clearly documented. For information on locating the claimant's Workforce Australia Online logon history, see the FAQ - POS Participation table on the Resources page Check whether the customer was already participating in a POS before 1 January 2015 and the provider meets the pre-1 January definition of POS Periods of suspension (where the customer's participation in a program was temporarily suspended due to exemptions or other circumstances) are excluded from the calculation of the period of participation The customer's compliance with a program is assumed unless evidence to the contrary is clearly documented by the provider The customer will either meet or not meet POS requirements, s 47E(d) <p>s 47E(d)</p> <ul style="list-style-type: none"> Any medical or other evidence that solely due to the customer's impairment, further periods of participation in a POS are not expected to improve their baseline work capacity <p>Where a customer claiming DSP has not completed at least 18 months in a POS in the 3 years before claiming, the assessor should always consider their ability to benefit from further participation. The customer may be assessed as meeting POS requirements for a DSP claim if:</p> <ul style="list-style-type: none"> they commenced a POS in the 3 years before claiming DSP, and available evidence supports an assessment that the customer's baseline work capacity is not expected to increase within the next 2 years through participation in DES or equivalent services <p>This assessment may be based on the medical evidence alone, and does not necessarily require additional evidence from the customer's employment services provider.</p> <p>Staff assessing DSP claims for customers affected by the Coronavirus pandemic must carefully consider any special circumstances affecting the customer's ability to meet POS requirements. This includes staff conducting Job Capacity Assessments (JCA) and reviews of DSP claim rejection decisions.</p> <p>For affected customers who do not clearly meet POS requirements, staff must:</p>

	<ul style="list-style-type: none"> carefully consider the individual impacts of the Coronavirus pandemic on the customer, including any exemptions from mutual obligation requirements, and their ability to attend provider appointments check if the customer's participation in a POS was interrupted or affected by Coronavirus consider the need for more evidence to support a correct decision, including inviting the customer to provide details, and contacting the customer's employment services provider look at whether the customer can meet POS requirements if their impairment prevents them from further improving their work capacity through continued participation in the program seek guidance on appropriate application of POS rules, if required. Queries that cannot be resolved using available resources including Operational Blueprint may be referred to Level 2 Policy Helpdesk <p>See Resources for a link to an example of a POS case.</p> <p>The JCA report displays the calculations used when determining whether a customer has satisfied POS requirements.</p>
4	<p>Service Officer's guide - the assessor's role in assessing active participation in a POS + Read more ...</p> <p>The JCA report will include the assessor's recommendations about whether a customer has actively participated in a Program of Support (POS), and rationale for the assessment with standardised text, in relation to:</p> <ul style="list-style-type: none"> new DSP claims lodged on, or after, 3 September 2011 <p>See the Resources page.</p> <p>The assessor:</p> <ul style="list-style-type: none"> also considers the person's transferrable work skills, their suitability for alternative work with reasonable adjustment, and their capacity to benefit from vocational training reviews all available evidence, including the Medical Details section of the claim form, referral history, electronic MIFE and any additional documents provided by the customer at the assessment may request additional evidence from the customer, or may seek information from an employment services provider about the customer's progress in the program references in the report used as evidence to assess Continuing Inability to Work (CITW) <p>The recommendations in the JCA report inform the delegate's decision about the DSP new claim, or formal review of decision.</p> <p>Wherever possible, the assessor offers and directly connects the customer to recommended services at the time of the assessment. Where this is not possible, follow up action by processing staff or Service Officers may be required to check the customer is referred to a suitable service. Where applicable, JCAs completed from July 2021 will include relevant information from the assessor to support other staff in connecting the customer to recommended employment</p>

	<p>services, regardless of payment eligibility. See Referring a job seeker to Disability Employment Services (DES).</p> <p>The References page provides links to the Social Security Guide and a link to the Instrument Requirements and Guidelines - Active participation for Disability Support Pension - Determination 2011.</p> <p>The Resources page contains examples of appropriate assessments of POS.</p>
5	<p>Accepting a JCA report + Read more ...</p> <p>DSP new claims</p> <p>Where the customer is assessed as medically eligible in a JCA report, a Disability Medical Assessment (DMA) is needed before the claim can be granted.</p> <p>The system will prevent staff from accepting a JCA report if the report indicates the customer is potentially eligible for DSP. As a result, a DMA is required.</p> <p>In all cases where the JCA recommendation is the customer has met POS requirements, assessors need to record in the 'Medical Details - other' section of the JCA report whether the assessment was based on:</p> <ul style="list-style-type: none"> • the previous POS legislation • the current legislation, or • a combination of both <p>See the Resources page for standardised text.</p> <p>When the JCA report is accepted, the assessor's recommendations about whether the customer has actively participated in a Program of Support (POS) default to the s 47E(d) screen, to indicate whether the customer satisfies or is not required to satisfy these requirements:</p> <p>Valid values are s 47E(d) and s 47E(d)</p> <p>A CITW (current and with intervention work capacity of less than 15 hours per week for Diagnosed, Reasonably Treated and Stabilised (DTS) conditions only) cannot be recorded for a DSP new claim unless there is a value of s 47E(d) or s 47E(d). See the Check medical conditions, impairment ratings and work capacities table.</p> <p>When a JCA is submitted, work capacity baseline and with intervention bandwidths for DTS conditions will only be displayed in the report if the customer:</p> <ul style="list-style-type: none"> • meets requirements for active participation in a POS, or • is not required to meet these requirements <p>Post DMA POS assessments</p> <p>A post DMA POS assessment is required if the:</p> <ul style="list-style-type: none"> • JCA report recommends a severe impairment. Such as 20 points assigned under 1 Impairment Table, and • DMA report recommends a total impairment rating of 20 points or more, but no severe impairment. Such as, 10 points given to 2 separate conditions <p>Assessment Services complete the Post DMA POS assessment.</p>

	s47E(d) s 47E(d)
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Referral to suitable employment service

Table 3: this table describes the process to follow for referral to a designated provider (employment service) and a guide to assessing active participation in a POS.

