

When to use this form

Use this form to provide information about the person in psychiatric confinement to help Services Australia assess their eligibility for Centrelink payments by confirming if:

- they are still in psychiatric confinement
- they have entered a psychiatric institution
- their circumstances have changed, for example, their rehabilitation has ceased or their conviction status has changed.

This form is **not** a claim for Centrelink payments.

Important information

This form must be completed by an authorised representative of the correctional authority/facility.

Return the completed form to us **within 14 days** of being given this form.

For more information

Call us on **132 717**.

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.

1 Customer's Customer Reference Number (if known)

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2 Customer's name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Customer's date of birth (DD MM YYYY)

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4 Has the customer 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*

Other name

Type of name (for example, name at birth)

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

5 Customer's gender

Male

Female

Non-binary

6 Date customer admitted to psychiatric institution (DD MM YYYY)

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7 Name of psychiatric institution

Phone number (including area code)

Name of contact person

Title/profession of contact person



CLK0SA379 2601

16 Details of person completing this form (if different to question 15)

Full name

Title/profession

Contact phone number (including area code)

Privacy policy

17 You need to read this

**Important information
for the person completing this form**

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 to provide payments and services. 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

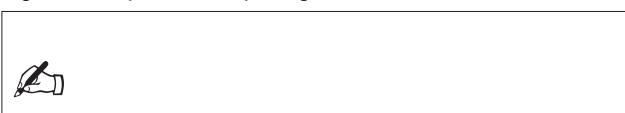
18 I declare that:

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

I understand that:

- giving false or misleading information is a serious offence.

Signature of person completing this form



Date (DD MM YYYY)

<input type="text"/>					
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Returning this form

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

Return this form and any supporting documents

by post to

Services Australia
Disability Services
PO Box 7806
CANBERRA BC ACT 2610