

When to use this form



Use this form if you are:

- claiming a payment or concession card and cannot provide your partner's details within your claim
- currently getting a payment or concession card and cannot provide your partner's details over the phone or in person. If you can provide your partner's details over the phone or in person, your partner must be with you
- currently getting Parenting Payment at the single rate and you are still the principal carer of a child younger than 6 years.

You may be required to complete this form if we have assessed you as having a partner.

Do **not** use this form if you are:

- currently getting Parenting Payment at the single rate and you are no longer the principal carer of a child younger than 6 years. You must claim another payment. For more information, go to servicesaustralia.gov.au/paymentfinder
- living outside Australia. Complete a **Partner details (AUS174)** form instead. If you do not have this form, go to servicesaustralia.gov.au/forms

Having a partner

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

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

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

If you have been separated from your current partner, you need to tell us the date you most recently reconciled for us to correctly assess any entitlement to payments or services.

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

Partner permitted to enquire

Allowing your partner to enquire on your behalf may save you time when dealing with us. It will let you and your partner use more self-service functions online and over the phone.

If you give your partner **permission to enquire**, it will allow your partner to ask questions about your Centrelink payments and services. They could ask us:

- your current rate of payment
- the reason your payment has stopped
- the reason your payment has gone up or down, for example, income and assets, debt and back payment information.

They **can** tell us how much employment income you were paid, changes in your circumstances and view your details online.

They **cannot**:

- act on your behalf with Centrelink
- apply for payments for you
- fill in and sign forms and statements on your behalf
- come to appointments for you.

You have a right to have your personal information kept private. For more information, go to **servicesaustralia.gov.au/privacypolicy**

You can give or remove who you give permission to enquire to, at any time. You can do this online or by calling us.

If your partner would like to give you permission to enquire on their behalf, they can do this via their Centrelink online account or by calling us.

Family and domestic violence

If you are affected by family and domestic violence, there is help available. Call **132 850** Monday to Friday, 8 am to 5 pm local time, and ask to speak to a social worker. Otherwise, you can contact 1800RESPECT (**1800 737 732**), a 24 hour service. If you are in immediate danger, call 000. For more information, go to **servicesaustralia.gov.au/domesticviolence**

Additional services



If you need to call us, go to **servicesaustralia.gov.au/phoneus**

Information in your language

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

Hearing and speech assistance

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

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

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

Filling in this form

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

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

If you have a printed form:

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

About you

1 Your Customer Reference Number (if known)

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2 Your name

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

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4 Has your phone number changed since you last told us?

No ☐ **Go to next question**

Yes ☐ Phone number (including area code)

Is this account in your name?

No ☐

Yes ☐

5 Has your address or accommodation details changed since you last told us?

No ☐ **Go to next question**

Yes ☐ You can update your details:

- online, go to **servicesaustralia.gov.au/onlineguides**
- by calling us, go to **servicesaustralia.gov.au/phoneus**

Go to next question

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

For more information, read page 2 of the Notes.

No ☐

Yes ☐

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

For more information on relationship status, read 'Having a partner' on page 1 of the Notes.

If you have ever been separated from your current partner, give the date that you most recently got back together (reconciled) with your partner.

This will update your Centrelink record only. Contact Medicare and/or Child Support to update your record if you have one.

Married

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

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Go to next question

Registered relationship

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

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Go to next question

De facto

(your relationship is similar to a married couple but you are not married or in a registered relationship)

☐ Date you started your relationship or last reconciled with your partner (DD MM YYYY)

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Go to next question



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About your partner

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

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9 Your partner's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

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

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11 Has your partner been known by any other name(s)?

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No ☐ Go to next question

Yes ☐ Give details below

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, name before marriage)

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

12 Your partner's gender

Male ☐

Female ☐

Non-binary ☐

13 Read this before answering the following question.

Providing a mobile phone number or an email address means your partner may receive SMS or emails from us. To read the terms and conditions, go to servicesaustralia.gov.au/em

Your partner's contact details

Phone number
(including area code)

What type of number is this?

