Australian Government
Services Australia

centrelink

Review of care provided
Carer Payment and/or Carer Allowance
Caring for a person – 16 years or over **(SA010)**

When to use this form

Services Australia uses this form to review your Carer Payment and/or Carer Allowance to make sure your payment is correct. This review is to get information about the personal circumstances and medical condition of the person you care for.

A **Carer Payment and/or Carer Allowance Medical Report – For a person – 16 years or over** (**SA332(a)**) form has been sent with this review and must be completed by the treating health professional that treats the person you care for.

Online account

To find out what payments you can claim online, or how to manage or update your details using your Centrelink online account, go to **servicesaustralia.gov.au/onlineguides**

You need a myGov account to link and use your Centrelink online account or Express Plus Centrelink mobile app. If you do not have a myGov account, go to **my.gov.au** and create one.

For more information

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

Call us on **132 717**.

Information in your language

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

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

Hearing and speech assistance

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

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

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

This form must be filled in by the person providing care

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)

2 Your name

Mr☐ Mrs☐ Miss☐ Ms☐ Mx☐ Other☐

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

4 Your phone number (including area code)

About the person you receive Carer Payment and/or Carer Allowance for

5 Provide details of the person you receive Carer Payment and/or Carer Allowance for

Customer Reference Number (if known)

Mr☐ Mrs☐ Miss☐ Ms☐ Mx☐ Other☐

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

Permanent address

Postcode

CLK0SA010 2606

Adult Disability Assessment Tool

For each statement on pages 3 and 4, tick the box that best describes how well the person you care for usually manages and/or behaves.

Tick one box for each question.

The person's abilities include what they can do when using their aids, appliances or special equipment items.

Where the person's disability or condition is episodic or is only apparent at certain times, the question should be answered for when the person is not experiencing an episode or flare-up of the disability/condition (a 'good day', not a 'bad day').

Help includes any physical assistance, guidance or supervision.

Without help means the person plans, initiates and completes activities without assistance or supervision.

Day to day care needs

6 Does the person you care for:

1 move around the house?
may use a walking stick, frame, wheelchair

- Without help ☐ a
- With help of 1 person ☐ b
- With help of 2 people ☐ c
- Is confined to bed ☐ d

2 fall over indoors or outdoors (or from a wheelchair)?

- Often ☐ a
- Sometimes ☐ b
- Never ☐ c

3 move to and from a bed, chair or wheelchair or walking aids?

- Without help ☐ a
- With some help ☐ b
- With a lot of help ☐ c
- Cannot do this ☐ d

4 have difficulty hearing others?
even with hearing aids

- Always ☐ a
- Often ☐ b
- Sometimes ☐ c
- Never ☐ d

5 have difficulty seeing clearly?
even with glasses

- Always ☐ a
- Often ☐ b
- Sometimes ☐ c
- Never ☐ d

6 need help or attention during the night?

- Always ☐ a
- Often ☐ b
- Sometimes ☐ c
- Never ☐ d

7 have loss of bladder and/or bowel control?
incontinence

- Always ☐ a
- Often ☐ b
- Sometimes ☐ c
- Never ☐ d

8 use continence aids or equipment?
(for example, colostomy, catheter, pads)

- Without help ☐ a
- With some help ☐ b
- With a lot of help ☐ c
- Does not use aids ☐ d

9 use the toilet?

- Without help ☐ a
- With some help ☐ b
- With a lot of help ☐ c
- Cannot use a toilet ☐ d

10 eat their food?
does not include meal preparation

- Without help ☐ a
- With some help ☐ b
- With a lot of help ☐ c
- Cannot feed themselves ☐ d

11 shower or bathe themself?

- Without help ☐ a
- With some help ☐ b
- With a lot of help ☐ c
- Cannot do this ☐ d

12 dress themself?
(for example, buttons, zips)

- Without help ☐ a
- With some help ☐ b
- With a lot of help ☐ c
- Cannot do this ☐ d

13 look after their grooming?
(for example, shaving, caring for hair, teeth)

- Without help ☐ a
- With some help ☐ b
- With a lot of help ☐ c
- Cannot do this ☐ d

14 take care of their own medication?
(for example, takes the right tablet at the right time)

- Without help ☐ a
- With some help ☐ b
- With a lot of help ☐ c
- Cannot do this ☐ d
- Does not take medication ☐ e

15 take care of their own treatment?
(for example, oxygen, wound care, gastric feeding)

- Without help ☐ a
- With some help ☐ b
- With a lot of help ☐ c
- Cannot do this ☐ d
- Does not have treatment ☐ e