Item	Description
1	<p>Connecting a customer to a designated provider (employment services) + Read more ...</p> <p>If a DSP claim is rejected, the customer must be referred (or offered a referral) to suitable employment services, for support in retraining and building their work capacity. The referral is particularly important where the customer has not actively participated in a Program of Support (POS), regardless of whether the assessment relates to a DSP new claim.</p> <p>The service offer should focus on connection to the service recommended by the assessor, such as DES, and must consider the customer's participation requirements or mutual obligation requirements. For example, if the customer is subject to mutual obligation requirements and has a Partial Capacity to Work or Temporary Reduced Work Capacity of less than 15 hours per week, they are not required to participate in employment services. The customer should still be strongly encouraged, however, to participate on a voluntary basis and advised of possible consequences of their decision.</p> <p>The service offer should:</p> <ul style="list-style-type: none"> • check the customer is referred immediately to the recommended service (or offered a voluntary referral where applicable), and • tell the customer their participation in recommended services may affect the outcome of any future claims for DSP (this advice must be recorded on a DOC) <p>The customer must not be advised that a future DSP claim will automatically be successful if they participate in the program.</p> <p>The customer must also be offered access to alternative income support payments, such as Jobseeker Payment (JSP), subject to meeting the eligibility criteria for the payment.</p>
2	s 47E(d)

	s 47E(d)
3	<p>DES referral not possible due to eligibility preclusion + Read more ...</p> <p>In some instances, a customer cannot be referred to DES because they are currently working at or above their benchmark hours or they have a Temporary Reduced Work Capacity (TRWC) of less than 8 hours per week. The fact that a customer cannot access DES (or any other service) because one of the program's eligibility requirements is not met does not mean that POS is satisfied.</p> <p>Customers who are unable to access the service recommended in the JCA report because of a valid eligibility preclusion, should be linked to a Workforce Australia or Community Development Program (CDP) provider instead. If the customer is not required to participate in employment services (for example, because their work capacity is less than 15 hours per week), they should still be offered the opportunity.</p>
4	<p>Assessing active participation in a POS when a person reclaims DSP + Read more ...</p> <p>Customers whose DSP was rejected on POS grounds can reclaim any time.</p> <p>This includes where the customer has, since their last claim:</p> <ul style="list-style-type: none"> • participated in a POS for at least 18 months in the last 3 years, or • completed a full program of shorter duration, or • commenced a program, and believes they are unable to further improve their work capacity through continued participation (regardless of whether they are still participating in the program, suspended or exited) <p>The assessment of whether the customer:</p> <ul style="list-style-type: none"> • needs to meet POS requirements, and if so • has actively participated in a POS • can only be made if they lodge a new DSP claim <p>This assessment:</p> <ul style="list-style-type: none"> • cannot be made before lodgement of a claim, and • it is not appropriate for staff to provide formal advice about whether a customer has met POS requirements before a claim is assessed <p>This assessment generally requires a new JCA.</p> <p>Before a referral for a new JCA is recommended, a Medical Assessment Team (MAT) assessor will:</p> <ul style="list-style-type: none"> • consider any new medical evidence lodged by the customer

	<ul style="list-style-type: none"> • look for and consider new evidence of participation in a POS • consider any indications that the customer is unable to benefit from further participation in POS <p>The MAT assessor will complete all these checks in all instances, including where there is a current and valid JCA.</p> <p>As for any reclaim, the new claim may be determined based on a current and valid assessment of the customer's work capacity. Otherwise, the customer is referred for a JCA.</p> <p>If the customer has not participated in a POS for at least 18 months or completed a program, and is claiming that they are unable to further improve their work capacity through continued participation in a POS, the assessor can consider any new relevant evidence, including:</p> <ul style="list-style-type: none"> • medical evidence • written or verbal advice from the customer's POS provider <p>s47E(d)</p>
5	<p>Work capacity bandwidth + Read more ...</p> <p>DSP new claims</p> <p>Work capacity bandwidth not displayed for Diagnosed, Reasonably Treated and Stabilised (DTS) conditions.</p> <p>When a JCA report is submitted, work capacity baseline and with intervention bandwidths for DTS conditions are only displayed if the customer:</p> <ul style="list-style-type: none"> • meets DSP impairment criteria • meets the requirements for actively participated in a Program of Support (POS), or • is not required to satisfy the POS requirements <p>This is because Continuing Inability to Work (CITW) cannot be assessed for DSP eligibility if a person claiming DSP on or after 3 September 2011 has not met impairment and POS requirements.</p> <p>For JCA reports submitted on or after 3 September 2011 and before 3 December 2011:</p> <ul style="list-style-type: none"> • The following statement appears in the report under the heading Fully Diagnosed, Treated and Stabilised Work Capacities Only: Work capacity for FDTs conditions is not relevant for this assessment. This is not a system error • When the report is accepted, any FDTs work capacity bandwidths will still be populated into relevant fields on the ^{s 47E(d)} screen, but it will not be possible to view this information in the report before it is accepted <p>Any internally inconsistent recommendations may be queried with the assessor at that point, for example, if POS is not met (recorded as ^{s 47E(d)} on the ^{s 47E(d)} screen) and work capacity with intervention for FDTs conditions only is less than 15 hours per week. Reports may be returned for amendment with the assessor's agreement.</p>

Policy

[Social Security Guide, 1.1.A.30, Active participation in a program of support \(DSP\)](#)

[Social Security Guide, 1.1.P.440, Program of support \(DSP\)](#)

[Social Security Guide, 3.6.2.10, Medical & Other Evidence for DSP](#)

[Social Security Guide, 1.1.D.115, Designated provider](#)

Legislation

Links to the Federal Register of Legislation site go to a 'Series' page. Select the 'Latest' version.

[Social Security Act 1991](#)

- section 94, Qualification for disability support pension
 - subsection 3C, Active participation in a program of support

[Social Security \(Active Participation for Disability Support Pension\) Determination 2014](#)

Resources

Contact details

[Disability Payments Team](#)

[Level 2 Policy Helpdesk](#)

POS rationale examples



[POS rational examples](#)

ESS POS calculator

Only accessible if user has ESS WEB access.

[ESS POS calculator](#)

Scripts

Details the standard text staff are to use in the Job Capacity Report.

DSP new claims - information to record on the ^{s 47E(d)} screen

Table 1

DSP new claims	Assessment recommendation	Standard text to be used by Assessment Services Branch
1	<p>DSP new claimant meets POS as within the previous 3 years they have participated in a POS that they have either:</p> <ul style="list-style-type: none"> • completed 	s 47E(d)

	<ul style="list-style-type: none"> participated for at least 18 months, or been exited as 'unable to benefit' from a POS 	s 47E(d)
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Examples- actively participated in a program of support

Table 2: this table gives examples on checking whether the customer has met POS requirements for Disability Support Pension (DSP) new claims. There are also examples of correct wording to be used in the report.

