



centrelink

When to use this form



Use this form to claim Carer Adjustment Payment.

Carer Adjustment Payment is a one-off payment to assist families following a catastrophic event where a child under 7 years of age is diagnosed with a severe disability or severe medical condition.

Catastrophic events include things like (but are not limited to):

- childhood stroke
- diagnosis of a severe medical condition, such as childhood cancer
- car accident or other serious accidents.

The event must have caused a significant change to your caring circumstances and resulted in financial hardship.

Who is eligible for Carer Adjustment Payment

To get this payment, you must be eligible for or be getting Carer Allowance for the child.

Families can apply for Carer Adjustment Payment following a catastrophic event where all the below circumstances apply:

- the child, under 7 years of age, is diagnosed with a severe disability or severe medical condition
- the child has significant care requirements, needing full-time care from the carer for a minimum of 2 months following the event/diagnosis
- the child's carer is eligible for and receiving Carer Allowance for the child
- the carer is not eligible for Carer Payment
- the carer and their partner are not eligible for an income support payment
- the carer is able to demonstrate a very strong need for financial support during the adjustment period after the event/diagnosis.

Assessing your claim

Your claim for Carer Adjustment Payment must be lodged with Services Australia **within 2 years** from the date of diagnosis of a severe medical condition or severe disability.

Every application is considered on a case-by-case basis, and a decision on Carer Adjustment Payment claims will be made by a senior officer in the Department of Social Services (DSS).

How much will be paid

Carer Adjustment Payment is a one-off, non-taxable payment available to families in exceptional circumstances. The amount payable depends on the family's individual circumstances. Up to \$10,000 is payable for each child in a single catastrophic event. This payment will be paid into the same account as your Carer Allowance payment.

Online account



Access your Centrelink online account through myGov and select:

- Payments and claims
- Claims
- Make a claim.

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

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.

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

For more information

Go to servicessaustralia.gov.au/careradjustment or visit one of our service centres.

Call us on **132 717**.



Information in your language

We can translate documents you need for your claim or 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 servicessaustralia.gov.au and search 'other support and advice'.

centrelink

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 Relevant information that we hold about you, your partner and the child (including this application and the child's medical information), will need to be disclosed to certain third parties in order to work out your eligibility for Carer Adjustment Payment.


Do you (and your partner) give permission for this information to be disclosed to the Department of Social Services?

You

No  Without this permission, your claim cannot be assessed. Call us on **132 717**.


Yes **Go to next question**

Your partner (if applicable)

No  Without this permission, the person claiming cannot be assessed. Call us on **132 717**.


Yes **Go to next question**

2 Has the diagnosis of the medical condition that you are claiming for the child occurred within the last 2 years?

No  You are not eligible for Carer Adjustment Payment.

Yes **Go to next question**

3 Do you currently receive Carer Allowance for the child you are claiming Carer Adjustment Payment?

No  To be eligible, you must be receiving Carer Allowance for this child. If you have not claimed Carer Allowance, call us on **132 717**.

Yes Your Customer Reference Number (if known)

| | | | |
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4 The person providing care and receiving Carer Allowance for the child should complete and sign this form.

Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

5 Your gender

Male

Female

Non-binary

6 Your date of birth (DD MM YYYY)

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7 Your permanent address

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| |
| Postcode |

8 Your postal address (if different to above)

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| |
| Postcode |



CLK0SS454 2607

9 Read this before answering the following question.

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

Your contact details

Home phone number (including area code)

Mobile phone number

Work phone number (including area code)

Email

10 Read this before answering the following questions.

The following questions are being asked to establish whether you or your partner may be eligible for an income support payment such as Carer Payment or Parenting Payment. If we need further information, we will contact you after you have lodged your claim.

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

For more information about relationship status, read page 2 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. If you need to call us to update your Medicare and/or Child Support record, go to servicessaustralia.gov.au/phoneus

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

▶ **Go to 14**

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

▶ **Go to 14**

De facto Date you started your relationship or last reconciled with your partner (DD MM YYYY)
(your relationship is similar to a married couple but you are not married or in a registered relationship)

▶ **Go to 14**

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

▶ **Go to 12**

Divorced Date of divorce (DD MM YYYY)

▶ **Go to 12**

Continues

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

▶ **Go to 16**

Never married or lived with a partner ▶ **Go to 16**

12 Did you stop living together as a couple after the event or the diagnosis occurred?

No ▶ **Go to 16**

Yes ▶ **Go to next question**

13 Period not living with your partner since the event or diagnosis

From (DD MM YYYY)

To (DD MM YYYY)

or indefinite

14 Your partner's name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

15 Your partner's gender

Male

Female

Non-binary

16 Do you (and/or your partner) receive an income support payment?

Income support payment includes Carer Payment, Parenting Payment, Disability Support Pension, JobSeeker Payment or a payment from the Department of Veterans' Affairs. Family Tax Benefit and Carer Allowance are not income support payments.