Mobile ☐

Home ☐

Work ☐

Is this account in your partner's name? No ☐

Yes ☐

Email

14 Is your partner currently living in the same home as you?

No ☐ Go to next question

Yes ☐ Go to 18

15 What is your partner's address?

Your partner's permanent address

Postcode

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

Postcode

16 Why is your partner not living with you?

Your/your partner's employment ☐

Your/your partner's illness ☐

You are/your partner is in respite care ☐

You are/your partner is in
psychiatric confinement ☐

You are/your partner is in prison ☐

Other ☐ Give details below

17 Period your partner is not living with you

From (DD MM YYYY)

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To (DD MM YYYY)

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or indefinite ☐

18 Read this before answering the following questions.

You may not be paid if your partner does not give us their tax file number (TFN). If your partner does not have a TFN, or does not know what it is, they can apply for one through the Australian Taxation Office.

In giving us your partner's TFN in relation to this claim they authorise us to use their TFN for other social security and family assistance payments and services in future where necessary.

Has your partner given us their tax file number before?

No ☐ Go to next question

Not sure ☐ Go to next question

Yes ☐ **Go to 20**

19 Does your partner have a tax file number?

No ☐ Go to **ato.gov.au**

Go to next question

Yes ☐ Your partner's tax file number

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20 Read this before answering the following question.

An **income support payment** is a regular payment or allowance that helps you with living costs. For information on what is an income support payment, go to servicesaustralia.gov.au/incomesupportpayments

ABSTUDY is a group of payments for Australian Aboriginal and Torres Strait Islanders students undertaking an approved course of study, Australian Apprenticeship or traineeship.

Family Assistance includes Family Tax Benefit and/or Child Care Subsidy, both which assist with the cost of raising children.

Carer Allowance is a fortnightly supplement if you give additional daily care to someone who has a disability, serious illness, or is frail aged.

Low Income Health Care Card is a concession card to get cheaper health care and some discounts if you are on a low income.

Commonwealth Seniors Health Card is a concession card to get cheaper health care and some discounts if you have reached Age Pension age.

Home Equity Access Scheme is a scheme that provides financial support to older Australians in the form of a voluntary, non-taxable, government funded loan.

Support at Home (Homecare pre 1 November 2025) is a means tested Government subsidised Aged care service which allows older Australians to stay at home for longer.

Residential Care is a means tested Government subsidised Aged care service for older Australians who can no longer live independently at home.

Select the option which best represents the **combination** of payments/services **you and your partner** are claiming or receiving.

You	Your partner	Tick one only	If you need to provide a Mod(iA) form, go to servicesaustralia.gov.au/forms
<ul style="list-style-type: none"> Income Support Payment, or ABSTUDY 	<ul style="list-style-type: none"> Income Support Payment, or ABSTUDY 	<input type="checkbox"/>	Go to 21
	<ul style="list-style-type: none"> Family Assistance only, Carer Allowance only, or Home Equity Access Scheme only 	<input type="checkbox"/>	Your partner will need to complete and return an <i>Income and Assets (Mod iA)</i> form. ▶ Go to 45
	<ul style="list-style-type: none"> Low Income Health Care Card only, or Commonwealth Seniors Health Card only 	<input type="checkbox"/>	Your partner will need to complete and return an <i>Income and Assets (Mod iA)</i> form. ▶ Go to 23
	<ul style="list-style-type: none"> Nil 	<input type="checkbox"/>	You will need to complete and return an <i>Income and Assets (Mod iA)</i> form. ▶ Go to 37
<ul style="list-style-type: none"> Family Assistance, Carer Allowance, or Home Equity Access Scheme only 	<ul style="list-style-type: none"> Income Support Payment, or ABSTUDY 	<input type="checkbox"/>	You will need to complete and return an <i>Income and Assets (Mod iA)</i> form. ▶ Go to 45
	<ul style="list-style-type: none"> Family Assistance only, Carer Allowance only, or Home Equity Access Scheme only 	<input type="checkbox"/>	Go to 45
	<ul style="list-style-type: none"> Low Income Health Care Card only, or Commonwealth Seniors Health Card only 	<input type="checkbox"/>	Go to 23
	<ul style="list-style-type: none"> Nil 	<input type="checkbox"/>	Go to 37
<ul style="list-style-type: none"> Low Income Health Care Card, or Commonwealth Seniors Health Card 	<ul style="list-style-type: none"> Income Support Payment, or ABSTUDY Nil 	<input type="checkbox"/>	You will need to complete and return an <i>Income and Assets (Mod iA)</i> form. ▶ Go to 22
	<ul style="list-style-type: none"> Family Assistance only, Carer Allowance only, or Home Equity Access Scheme only 	<input type="checkbox"/>	Your partner will need to complete and return an <i>Income and Assets (Mod iA)</i> form. ▶ Go to 22
	<ul style="list-style-type: none"> Low Income Health Care Card only 	<input type="checkbox"/>	Go to 24
	<ul style="list-style-type: none"> Commonwealth Seniors Health Card 	<input type="checkbox"/>	Go to 22
<ul style="list-style-type: none"> Support at Home or Residential Care only 	Support at Home or Residential Care only and not in receipt of an Income Support Payment	<input type="checkbox"/>	Go to 37