Example	Requirements
1	<p>Assessing if the customer has met the requirement to have actively participated in a POS</p> <p>A customer does not have to complete the full 18 months of a POS to meet this requirement. If the customer would not benefit from continued participation because of their impairment, they may be deemed as having POS. There may also be instances where the customer appears to have met POS, but checking their participation shows they have not.</p> <p>Example:</p> <p>If the customer has completed 12 months of participation, the assessor should consider if completing a further 8 months of participation is likely to significantly improve the customer's baseline work capacity.</p> <p>If the assessor needs more information from the customer's employment services provider, they can call them. Based on the available medical evidence and any relevant information from the provider, the assessor may determine that further participation in a POS, by itself, is unlikely to significantly increase the customer's baseline work capacity within the next 2 years. Appropriate justification should always be provided in the report.</p> <p>Example:</p> <p>A customer may have met the requirement to have actively participated in a POS over several different programs, however closer examination of the customer record shows there has been compliance issues. s 47E(d)</p> <p>Example:</p> <p>A customer completed voluntary work for the 3 years before claiming DSP. The customer is not and has not ever been registered with an Employment Services Provider. The customer has not actively participated in a POS.</p>
2	<p>Customer has not actively participated in a POS and with intervention work capacities assessed as 0-7 hours per week</p> <p>Example:</p> <p>In most cases where a customer has not actively participated in a POS, an assessment of the not Diagnosed, Reasonably Treated and Stabilised (DTS) with intervention work capacity of 0-7 hours per week would not be considered because the DTS work capacities have not been tested. s 47E(d)</p>

	<p>If 0-7 hours per week is the assessed work capacity, then a referral to an appropriate service should still be offered. An opinion (from the assessor, treating doctor or Employment Service Provider) about whether the customer would benefit from a POS will not satisfy the criteria set out in the legislative instrument.</p> <p>The customer should be referred to a provider (usually DES) for assistance. See Eligibility and participation with Disability Employment Services (DES).</p> <p>The customer may satisfy the POS at a later date if they have:</p> <ul style="list-style-type: none"> • started a program which is later ended because they were unable to improve their capacity to find, gain or remain in employment, solely because of their impairment, or • started a program and it is continuing, but the customer is prevented from improving their capacity to find, gain or remain in employment, solely because of their impairment
3	<p>Examples of wording to be used in the report</p> <p>Customer has participated - how they met the various elements of the requirements s 47E(d)</p> <p>Customer has not participated - what elements of the requirements don't they meet?</p> <p>Example:</p> <p>Information in the s47E(d) screen of ESS and a self-report indicates Andrew has not been involved in a POS in the last 3 years.</p> <p>Andrew provided participation details of a <type of program>. The provider (name) is not considered to be a designated provider and according to information in the s47E(d) s47E(d) screen of ESS and self-report from Andrew, the customer has not participated in any other POS in the last 3 years.</p> <p>According to information in the s47E(d) screen of ESS and customer report, Andrew has partially completed the stream service program however has not yet engaged in 18 months of such intervention and is considered to have capacity to complete the program.</p> <p>Example:</p> <p>A customer was receiving JobSeeker Payment (JSP) and linked to the local employment services provider for 18 months before claiming DSP. For 6 months of this time the customer was granted medical exemptions. The period in which the customer was granted these exemptions cannot be counted toward their completion of a POS, because the customer is considered to be disengaged from the program during periods of exemptions (including medical). The customer has not met POS participation requirements (that is 78 weeks in the last 3 years).</p>

FAQ - POS participation

Table 3: frequently asked questions about assessing participation in a POS.

Item	Description
1	<p>Question: Is a customer considered to be actively participating in POS, if they are with an Employment Services Provider and meet their:</p> <ul style="list-style-type: none"> • mutual obligation requirements, or • participation requirements? <p>Answer: Yes, taking into account any periods of non-participation such as during a medical exemption. This applies even if the customer is accessing Workforce Australia Online services and is still Provider managed.</p>
2	<p>Question: Can a DSP customer satisfy the POS requirement if they stopped participating before the current impairment arose?</p> <p>Answer: The POS requirement does not relate to the date the current impairment arose. Any period of participation a person undertakes in the 3 years before claiming DSP can be 'counted'. This applies as long as the participation is 'active participation' as set out in the Instrument (and Section 1.1.A.30 of the Social Security Guide).</p> <p>A customer can satisfy the POS requirement even if they are not actively participating at the date of claim.</p>
3	<p>Question: Can a DSP customer satisfy the POS requirement if they never actively participated in a program?</p> <p>Answer: A customer cannot satisfy the POS requirement if they have never actively participated in a POS. To satisfy the POS requirement, a person must have actively participated in a program for at least 18 months or satisfy one of the 'exception categories' (Part 2, subsections 5 (3), 5(4) or 5(5) of the Instrument in the Social Security Act). This includes where:</p> <ul style="list-style-type: none"> • the program was terminated before the claim because the person was unable (solely because of their impairment) to improve their capacity to find, gain or remain in employment through continued participation in the program, or • the person is still in the program at the time of claiming, but unable (solely because of their impairment) to improve their capacity to find, gain or remain in employment through continued participation in the program <p>The Instrument does not require a minimum length of participation before a person can be deemed to satisfy Part 2 5(4) or 5(5) of the Instrument.</p>
4	<p>Question: Does the customer need to have participated in the type of program that is considered suitable at the time of claim?</p> <p>Answer: The Instrument does not specify that participation before the date of claim must be in a program that is tailored to address the customer's level of impairment at the date of claim. For example, if a job seeker with a Partial Capacity to Work participates in Workforce Australia Services for 18 months, within the 3 years before claiming DSP, they may satisfy the POS requirement. This is even though Disability Employment Services (DES) may be the most appropriate program for them at the date of claim.</p>
5	<p>Question: Is there any room to apply discretion that the person has met POS regardless of previous participation, where the assessor/ Health Professional Advisory Unit (HPAU)</p>

	<p>believes that they are unlikely to be able to improve their work capacity through participation in any program?</p> <p>Answer: No. A customer cannot meet POS requirement if they have never actively participated in a program. However, Part 2, subsections 5(4) and 5(5) of the Instrument does make provisions for people that have participated before claiming DSP, or are participating as at the date of claim, whose impairment prevents them from improving their work capacity through continued participation.</p>
6	<p>Question: Suggestions for assessors when Impairment Rating (IR) is 20 + points but POS has not been met</p> <p>Answer: There are instances where a customer may not have a 'severe impairment' (20 pts under a single table) but their medical conditions may attract 20 or more points across multiple tables. In some cases, the non-DTS work capacity with intervention may be less than 15 hours per week or the customer may already be working at their Employment Services 'benchmark' making them ineligible for DES assistance. s 47E(d)</p>
7	<p>Question: Is Self-Employment Assistance considered a POS?</p> <p>Answer: Participation in Self-Employment Assistance Small Business Coaching can be considered a POS. Self-Employment Assistance is an approved activity for all payments with mutual obligation requirements and can only be undertaken via Workforce Australia providers or DES providers. As such, it meets the requirement of being provided by a designated provider.</p>

FAQ - POS participation in Workforce Australia Online Base Service

Table 4: frequently asked questions about POS participation and Workforce Australia Online Base Service.