No ▶ **Go to 18**

Yes ▶ You may not be eligible for Carer Adjustment Payment or may only be eligible for a partial payment.

▶ **Go to next question**

17 What income support payment do you (and/or your partner) receive?

Type of payment

Your reference number (CRN or DVA)

18 Name of child

Family name

First given name

Second given name

19 Date of birth (DD MM YYYY)

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20 Child's gender

Male

Female

Non-binary

21 Are you (and/or your partner) self-employed?

No Go to next question

Yes Give details below

You

Gross amount currently earned per fortnight

Gross amount earned per fortnight at time of the event or diagnosis



For your claim to be assessed., you must provide full personal and business income tax returns for the last 2 years, and documentation confirming company assets and worth.

Your partner

Gross amount currently earned per fortnight

Gross amount earned per fortnight at time of the event or diagnosis



For your claim to be assessed, your partner must provide full personal and business income tax returns for the last 2 years, and documentation confirming company assets and worth.

22 Do you (and/or your partner) get income from work other than self-employment?

No Go to next question

Yes Give details below

Your current details

Name of your employer (if applicable)

Gross amount currently paid per fortnight

Gross amount paid per fortnight immediately before the event or diagnosis

Your partner's current details

Name of your partner's employer (if applicable)

Gross amount currently paid per fortnight

Gross amount paid per fortnight immediately before the event or diagnosis

23 Since your child's diagnosis, have you (and/or your partner) received any other income per fortnight?

Do not include an account used exclusively for funding from the National Disability Insurance Scheme (NDIS).

No Go to next question

Yes Give details below for the first 12 months only

| Type of income | Earned per fortnight | |
|------------------------------------------------|-------------------------|-------------------------|
| | You | Your partner |
| Bank accounts <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Investment property 1 <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Investment property 2 <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Private trust <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Company trust <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Term deposits <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Managed investments <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Other | \$ <input type="text"/> | \$ <input type="text"/> |
| | \$ <input type="text"/> | \$ <input type="text"/> |
| | \$ <input type="text"/> | \$ <input type="text"/> |
| | \$ <input type="text"/> | \$ <input type="text"/> |
| TOTAL | \$ <input type="text"/> | \$ <input type="text"/> |

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

24 Has there been a change to your (and/or your partner's) **other income** as a result of the child's severe disability or severe medical condition?

No Go to next question

Yes Give details below

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

25 Give your (and your partner's) total bank account balances.

Include all accounts held by you (and/or your partner) in banks, building societies or credit unions.
Do not include an account used exclusively for funding from the NDIS.

| You | Your partner |
|---------------------------------------------|---------------------------------------------|
| \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |

You must provide copies of your (and/or your partner's) bank statements from the date of child's diagnosis.

26 Do you (and/or your partner) have any assets?

No Go to next question

Yes Give details below

You must provide copies of statements for your investment properties, shares and trusts or your claim may not be assessed..

| Type of asset | Value of asset | |
|------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| | You | Your partner |
| Investment property 1 <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Investment property 2 <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Private trust <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Company trust <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Term deposits <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Managed investments <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Shares <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Other | <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| | <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| | <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| TOTAL <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |

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

27 Has there been a change to your (and/or your partner's) **assets** as a result of the child's severe disability or severe medical condition?

No Go to next question

Yes Give details below

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

28 List your (and your partner's) general fortnightly expenses (give details for first 12 months only).

| General expense | Amount | |
|-----------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| | You | Your partner |
| Rent <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Mortgage – principle home <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Mortgage – investment property 1 <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Mortgage – investment property 2 <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Personal loans <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Credit cards <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| School fees <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Child care fees <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Car loans <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| Other | <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| | <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| | <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| TOTAL <input type="checkbox"/> | \$ <input style="width: 80%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |

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

29 Do you (and/or your partner) have an investment property?

No Go to next question

Yes Give details below

 You must provide copies of the latest bank statements or your claim may not be assessed.