- 21 Have there been any changes in your or your partner's income or assets since the date you became partnered or last reconciled, that you have not already told us about?

No ☐ Go to next question

Yes ☐



You and your partner will need to complete and return an **Income and Assets (Mod iA)** form.

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

Go to next question

- 22 Which one of the following are **you** receiving or claiming?

Tick one only

Income support payment or ABSTUDY ☐ Go to next question

Low Income Health Care Card ☐ Go to 24

Commonwealth Seniors Health Card ☐ Go to 27

- 23 Which one of the following is **your partner** receiving or claiming?

Tick one only

Income support payment, ABSTUDY, Family Assistance, Carer Allowance or Home Equity Access Scheme ☐ Go to 45

Low Income Health Care Card ☐ Go to next question

Commonwealth Seniors Health Card ☐ Go to 27

Income details for Low Income Health Care Card

If you are claiming a Low Income Health Care Card and your partner has not previously confirmed their identity, they will need to do this. They can do this over the phone.

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

- 24 Did **you or your partner** get paid any income from employment in the last 8 weeks?

Do not include:

- income from self-employment
- any Parental Leave Pay
- Dad and Partner Pay.

If you are a sub-contractor but are not sure if you should be declaring your income as a business or as an employee, call us to discuss.

No ☐ Go to 26

Yes ☐ Give details below

1 Person working for this employer

You ☐ Your partner ☐

Employer's name

Address

Postcode

Phone number
(including area code)

2 Person working for this employer

You ☐ Your partner ☐

Employer's name

Address

Postcode

Phone number
(including area code)

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

- 25 Give details of income paid to **you and your partner** in the 8 weeks before you became partnered.

GROSS income from employment **includes**:

- amounts voluntarily salary sacrificed (including superannuation)
- the value of employer provided fringe benefits.

Do not include:

- Parental Leave Pay
- Dad and Partner Pay.

You

Gross amount paid per week (before tax and other deductions)

\$	Week 1
\$	Week 2
\$	Week 3
\$	Week 4
\$	Week 5
\$	Week 6
\$	Week 7
\$	Week 8

or Gross amount paid per fortnight (before tax and other deductions)

\$	Fortnight 1
\$	Fortnight 2
\$	Fortnight 3
\$	Fortnight 4

Your partner

Gross amount paid per week (before tax and other deductions)

\$	Week 1
\$	Week 2
\$	Week 3
\$	Week 4
\$	Week 5
\$	Week 6
\$	Week 7
\$	Week 8

or Gross amount paid per fortnight (before tax and other deductions)

\$	Fortnight 1
\$	Fortnight 2
\$	Fortnight 3
\$	Fortnight 4



You will need to provide proof of **your and your partner's** employment income for this 8 weeks period. This may include:

- payslips for the last 8 weeks, or
- a letter from the employer stating gross wages.

Letters and payslips must have the employer's name and address on them. Bank statements do not provide sufficient proof of wages.

- 26 Are **you or your partner** also receiving a Commonwealth Seniors Health Card?

No ☐ **Go to 36**

Yes ☐ **Go to next question**

Income details for Commonwealth Seniors Health Card

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

The income details you provide can be for either of the 2 financial years before the current financial year. They should be the most recent details that you can verify. You and your partner must provide income details for the same financial year.

Which financial year are **you and your partner** providing income details for?

					/					
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- 28 Have **you** lodged an income tax return for the financial year indicated above?

No ☐ Give the reason why you have not lodged an income tax return

Income was below the tax free threshold or as a result of an Australian Taxation Office tax offset ☐

Only income was a government pension or allowance ☐

None of the above ☐

Go to next question

Yes ☐ **Go to next question**

- 29 Has **your partner** lodged an income tax return for the financial year indicated above?