Customers accessing the Online Base Service:

- do not have mutual obligation requirements
- are not linked to a provider, and
- are self-managing their employment assistance

They can use the service to look for jobs, develop their resume and access complementary programs, based on their eligibility for those programs.

Item	Description
1	<p>Question: Are customers who are accessing employment assistance through the Online Base Service, considered to be, or have been, actively participating in a POS?</p> <p>Answer: Yes, if there is a pattern of use that reflects a customer is, or has been, making genuine attempts to look for work. There must also be evidence the person is undertaking activities to address their level of impairment and barriers to working.</p>

2	<p>Question: Where do I find information on the customer's pattern of accessing Online Base Service employment assistance?</p> <p>s 47E(d)</p>
3	<p>Question: What should assessors take into consideration when determining active participation in POS for customers who are accessing the Online Base Service only?</p> <p>s 47E(d)</p>

	s 47E(d)
4	<p>Question: What if the customer has not completed 18 months of Online Base Service and says they are unable to benefit solely due to their impairment?</p> <p>Answer: The customer must have:</p> <ul style="list-style-type: none"> completed at least 18 months of Online Base Service in the 3 years before date of claim, or a combination of that period with other programs that meet the POS criteria <p>If the customer advises they are unable, solely because of their impairment, to improve their capacity and the only program they have participated in was the Online Base Service, it is not reasonable to determine they have met POS.</p> <p>s 47E(d)</p>

Guide for assessors - information to record for POS

Table 5: this table explains details on assessing and recording POS during DSP New Claims.

Item	Description
1	<p>When to assess</p> <p>s 47E(d)</p>
2	<ul style="list-style-type: none"> Where to record <p>s 47E(d)</p>
3	<p>Calculating</p> <p>s 47E(d)</p>

	s 47E(d)
4	What to record s 47E(d)

Training & Support

Add the course number to the s 47E(d) field in the s 47E(d) in ESSentials:

- Program of Support
- Assessing Program of Support

s 22 - Irrelevant material



Australian Government Services Australia

Overriding Medical Conditions and Work Capacity recommendations in a Job Capacity Assessment (JCA) report 008-06070020

Currently published version valid from 11/01/2025 2:23 AM

Background

s 22 - Irrelevant material

This document outlines when Service Officers can override the s 47E(d) or s 47E(d) s 47E(d) screens after a JCA report is accepted.

Reason for override

Overriding the s 47E(d) or s 47E(d) screens affects Disability Support Pension (DSP) eligibility decisions. For example, JCA recommendations can be overridden after a review decision by an Authorised Review Officer (ARO) or Administrative Review Tribunal (ART).

s 47E(d)

Considerations when overriding information

Consider the following when overriding s 47E(d) or s 47E(d) screens:

- Impact on customer's eligibility for DES, their mutual obligation requirements, participation requirements and hours for Partial Capacity to Work
- Is action required to make sure the customer is referred to the most appropriate employment assistance, and the work capacity information is correct in the s 47E(d) This is essential for customers receiving income support payment with mutual obligation or participation requirements or customers referred to an employment service such as DES
- Are the work capacities for conditions likely to persist for more than 2 years consistent with the work capacities for Diagnosed, Reasonably Treated and Stabilised (DTS)? For example, bandwidths for conditions likely to persist for more than 2 years should not be higher than bandwidths for DTS conditions
- Only override work capacities for conditions likely to persist for more than 2 years or the temporary reduced work capacity where necessary

Doing an override of DTS conditions

'Baseline' and 'With Intervention' work capacity bandwidths for DTS conditions determine a customer's Continuing Inability to Work (CITW) for DSP.

Program eligibility, participation and mutual obligations requirements are determined by work capacity for conditions likely to persist for more than 2 years and temporary reduced work capacity. This information is not used to check DSP eligibility, but may need to be changed to make sure there is consistency with work capacity for DTS conditions.

Impairment Table changes from 1 April 2023

From 1 April 2023, a new version of Impairment Tables was introduced. The new Tables are used to assess a customer's medical eligibility for all DSP claims lodged on or after this date. See [The Impairment Tables](#).

The [Resources](#) page contains an example of how overriding the customer's work capacity affects their eligibility for payments or services.

Related links

[Checking and actioning a Job Capacity Assessment \(JCA\) report](#)

[Job seekers with a partial capacity to work or a temporary reduced work capacity](#)

Process

This document outlines when Service Officers can override the ^{s 47E(d)} screens after a JCA report is accepted. ^{s 47E(d)} or ^{s 47E(d)}

Overriding ^{s 47E(d)} or ^{s 47E(d)} screens

Item	Description
1	<p>Reason for the rating to be varied + Read more ...</p> <p>Override of an assessor's recommendation for the impairment rating ^{s 47E(d)} and/or ^{s 47E(d)} ^{s 47E(d)} may be needed:</p> <ul style="list-style-type: none"> when a Program of Support (POS) assessment is needed after a Disability Medical Assessment (DMA). See Assessing Disability Support Pension (DSP) after a DMA, or as a result of an Authorised Review Officer (ARO) or the Administrative Review Tribunal (ART) review of decision ^{s 47E(d)}
2	<p>Issues for SSO to consider + Read more ...</p> <p>Make sure the work capacities for conditions likely to persist for more than 2 years are consistent with the work capacities for diagnosed, reasonably treated and stabilised (DTS) conditions. For example, bandwidths for conditions likely to persist for more than 2 years should not be higher than for DTS conditions.</p> <p>Only override work capacity for conditions likely to persist for more than 2 years or temporary reduced work capacity where necessary.</p>

3

SSO to update the relevant screens + Read more ...

s 47E(d)

	<p>s 47E(d)</p>
4	<p>SSO Action + Read more ...</p> <p>s 47E(d)</p>

5	Service Officer + Read more ... s 47E(d)
---	--

Resources

Item

Examples

1

Override of work capacity with intervention

A customer is participating in Disability Employment Services (DES), and their work capacity with intervention for conditions likely to persist for more than 2 years is overridden from 15-22 (as recommended in their JCA) to 8-14 hours per week.

Effect of override

This reduces the customer's employment benchmark from 15 to 8 hours per week, and if they are receiving an income support payment with mutual obligation requirements their Job Plan is managed by Services Australia.