Cognitive function

7 Does the person you care for:

1	**understand what you say?**	Always a Usually b Sometimes c Never d
2	**understand what other people say?**	Always a Usually b Sometimes c Never d
3	**let others know how they feel and what they want?** (for example, by speaking, using sign and/or a communication aid)	Always a Usually b Sometimes c Never d
4	**know where they are?**	Always a Usually b Sometimes c Never d
5	**know whether it is morning, afternoon or night?**	Always a Usually b Sometimes c Never d
6	**remember things that happened today?**	Always a Usually b Sometimes c Never d

Behaviour

8 Does the person you care for:

1	**wander away or 'run away' from home?**	Never a Sometimes b Often c
2	**shout, scream at or threaten other people?**	Never a Sometimes b Often c
3	**physically harm other people?**	Never a Sometimes b Often c
4	**damage furniture, possessions or objects?**	Never a Sometimes b Often c
5	**laugh or cry without apparent reason?**	Never a Sometimes b Often c
6	**withdraw from contact with other people, or appear depressed, worried or fearful?**	Never a Sometimes b Often c
7	**deliberately harm themself?** (for example, by biting, scratching skin, hitting or banging their head)	Never a Sometimes b Often c
8	**have unusual, inappropriate or repetitive behaviours?** (for example, uncontrolled eating, spinning objects, hand flapping, rocking, calling out or saying the same thing over and over again)	Never a Sometimes b Often c

About the care provided

9 Do you personally provide additional care and attention to this person because of their disability or medical condition?

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

▶ *Go to next question*

Yes ☐ ▶ How many days each week do you provide this care?

days each week

10 Do you normally live with the person you are caring for?

No ☐ ▶ ***Go to 14***

Yes ☐ ▶ *Go to next question*

11 Is the person living at home with you now?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ ***Go to 14***

12 When did the person leave?

(DD MM YYYY)

13 Do you expect the person to return to your care?

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

▶ *Go to next question*

Yes ☐ ▶ When (DD MM YYYY)?

14 **Read** this before answering questions 14 to 17.

Generally you only need to tell us about the time the person you care for is out of your care if it is for 24 hours or more.

However, if you do not live with the person you care for or you share the care with another person, you need to tell us if you do not provide care on a day on which you normally would.

Has the person temporarily been out of your care **due to hospitalisation** since 1 January this year?

No ☐ ▶ ***Go to 16***

Yes ☐ ▶ Provide dates of absences below

From (DD MM YYYY)

To (DD MM YYYY)

From (DD MM YYYY)

To (DD MM YYYY)

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

15 Were you providing care to the person while they were in hospital?

No ☐

Yes ☐

16 Has the person temporarily been out of your care **for any other reason** since 1 January this year?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Provide dates of absences below

From (DD MM YYYY)

To (DD MM YYYY)

From (DD MM YYYY)

To (DD MM YYYY)

From (DD MM YYYY)

To (DD MM YYYY)

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

17 Has the amount of care you provide changed (for example, the hours you provide care have decreased, or you now share the care responsibilities with another person)?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Give details below

When did this change occur?

(DD MM YYYY)

What has changed?

18 Are you receiving Carer Payment for the person at Question 5?

No ☐ ***Go to 22***

Yes ☐ *Go to next question*

19 Do you provide constant care to the person you care for in their home?

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

This care may include supervision and monitoring. When answering this question, it may be useful to check your answers for questions 6 to 8, which show the areas where the person you care for needs help.

No ☐

Yes ☐

20 Do you do any paid work?

No ☐ *Go to next question*

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

Do not include travel time.

	Name of employer	Hours per 4 week period
Employment		
Self-employment		

21 Does Services Australia have current information about your (and your partner's) income and assets?

No ☐

You will need to complete and return an **Income and assets (SA369)** form. If you do not have this form, go to our website **servicesaustralia.gov.au/forms**

Yes ☐ *Go to next question*

Checklist

22 Which of the following forms are you providing with this form?

Income and assets (SA369) form (if you answered No at **question 21**)	☐
Carer Payment and/or Carer Allowance Medical Report – For a person – 16 years or over (SA332(a)) form Make sure this form is completed by the health professional who treats the person you care for and return it to us.	☐

Privacy notice

23 **You need to read this**

Privacy and your personal information

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

Declaration

24 **I declare that:**

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

I understand that:

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement
- giving false or misleading information is a serious offence.

☐ I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

Your signature (**only** required if returning by post or in person)

If returning by post or in person, print and sign by hand

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
  Carer Services
  PO Box 7805
  CANBERRA BC ACT 2610
- in person at one of our service centres.

Clear