No ☐ Give the reason why your partner has not lodged an income tax return

Income was below the tax free threshold or as a result of an Australian Taxation Office tax offset ☐

Only income was a government pension or allowance ☐

None of the above ☐

Go to next question

Yes ☐ **Go to next question**

30 Read this before answering the following question.

If you (or your partner) own any account-based income streams, income may be deemed on the account balance of the pension and added to any other income amounts you have declared to determine whether you are entitled to a Commonwealth Seniors Health Card.

Do you (or your partner) receive income from an account-based income stream?

No ☐ ► *Go to next question*

Yes ☐ ► Give details below



For each account-based income stream, you (and/or your partner) will need to provide a:


- Centrelink/DVA schedule or similar schedule, or
- **Details of income stream product (SA330)** form.

The schedule or form must be completed by your:

- product provider
- the trustee of the Self Managed Superannuation Funds (SMSF) or Small APRA Funds (SAF), or
- SMSF administrator.

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

31 Give the following income details for the financial year you have given in question 27.

	You	Your partner	 Documents
A Taxable income or If you (and/or your partner) are not required to lodge an income tax return, give the amount of income you (and/or your partner) received. Only include income that is taxable. Do not include income asked for in parts B to E of this question.	<div>\$</div> <div>or</div> <div>\$</div>	<div>\$</div> <div>or</div> <div>\$</div>	Provide an original Notice of Assessment issued by the Australian Taxation Office or documents to verify this amount.
B Foreign income you (and/or your partner) did not pay Australian income tax on. Write the amount in Australian dollars.	<div>+</div> <div>AUD</div>	<div>+</div> <div>AUD</div>	Provide your income tax return or if you (and/or your partner) are not required to lodge an income tax return, other documents to verify this amount.
C Total net investment loss: <ul style="list-style-type: none"> Net rental property losses (see the Income tests section of your income tax return) Net financial investment losses (see the Income tests section of your income tax return) You must add these amounts even though they are a loss because such a loss will have reduced your taxable income.	<div>+</div> <div>\$</div> <div>+</div> <div>\$</div>	<div>+</div> <div>\$</div> <div>+</div> <div>\$</div>	Provide your income tax return or if you (and/or your partner) are not required to lodge an income tax return, other documents to verify this amount.
D Value of employer provided benefits above \$1,000. Write the total amount of your employer provided benefits less the first \$1,000.	<div>+</div> <div>\$</div>	<div>+</div> <div>\$</div>	Provide your payment summary.
E Total amount of: <ul style="list-style-type: none"> reportable employer superannuation contributions (see the Income tests section of your income tax return) personal deductible superannuation contributions (see the Supplementary section of your income tax return) 	<div>+</div> <div>\$</div> <div>+</div> <div>\$</div>	<div>+</div> <div>\$</div> <div>+</div> <div>\$</div>	Provide your payment summary, income tax return or if you (and/or your partner) are not required to lodge an income tax return, other documents to verify this amount.
F Total income (A + B + C + D + E = F)	<div>=</div> <div>\$</div>	<div>=</div> <div>\$</div>	
G Your (and your partner's) combined total adjusted taxable income.	<div>\$</div>		

- 32 Is the:
- **combined total adjusted taxable income** listed at 31G
 - **plus the deemed income** from an account-based income stream (if you or your partner receive any)
- below or above the income limit for the Commonwealth Seniors Health Card?

Go to servicesaustralia.gov.au/deeming for the current deeming rates and servicesaustralia.gov.au/seniorshealthcard for the current income limits.

Below the income limit ☐ **Go to 36**

Above the income limit ☐ **Go to next question**

- 33 Will your and your partner's combined income in the current financial year be lower than it was in the financial year you indicated at question 27?

No ☐ **Go to 36**

Yes ☐ **Go to next question**

- 34 Why will your and your partner's income be lower (for example, stopped working, previously sold significant asset(s) to pay for medical expenses, ceased operating a business)?



You will need to provide evidence to support the reason your and your partner's income will be lower.