Action required

s 47E(d)

s 22 - Irrelevant material



Australian Government

Services Australia

Supporting customers experiencing vulnerability to claim Disability Support Pension (DSP) 008-23111739

Currently published version valid from 10/07/2024 8:27 PM

Background

s 22 - Irrelevant material

This document outlines the options to help customers who have difficulty making a DSP claim.

Due to vulnerability, they may have difficulty:

- making a claim
- getting the medical or other evidence Services Australia asks for

Eligible customers must be supported to access DSP services.

Vulnerable DSP claimants

Vulnerable customers with mental health conditions may have difficulty getting relevant medical evidence because:

- they do not have a regular doctor or other health professional, and/or
- their symptoms mean they cannot see how their condition affects them, and/or
- due to poor mental health, they may lack insight into how their condition impacts them

Vulnerable customers may also:

- live in remote areas with little or no access to health services
- be homeless
- have intellectual impairment that impacts their decision-making capacity
- need language or cultural support
- have just been released from prison

Service Officers, Specialist staff such as Social Workers and Assessors or Employment Services Providers can identify these customers. This often happens when people cannot comply with their requirements or agency processes. For example, they may not provide details when asked, or cannot gather evidence that is needed.

An invite to claim letter may not be enough when a customer has significant vulnerability. They may also need help to complete a claim, verify their identity and provide documentation. Where vulnerability exists, timeframes and expectations should be adjusted to help the customer.

Support to submit a DSP claim

Helping vulnerable customers claim DSP

There are lots of ways to help vulnerable customers submit a DSP claim:

- Use Assisted Customer Claim (ACC), or help them fill out a paper claim, if the customer cannot claim online themselves
- Adjust the claim start date where a vulnerable event stops them submitting the claim on the date they contacted. The event must have happened within the 8 week period before the contact was made. See [Intent to claim and vulnerable customers](#)
- Let the customer submit the claim without all supporting documents where they meet the rules for an incomplete claim. This includes if they are in crisis or meet rules for DSP (for example, possibly manifestly eligible, Indigenous and remote)
- Use Alternative Identity processes if they cannot confirm identity. A nominee can also do the Alternative identity assessment. See [Circumstance Change Monitor \(CCM\)](#)
- Check if they are exempt from providing a Tax File Number. This includes if they are homeless, in a psychiatric institution, or profoundly disabled. See [Requesting a Tax File Number \(TFN\)](#)
- Customers with a terminal illness can lodge a [Claim for Disability Support Pension for a Terminal Illness \(SA494\)](#) and/or [Verification of terminal Illness \(SA495\)](#) form. This will be actioned as a priority. See [Prioritising Disability Support Pension \(DSP\) claims for terminally ill customers](#)
- A correspondence nominee can claim DSP on behalf of the customer

For more information about these claim supports see [Claiming Disability Support Pension \(DSP\)](#).

s 47E(d)

Support with medical evidence

Customers in remote areas

People in remote areas often do not have regular access to medical services. This makes it hard to get medical evidence for DSP claims. Medical evidence from community nurses can be used instead. This is usually based on clinical notes from a treating doctor or other health professional (diagnosis must still be made by a qualified medical practitioner).

In these cases, the Job Capacity Assessor or the Government contracted Doctor (GCD) will assess medical eligibility using the available evidence. The medical condition still needs to be diagnosed, reasonably treated and stabilised so that it is possible for the Assessor to give an impairment rating.

Submitting a claim without all evidence

Vulnerable customers can submit their DSP claim without all supporting documents. This can include medical evidence. The Medical Assessment Team will look at other options to find medical evidence to assess their medical conditions. For more information see [Circumstance Change Monitor \(CCM\)](#).

Contact with treating health professionals

Assessors will contact customers' treating health professionals if vulnerable customers have difficulty providing enough written medical evidence.

For more information go to [What is medical evidence for Disability Support Pension \(DSP\)?](#).

Diagnosis of psychological/mental health conditions by Assessment Services

Some customers cannot be assessed through usual DSP assessment processes. This is because of their mental health condition or other vulnerability. They may not:

- have a regular doctor, or
- see how their condition affects their capacity to work or meet their requirements

Often, these customers are qualified for DSP, or eligible for a reduced participation requirements.

s 47E(d)

See [Diagnosis of a medical condition provided by an Assessment Services Psychologist for Disability Support Pension \(DSP\)](#).

A person's medical conditions may be considered diagnosed, reasonably treated, and stabilised without written medical evidence, but based only on documented conversations with the person's treating doctor. This could only happen when:

- the person is unlikely to provide written medical evidence because of a mental health or other serious condition, and/or
- the person lives in a remote area and has limited access to medical services

Support with medical evidence - Specialist Assessments and HPAU

Specialist Assessments

Assessors can arrange a **specialist assessment** to complete a Job Capacity Assessment (JCA) report or an Employment Services Assessment (ESAt) report. This is when the customer's evidence shows they may be eligible for DSP, and:

- the evidence is unclear or not enough for the assessor to complete the report, and
- the person cannot get more evidence, and
- the assessor cannot get the information they need from the person's treating doctor, the HPAU or contributing assessors

Generally, an assessor will arrange a Specialist Assessment if needed, following the JCA appointment. Sometimes, an assessor may find that a Specialist Assessment is needed before or at the time of a JCA. In these cases, the assessment can happen at the same time as the JCA. The assessor will get informed consent from the person claiming.

Health Professional Advisory Unit (HPAU)

The HPAU gives medical advice and opinion to Assessment Services to help decide a customer's eligibility for DSP. Psychologists conducting Specialist Assessments must consult with the HPAU before submitting the Specialist Assessment report and Job Capacity Assessment (JCA) report. This is to make sure that all medical factors are considered.

Transfers to DSP without a claim in Exceptional Cases

Most customers must lodge a claim to transfer to DSP. This is because the claim process makes sure specific rules are met. Vulnerable people already getting a payment may be transferred to DSP without a claim in specific circumstances. Vulnerable people include those who:

- have a mental health condition, and
- lack insight into their mental health condition **or** live in a remote community with little or no access to health services

In these limited cases, the agency may determine that a person can be transferred from another income support payment to DSP without lodging a claim. This is noted in the [Social Security \(Administration\) Act 1999](#) and is known as a Section 12 Deemed Claim.

s 47E(d)

Other support

Referrals to other available support options may help the customer in these circumstances. These could include:

- [Specialist officers and other internal supports for customers](#)
- [Appointing a nominee](#) to assist during the claim process could also help the customer
- Claiming [JobSeeker Payment \(JSP\) and Youth Allowance \(YA\) \(Provisional\)](#) while awaiting the outcome of the DSP claim

The [Resources](#) page contains:

- links to relevant forms
- Intranet links to:
 - Level 2 Helpdesk, and

s 47E(d)

Related links

[Assessing eligibility for Disability Support Pension after a Disability Medical Assessment \(DMA\)](#)

[Disability Medical Assessment \(DMA\) referrals](#)

[Prioritising Disability Support Pension \(DSP\) claims for terminally ill customers](#)

[Claiming Disability Support Pension \(DSP\)](#)

[Diagnosis of a medical condition provided by an Assessment Services Psychologist for Disability Support Pension \(DSP\)](#)

[What is medical evidence for Disability Support Pension \(DSP\)?](#)

[Residence assessment for customers claiming Disability Support Pension \(DSP\)](#)

Process

This document outlines the options to help customers who have difficulty making a DSP claim.