1 Type of property
(for example, house, townhouse, apartment, commercial)

Address of property

Postcode

Size of property
(for example, 3 bedroom/ensuite/double garage/granny flat)

Purchase price \$

Date of purchase (DD MM YYYY)

Current market value \$

Amount owed \$

2 Type of property
(for example, house, townhouse, apartment, commercial)

Address of property

Postcode

Size of property
(for example, 3 bedroom/ensuite/double garage/granny flat)

Purchase price \$

Date of purchase (DD MM YYYY)

Current market value \$

Amount owed \$

If you have more than 2 properties, provide a separate sheet with details.

30 Has there been a change to your (and/or your partner's) income as a result of this child's severe disability or severe medical condition?

No Go to 34

Yes Give details below

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

31 Have you (and/or your partner) given up work?

No Go to next question

Yes Give details below

You

Your partner

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

32 Have you (and/or your partner) reduced your hours or days at work?

No Go to next question

Yes Give details below

You

Your partner

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

40 Did this child require hospitalisation?

No Go to 45

Yes Go to next question

41 How long did/does this child require hospitalisation?

Less than 1 month

1–6 months

7–12 months

More than 12 months

42 Were/are you (and/or your partner) able to work while this child was/is in hospital?

| You | Your partner (if applicable) |
|------------------------------|------------------------------|
| No <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

43 What arrangements did or do you have for your other children while you cared for this child in hospital?

Not applicable Go to next question

| Type of care | Cost per week |
|-----------------------------------------------|-------------------------|
| In care of relatives <input type="checkbox"/> | \$ <input type="text"/> |
| Child Care <input type="checkbox"/> | \$ <input type="text"/> |
| Nanny <input type="checkbox"/> | \$ <input type="text"/> |
| Other arrangements <input type="checkbox"/> | \$ <input type="text"/> |

44 What costs do you anticipate for your other children while this child is hospitalised?

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

45 Will this child require any treatments or hospitalisation in the near future?

No Go to next question

Yes Give details below

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

46 What other expenses **only** associated with this child's medical condition will you, or have you, incurred?

| Type of expense | Have | Will have (estimated in the next 6 months) |
|------------------------------------------------------|-------------------------|-----------------------------------------------|
| Petrol <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Food <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Medications <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Treatments <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Parking <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| New car <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Appointments <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Wheelchair or new equipment <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Speech therapy <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Physiotherapy <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Occupational therapy <input type="checkbox"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Other | | |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| TOTAL | \$ <input type="text"/> | \$ <input type="text"/> |

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

47 How will Carer Adjustment Payment help you?

For example, purchasing new equipment, paying a debt, covering medical costs.

Form with 12 horizontal dashed lines for writing.

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


48 Is there anything else you would like taken into account, including disruption to family life and what adjustments you have had to make, as a result of this child's severe disability or severe medical condition, particularly in relation to financial needs?

No Go to next question

Yes Give details below

Details could include:

- the nature of the care provided, and where it is being provided, for example, at home or in hospital
- your ability to work
- care arrangements for other children in the family
- additional out-of-pocket expenses that you have or will incur
- how this payment will help you
- any other relevant matters.

 You will need to provide documents which will support your claim, for example, bank statements, doctor's report, letters from your employer regarding changed working arrangements and accounts for costs incurred.

Form with 12 horizontal dashed lines for writing.

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

49 Are you applying for or receiving any other state, territory or Commonwealth government assistance in support of this child's disability or medical condition?

No Go to 51

Yes Give details below

Form with 3 horizontal dashed lines for writing.

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

50 Are you accessing the NDIS?

No

Yes

51 Which of the following documents are you (and/or your partner) providing with this form?

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

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A copy of your (and/or your partner's) personal and business income tax returns for the last 2 years (if required at question 21) | <input type="checkbox"/> |
| Copies of the latest bank statements for all accounts (if required at question 25) | <input type="checkbox"/> |
| Copies of statements for all investment properties, shares and trusts (if you answered Yes at question 26) | <input type="checkbox"/> |
| Copies of the latest bank statements for each investment property (if you answered Yes at question 29) | <input type="checkbox"/> |
| Documents which will support your claim (if you answered Yes at question 48) | <input type="checkbox"/> |

Continued 

Privacy notice

52 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

53 I/We declare that:

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

I/We understand that:

- I/we must tell the Centrelink of any changes to this information **within 14 days**.
- Centrelink and the Department of Social Services can make relevant enquiries to make sure I/we receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your signature

Date (DD MM YYYY)

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| | | | | | |
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Your partner's signature

Date (DD MM YYYY)

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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.