35 Give an **estimate** of the income you and your partner expect to receive in the **current** financial year.

	You	Your partner
A Estimated taxable income or If you (and/or your partner) are not required to lodge an income tax return, give the amount of income you (and/or your partner) received. Only include income that is taxable. Do not include income asked for in parts B to E of this question.	<div>\$</div> <div>or</div> <div>\$</div>	<div>\$</div> <div>or</div> <div>\$</div>
B Foreign income you (and/or your partner) did not pay Australian income tax on. Write the amount in Australian dollars.	<div>+</div> <div>AUD</div>	<div>+</div> <div>AUD</div>
C Total net investment loss: <ul style="list-style-type: none"> Net rental property losses (see the Income tests section of your income tax return) Net financial investment losses (see the Income tests section of your income tax return) You must add these amounts even though they are a loss because such a loss will have reduced your taxable income.	<div>+</div> <div>\$</div> <div>+</div> <div>\$</div>	<div>+</div> <div>\$</div> <div>+</div> <div>\$</div>
D Value of employer provided benefits above \$1,000. Write the total amount of your employer provided benefits less the first \$1,000.	<div>+</div> <div>\$</div>	<div>+</div> <div>\$</div>
E Total amount of: <ul style="list-style-type: none"> reportable employer superannuation contributions (see the Income tests section of your income tax return) personal deductible superannuation contributions (see the Supplementary section of your income tax return) 	<div>+</div> <div>\$</div> <div>+</div> <div>\$</div>	<div>+</div> <div>\$</div> <div>+</div> <div>\$</div>
F Total income (A + B + C + D + E = F)	<div>=</div> <div>\$</div>	<div>=</div> <div>\$</div>
G Your (and your partner's) combined total adjusted taxable income. This total Adjusted Taxable Income plus any deemed income you (and your partner) may have from any account-based income streams will be used to work out your eligibility.	<div>\$</div>	

36 Is your partner in receipt of any payments or services?

No ☐ **Go to next question**

Yes ☐ **Go to 45**

About your partner

37 What country is your partner currently living in?

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

Australia ☐ Go to next question

Other ☐ Country where your partner lives

38 Has your partner **ever** travelled outside Australia, including short trips and holidays?

This question will help us to verify their Australian residence.

No ☐ Go to next question

Not applicable – never ☐ Go to next question
travelled to Australia

Yes ☐ Give details below

Year last entered Australia

Passport number

Country of issue

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

No ☐ Go to next question

Yes ☐ Go to 45

40 What is your partner's country of birth?

41 What is your partner's country of citizenship?

Australia ☐ Date citizenship granted (DD MM YYYY)

Go to 45

Other ☐ Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

42 Has your partner ever lived in Australia?

No ☐ Go to 45

Yes ☐ Go to next question

43 What type of visa did your partner arrive on?

Permanent ☐ Go to next question

Temporary ☐ Go to next question

New Zealand passport ☐ Go to 45
(Special Category visa)

Not sure ☐ Go to 45

44 Your partner's current visa details

Visa subclass

Date visa granted (DD MM YYYY)

About your family

45 Do you and/or your partner have in your care children younger than 20?

No ☐ Go to 58

Yes ☐ Go to next question

46 Do you or your partner receive Family Tax Benefit or Child Care Subsidy?

No ☐

You and/or your partner may be eligible for Family Tax Benefit and/or Child Care Subsidy. For more information, go to servicessaustralia.gov.au/families

If you have children in your care younger than 6, you or your partner may also be eligible for Parenting Payment, go to servicessaustralia.gov.au/parentingpayment

Go to 58

Yes ☐ Go to next question

Taxable income for Family Tax Benefit and/or Child Care Subsidy purposes

47 Read this before answering the following questions.

We use your family income estimate to work out how much Family Tax Benefit and/or Child Care Subsidy we pay you.
Your estimated annual income should be based on your and your partner's income components as listed in the tables.
For more information on what to include in your family income estimate, go to servicesaustralia.gov.au/familyincomeestimate

Use the following table to estimate your and your partner's annual taxable income for the **current** financial year.
If you did not get income from any of the following sources, write **\$0** in the appropriate boxes.

	You	Your partner
A Estimated taxable income from salary and wages	\$	\$
B Estimated taxable income from Australian Government payments	\$	\$
C Other estimated taxable income	AUD	AUD
Total estimated taxable income (total of A to C)	= \$	\$

48 Provide details of how much you and your partner expect to get from any of the following sources in the **current** financial year. If you do not get income from any of the following sources, write **\$0** in the appropriate boxes.