Due to vulnerability, they may have difficulty:

- making a claim
- getting the medical or other evidence Services Australia asks for

Eligible customers must be supported to access DSP services.

On this page:

[Approving a Section 12 Transfer](#)

[Processing a Section 12 Transfer](#)

Approving a Section 12 Transfer

Table 1

Step	Action
1	<p>Section 12 criteria + Read more ...</p> <p>s 47E(d)</p>

	<ul style="list-style-type: none"> • No, Procedure ends here • Yes, go to Step 2
2	Request S12 Transfer + Read more ... s 47E(d)

Processing a Section 12 Transfer

Table 2

Step	Action
1	Transfer to DSP s 47E(d) + Read more ... s 47E(d)

	<p>s 47E(d)</p> <ul style="list-style-type: none">○ Procedure ends here
2	<p>Action DSP Transfer + Read more ...</p> <p>s 47E(d)</p> <ul style="list-style-type: none">○ Procedure ends here <p>Where staff need policy assistance with a S12 transfer, refer to the Level 2 Policy Helpdesk. See Resources page.</p>

References

On this page:

[Policy](#)

[Legislation](#)

Policy

Documentation

[Social Security Guide, 8.1.4.50, Disability & carer - documentation required](#)

[Social Security Guide, 3.6.2.10, Medical & other evidence for DSP](#)

[Social Security Guide, 3.6.2.50, Assessment of people with intellectual impairments for DSP](#)

[Social Security Guide, 8.2.1, Transfers](#)

Definitions

[Social Security Guide, 1.1.C.330, Continuing inability to work \(CITW\) \(DSP\)](#)

[Social Security Guide, 1.1.T.160, Treating doctor \(DSP\)](#)

[Social Security Guide, 1.1.M.30, Manifest grants \(DSP\)](#)

[Social Security Guide, 1.1.I.10, Impairment Tables \(DSP\)](#)

[Social Security Guide, 1.1.T.86, Terminal condition \(CA, CP\)](#)

Assessment

[Social Security Guide, 3.6.2.10, Medical & other evidence for DSP](#)

[Social Security Guide, 3.6.2.30, Manifest grants & continuing inability to work \(DSP\)](#)

[Social Security Guide, 3.11.5.10, Temporary incapacity](#)

Legislation

Links to the Federal Register of Legislation site go to a 'Series' page. Select the 'Latest' version.

[Social Security \(Administration\) Act 1999, section 12, Deemed claim in certain cases](#)

[Social Security Act 1991](#)

- [section 94, Qualification for disability support pension](#)
- [section 593, Qualification for jobseeker payment](#)
- [section 540A, claimants for disability support pension](#)

[Federal Register of Legislation - Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2023](#)

Resources

Forms

[Request for Ophthalmologist/Optometrlist Report \(SA013\)](#)

[Claim for Disability Support Pension \(SA466\)](#)

[Claim for Disability Support Pension for a Terminal Illness \(SA494\)](#)

[Disability Support Pension Medical Evidence Checklist \(SA473\)](#)

[Disability Support Pension Medical evidence requirements Information for treating health professionals \(SA478\)](#)

[Verification of terminal illness \(SA495\)](#)

Forms (staff)

[Additional Medical Evidence for Disability Support Pension Record \(SA463\)](#)

Intranet links

[Level 2 Policy Helpdesk - Submit an enquiry](#)

s 47E(d)

s 22 - Irrelevant material



Australian Government Services Australia

Centrelink Medical Certificate (SU415 or SU683) 008-09050050

Currently published version valid from 31/01/2025 11:00 AM

Background

s 22 - Irrelevant material

This document outlines use of the Centrelink Medical Certificate (SU415 or SU683) as proof of incapacity. Job seekers with a medical condition preventing them from working or studying can lodge a valid medical certificate to seek an exemption from or to reduce their mutual obligation requirements. Medical certificates can be provided as part of a claim, or to show continuing entitlement to an income support payment.

Other payment types

For detailed information about other payment types, see:

- [Youth Allowance \(YA\) student or Australian Apprentice becomes incapacitated or impacted by unforeseen or extreme circumstances](#)
- [Austudy student or Australian Apprentice becomes incapacitated or impacted by unforeseen or extreme circumstances](#)
- [Payment of ABSTUDY when a student or Australian Apprentice becomes incapacitated](#)
- Disability Support Pension (DSP):
 - [Pre-screening and booking participation interviews for Disability Support Pension \(DSP\) customers](#)
 - [Conducting interviews for Disability Support Pension \(DSP\) customers with participation requirements](#)
- [Mutual obligations, failures and exemptions from the activity test for Farm Household Allowance \(FHA\) customers](#)

Medical certificate requirements

Job seekers lodging a medical certificate with Services Australia are encouraged to provide the approved [Centrelink Medical Certificate form \(SU415\)](#). Job seekers can advise their treating medical practitioner to complete the fillable SU415 form available on the agency's website. The SU415 is not for customers to access or download.

Medical practitioners can also lodge the online Centrelink Medical Certificate form (SU683) via the [Health Professional Online Services \(HPOS\)](#) system.

Note: other [valid medical certificates](#) can be accepted by Services Australia but must include the required information for an assessment to be made.

Acceptance of medical certificate

All customers who have compulsory mutual obligation requirements, including job seekers with a partial capacity to work and a temporary reduced capacity to work, can lodge a [valid medical certificate](#) seeking an exemption from, or reduction of their requirements, due to a temporary incapacity for work.

Lodgement of a medical certificate does not automatically exempt a job seeker from their mutual obligation requirements. An assessment must be undertaken to determine if a temporary incapacity exemption can be applied.