	You	Your partner
	Estimated amount	Estimated amount
A Exempt reportable fringe benefits	\$	\$
	Estimated amount	Estimated amount
B All other reportable fringe benefits	\$	\$
	Estimated amount	Estimated amount
C Reportable superannuation contributions	\$	\$
	Estimated amount	Estimated amount
D Total net investment losses	– \$	– \$
	Estimated amount	Estimated amount
E Tax free pensions and benefits	\$	\$
	Estimated amount	Estimated amount
F Foreign income	AUD	AUD
	Estimated amount	Estimated amount
G Tax exempt foreign income	AUD	AUD
	Estimated amount	Estimated amount
H Child support you and/or your partner pay	\$	\$

49 Do you or your partner receive Child Care Subsidy?

- No ☐ Go to 56
- Yes ☐ Go to next question

Child Care Subsidy hours

50 Read this before answering the following questions.

This information helps us work out your hours of subsidised child care per fortnight.

From 5 January 2026, all Child Care Subsidy eligible families can get 72 hours of subsidised child care per fortnight. To get 100 hours of subsidised child care, you and your partner need to engage in more than 48 hours of recognised participation per fortnight or have a valid exemption.

For more information on recognised participation, go to servicesaustralia.gov.au/childcaresubsidy

Are all the children you receive Child Care Subsidy for Aboriginal or Torres Strait Islander children?

- No ☐ Go to next question
- Yes ☐ Go to 55

You

51 Do you engage in more than 48 hours of recognised participation per fortnight?

- No ☐ If you were previously engaged in more than 48 hours of recognised participation per fortnight, when did you stop? (DD MM YYYY)

Go to 54

- Yes ☐ Go to next question

52 What date did you start engaging in recognised participation for more than 48 hours?

Start date (DD MM YYYY)

End date (if known) (DD MM YYYY)

53 For the period above, which recognised participation types are you engaged in and for how many hours per fortnight?

Make sure the hours entered total more than 48 hours.

Recognised participation type	Hours per fortnight
Paid work	
Unpaid leave	
Study	
Training	
Volunteering	
Unpaid work experience or internship	
Unpaid work in a family business	
Looking for work	
Setting up a business	

Continued

Your partner

51 Does your partner engage in more than 48 hours of recognised participation per fortnight?

- No ☐ If your partner was previously engaged in more than 48 hours of recognised participation per fortnight, when did they stop? (DD MM YYYY)

Go to 54

- Yes ☐ Go to next question

52 What date did your partner start engaging in recognised participation for more than 48 hours?

Start date (DD MM YYYY)

End date (if known) (DD MM YYYY)

53 For the period above, which recognised participation types is your partner engaged in and for how many hours per fortnight?

Make sure the hours entered total more than 48 hours.

Recognised participation type	Hours per fortnight
Paid work	
Unpaid leave	
Study	
Training	
Volunteering	
Unpaid work experience or internship	
Unpaid work in a family business	
Looking for work	
Setting up a business	

Continued

Continued

Recognised participation type	Hours per fortnight
Caring for an adult or child with a disability	
Other recognised participation (needs to maintain or improve work skills or employment prospects (or both))	
Provide details for the other recognised participation type you are engaged in.	
Total hours	

54 Read this before answering the following question.

The following question is optional, information you tell us may be used to work out your hours of subsidised child care.

Do any of the following circumstances impact your ability to engage in recognised participation?

No or do not wish ☐ Go to next question to answer

Yes ☐ Give details below

Circumstance	Dates
Have a disability or impairment (including if you are receiving Disability Support Pension)	Start date (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div> End date (if known) (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div>
In prison	Start date (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div> End date (if known) (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div>
In psychiatric confinement due to being charged with an offence	Start date (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div> End date (if known) (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div>

► Go to next question

Continued

Recognised participation type	Hours per fortnight
Caring for an adult or child with a disability	
Other recognised participation (needs to maintain or improve work skills or employment prospects (or both))	
Provide details for the other recognised participation type you are engaged in.	
Total hours	

54 Read this before answering the following question.

The following question is optional, information you tell us may be used to work out your hours of subsidised child care.

Do any of the following circumstances impact your partner's ability to engage in recognised participation?

No or do not wish ☐ Go to next question to answer

Yes ☐ Give details below

Circumstance	Dates
Have a disability or impairment (including if you are receiving Disability Support Pension)	Start date (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div> End date (if known) (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div>
In prison	Start date (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div> End date (if known) (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div>
In psychiatric confinement due to being charged with an offence	Start date (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div> End date (if known) (DD MM YYYY) <div> <div></div> <div></div> <div></div> </div>

► Go to next question

55 Read this before answering the following questions.

This information helps us work out your hours of subsidised child care per fortnight.