A valid medical certificate for the purpose of determining an exemption from mutual obligation requirements can only be accepted if it is completed by a treating medical practitioner and all the following information is provided:

- the treating medical practitioner's diagnosis (name or description of condition)
- the treating medical practitioner's prognosis (how long the condition and symptoms are expected to persist). This may be '**Unknown**' or '**Uncertain**'
- whether the customer is incapacitated from looking for work or study of more than 8 hours per week
- the period for which the customer is incapacitated for work or study

For the purposes of completing medical certificates in relation to income support payments, a medical practitioner is a person with recognised medical qualifications, such as a general practitioner, physician or surgeon, who is registered as a medical practitioner with the Australian Health Practitioners Regulation Agency (AHPRA).

Note: for customers who reside in rural or remote areas where there is limited access to doctors, medical evidence can be completed by a Community Nurse.

s 37(2)(b)

Using information contained in the medical certificate

If:

- a temporary incapacity exemption may be granted for a customer, see [Assessing and coding medical evidence for temporary incapacity exemptions](#)
- a claim for DSP should be invited, for example, where a doctor has indicated the customer's condition is terminal/will result in a life expectancy of less than 24 months, assist the customer to [claim DSP](#)
- due to the nature of the medical condition and/or the impact of treatment (for example, chemotherapy to treat cancer), a [nominee arrangement](#) may provide additional support for the customer

Employment Services Assessment (ESAt)

A medical certificate may be used as a form of medical evidence for an Employment Services Assessment (ESAt). However, job seekers who are not claiming an exemption from their mutual obligation requirements should be asked to provide a Verification of Medical Conditions (SU684) form completed by their treating medical practitioner wherever possible.

The [Resources](#) page contains a link to forms and the National Business Gateway.

Related links

[Mutual obligation requirement exemptions](#)

[Customers claiming JobSeeker Payment \(JSP\)/Youth Allowance \(YA\) \(Incapacitated\)](#)

[Assessing and coding medical evidence for temporary incapacity exemptions](#)

[Scanning Centrelink medical/sensitive documents using an MFD](#)

[Eligibility for Disability Support Pension \(DSP\)](#)

[Job seekers with a partial capacity to work or a temporary reduced work capacity](#)

[Identifying people with a partial capacity to work](#)

[Assessment Services](#)

[Health Professional Online Services](#)

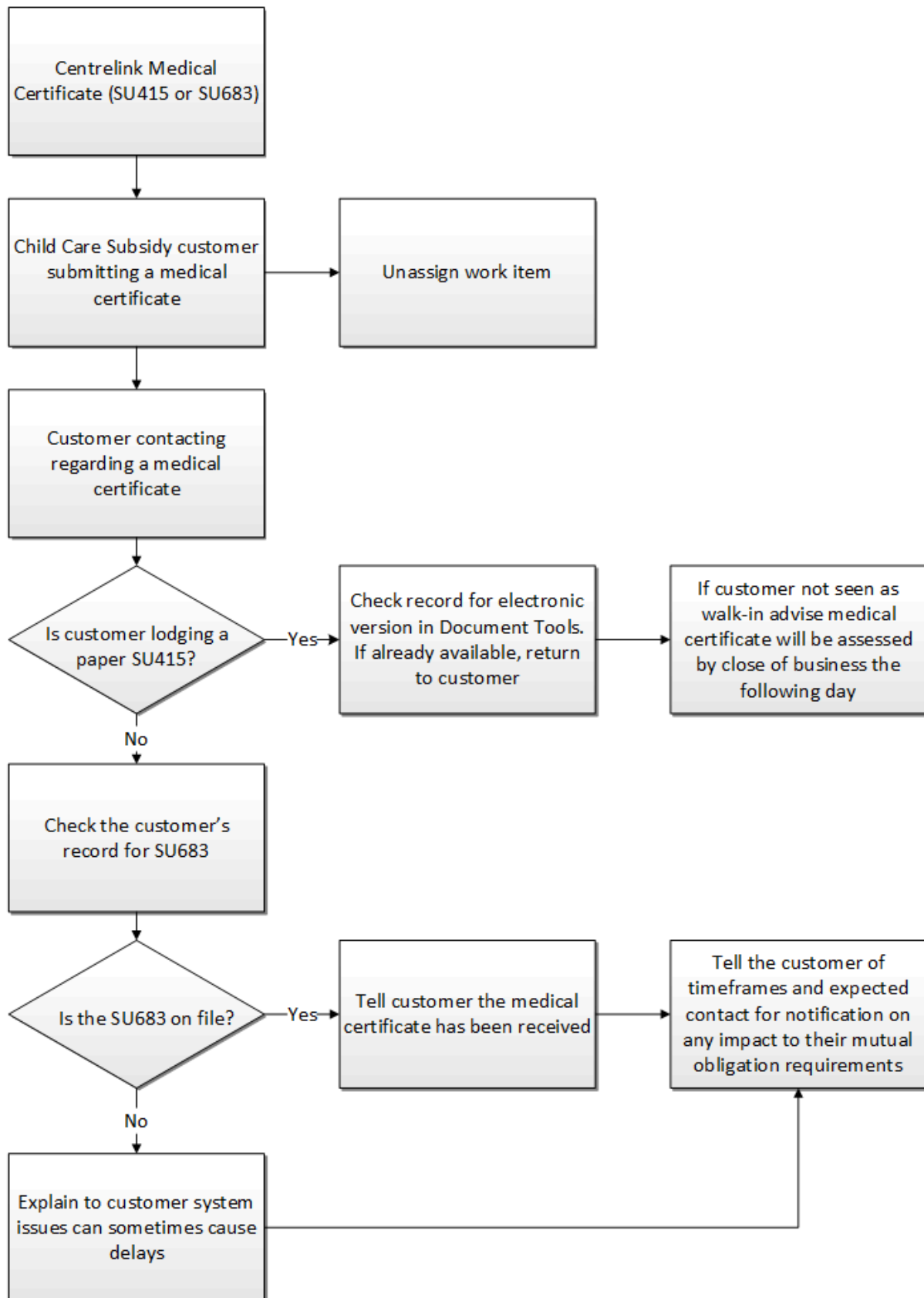
Process Summary

Flowchart

Requirements for a Centrelink Medical Certificate

This image provides a summary of the process when a job seeker lodges a medical certificate seeking an exemption due to illness or injury, or managing an enquiry from a customer or a medical practitioner about a Centrelink Medical Certificate.

Note: [a text based version of the following process summary image is available.](#)



Process



This document outlines use of the Centrelink Medical Certificate (SU415 or SU683) as proof of incapacity. Customers with a medical condition preventing them from working or studying can lodge a valid medical certificate to seek an exemption from or to reduce their mutual obligation requirements. Medical certificates can be provided as part of a claim, or to show continuing entitlement to an income support payment.

Answering job seeker and medical practitioner enquiries

This table provides information about Centrelink Medical Certificate (SU415) to help Service Officers answer enquiries from job seekers or medical practitioners about medical certificates.

Step	Action
1	<p>Initial contact about medical certificates + Read more ...</p> <p>If the person contacting is:</p> <ul style="list-style-type: none"> • a job seeker, go to Step 3 • from a medical practice, go to Step 2 • a Child Care Subsidy customer submitting a medical certificate as evidence to support their Additional Child Care Subsidy (ACCS) claim, go to Step 8
2	<p>Medical practitioners enquiring about Medical Certificates + Read more ...</p> <p>For enquiries from medical practices/practitioners relating to:</p> <ul style="list-style-type: none"> • the online Centrelink Medical Certificate form (SU415), explain the fillable form is available on Services Australia's website. The form is located under the Health Professionals forms page and is for medical practitioners only • paper-based Centrelink Medical Certificates, explain they are supplied to registered medical practitioners, with verification required before medical certificates are sent out. The SU415 - Medical Certificate form outlines how medical certificates can be ordered via: <ul style="list-style-type: none"> ○ email (preferred option) ○ mail ○ phone ○ the Medical Certificate Ordering Service • re-order forms, explain: <ul style="list-style-type: none"> ○ the forms are included towards the back of each issued SU415 pad

	<ul style="list-style-type: none"> ○ they can phone the National Business Gateway to order further SU415 pads. Voice mail is available when the phone cannot be answered personally <p>If a medical practice contacts Services Australia to order medical certificates, Service Officers must:</p> <p>s 47E(d), s 37(2)(b)</p> <p>All orders are usually dispatched the same day the order was received or the next working day. Medical practitioners are advised to allow 14 days for delivery regardless of the ordering method.</p> <p>Procedure ends here.</p>
3	<p>Medical certificate lodgement + Read more ...</p> <p>Is the customer lodging a paper medical certificate?</p> <ul style="list-style-type: none"> • Yes, go to Step 4 • No, go to Step 6
4	<p>Check for an electronically lodged version + Read more ...</p> <p>Go to the Document Tools screen.</p> <p>Is an electronic Medical Certificate (SU683) also available?</p> <ul style="list-style-type: none"> • Yes, return the medical certificate to the customer, advising the information has already been received electronically. Go to Step 8 • No, go to Step 5
5	<p>SU683 is not available + Read more ...</p> <p>Where the customer cannot be seen as a walk-in, check the customer's contact details are correct and up to date. Scan the medical certificate to the customer's record.</p> <p>An activity will be created and allocated to the next available suitably skilled officer for action.</p>

	<p>Tell the customer:</p> <ul style="list-style-type: none"> • they will be notified of the outcome when their medical certificate is assessed • they must continue meeting their mutual obligation requirements until their application for an exemption is assessed • to contact their provider before the scheduled start time of any appointments/activities if they are unable to meet their requirements <p>See Assessing and coding medical evidence for temporary incapacity exemptions.</p> <p>Procedure ends here.</p>
6	<p>Managing enquiries about electronic medical certificates + Read more ...</p> <p>A customer whose medical practitioner has lodged an electronic medical certificate (SU683) using Health Professional Online Services (HPOS) may contact about its status.</p> <p>Check the customer's record for the SU683, either via:</p> <ul style="list-style-type: none"> • the Document Tools screen, or s 47E(d) <p>Is the SU683 on file?</p> <ul style="list-style-type: none"> • Yes, tell the customer the medical certificate has been received <ul style="list-style-type: none"> ○  go to Step 8 ○  assess medical certificate, see Assessing and coding medical evidence for temporary incapacity exemptions • No, go to Step 7
7	<p>Electronic medical certificate not on file + Read more ...</p> <p>When a medical certificate is lodged online via the HPOS portal, the medical certificate attaches to the customer's record on the system.</p> <p>Note: medical certificates will appear on the customer's record the same day they are lodged by the medical practitioner, however, system issues (for example, cannot match data) can sometimes cause delays.</p>
8	<p>What to tell the customer + Read more ...</p> <p>Tell the customer, once assessed, Services Australia will advise the outcome and any impacts on mutual obligation requirements.</p>

	<p>For detailed processing information, see Assessing and coding medical evidence for temporary incapacity exemptions.</p> <p>Note: tell customers querying the online Centrelink Medical Certificate form (SU415) they must not access or download this form, but can tell their medical practitioner the form is available on Services Australia's website.</p> <p>Procedure ends here.</p>
9	<p>Unassign work item + Read more ...</p> <p>If the medical certificate has been lodged as evidence for either an ACCS Exceptional Circumstance Claim or ACCS Temporary Financial Hardship (ACCSTFH) Claim and has been allocated to a staff member s 47E(d)</p> <p>For detailed processing information, see Workload Management.</p>

References

Policy

[Social Security Guide, 3.6.5.120, Expiry and extension of the MAP for SA](#)

Information on how the authenticity of a medical certificate is verified is contained under the '**Verifying medical certificate**' heading of the following reference:

[Social Security Guide, 2.2.11, Disability and carer verification](#)

[Social Security Guide, 3.1.3, Notification and recipient obligations](#)

[Social Security Guide, 3.11.5.10, Temporary incapacity](#)

Parenting Payment

[Social Security Guide, 3.11.5.10, Temporary incapacity](#)

Legislation

[Social Security \(Administration\) Act 1999](#)

- section 63, Requirement to attend Department etc.
- section 64, Requirement to undergo medical examination etc.
- section 40L, Circumstances making it unreasonable etc. to comply with requirements (job seekers)

- section 68, Person receiving social security payment or holding concession card

Social Security Act 1991

- section 542A, Temporary incapacity exemption (students)
- section 542C, Time limit for temporary incapacity exemptions-maximum exemption period (students)
- part 2.12, division 1, Qualification for and payability of JobSeeker Payment

Resources

Services Australia website

[Centrelink Medical Certificate form \(SU415\)](#)

Forms

[SU415 - Medical Certificate](#)

[Claim for Disability Support Pension \(SA466\)](#)

[Claim for Disability Support Pension for a Terminal Illness \(SA494\)](#)

Contact details

[National Business Gateway](#) for medical certificate ordering service

Training & Support

Add the course number to the ^{s 47E(d)} field in the ^{s 47E(d)} in ESSentials:

- ^{s 47E(d)} - Job Seeker Snapshot and RapidConnect
- ^{s 47E(d)} - Job Plans, requirements and exemptions
- ^{s 47E(d)} - Temporary Incapacity Exemptions