Before 5 January 2026, we worked out your hours of subsidised child care using the Activity Test. If you or your partner were receiving Child Care Subsidy and your relationship started before 5 January 2026, you will need to tell us your and your partners Activity Test details.

For more information on the Activity Test, go to servicesaustralia.gov.au/childcaresubsidy

Were you or your partner receiving Child Care Subsidy and became partnered (advised at question 7) before 5 January 2026?

No ☐ **Go to 56**

Yes ☐ Give details of all the activities that apply to you and your partner.

Activity	Tick if this applies to you	Tick if this applies to your partner	Total number of hours per fortnight	Start date (DD / MM / YYYY)	End date (if known) (DD / MM / YYYY)
Paid work	<input type="checkbox"/>			/ /	/ /
Estimate the highest number of hours you expect to work in any fortnight over the next 3-month period.		<input type="checkbox"/>		/ /	/ /
Is paid work casual or irregular?	<input type="checkbox"/>				
		<input type="checkbox"/>			
Unpaid leave	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
Study	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
Training	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
Volunteering	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
Unpaid work experience or internship	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
Unpaid work in family business	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
Looking for work	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
Setting up a business	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
Caring for an adult or child with a disability	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
Other (needs to maintain or improve work skills or employment prospects (or both)) *	<input type="checkbox"/>			/ /	/ /
		<input type="checkbox"/>		/ /	/ /
None of the above	<input type="checkbox"/>	<input type="checkbox"/>			

* If you or your partner are engaged in 'Other' activities, give details below.

You

Your partner

56 Do you and/or your partner **share** the care of your children with someone else?

No ☐ **Go to 58**

Yes ☐ **Go to next question**

57 Has the care arrangements of children in your care changed since you last told us?

No ☐ If you or your partner's care arrangements change, you will need to contact us to update your details.

▶ **Go to next question**

Yes ☐  You and/or your partner will need to complete and return a **Details of your child's care arrangement (FA012)** form.

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

▶ **Go to next question**

Checklist

58 Which of the following forms and documents are you and/or your partner providing with this form?

Where you are asked to supply documents, provide original documents. In some circumstances, copies may be accepted as detailed in the below checklist.

If you are not sure, check the question to see if you should provide the documents.

Income and Assets (Mod iA) form (if required at **question 20** or you answered Yes at **question 21**) ☐

Payslips or a letter from your and/or your partner's employer confirming income for the last 8 weeks (if you answered **question 25**) ☐

Centrelink/DVA schedule or similar schedule or a **Details of income stream product (SA330)** form (if you answered Yes at **question 30**) ☐

Original Notice of Assessment or if you are not required to lodge a tax return, other documents to verify the amount provided (if required at **question 31A**) ☐

Income tax returns or if you are not required to lodge an income tax return, other documents to verify the amount/s provided (if required at **questions 31B** and/or **31C**) ☐

Payment summary (if required at **question 31D**) ☐

Payment summary and/or income tax return or if you are not required to lodge an income tax return, other documents to verify this amount (if required at **question 31E**) ☐

Documents to support the reason your income will be lower (required at **question 34**) ☐

Details of your child's care arrangement (FA012) form (if you answered Yes at **question 57**) ☐

Privacy notice

59 You and your partner need to read this

Privacy and your personal information

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

Declaration

60 We declare that:

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

We understand that:

- if submitting this form as part of a claim, the claim may not be accepted, unless supporting documents are lodged at the same time as the claim. The only exception will be if we are waiting for medical evidence or other documents from a third party
- Services Australia can make relevant enquiries to make sure we get the correct entitlement
- giving false or misleading information is a serious offence.

Your signature



Date (DD MM YYYY)

Your partner's signature



Date (DD MM YYYY)

Next steps

Check that you have done the following:

- answered all the questions that you need to
- provided all requested information and any additional forms. If your partner does not have a tax file number, go to **ato.gov.au** for more information.
- you and your partner have signed and dated this form.

Returning this form

Return this form and any supporting documents:

- online using your Centrelink online account. For more information, go to **servicesaustralia.gov.au/centrelinkuploaddocs**
- by post to
Services Australia
PO Box 7802
CANBERRA BC ACT 2610
- in person at one of our service centres.