

- Purpose of this form** Use this form to claim an advance payment of Mobility Allowance.
- For more information** Go to our website at humanservices.gov.au/mobilityallowance or call us on **132 717** or visit one of our Service Centres.
- To speak to us in languages other than English, call **131 202**.
- Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.
- If you have a hearing or speech impairment** **TTY service** Freecall™ **1800 810 586**. A TTY phone is required to use this service.
- Interpreters and translations** If you need an **interpreter** or **translation** of any documents for our business, we can arrange this for you free of charge.
- Filling in this form**
- **Please use black or blue pen.**
 - Print in BLOCK LETTERS.
 - Mark boxes like this with a ✓ or ✗.
 - Where you see a box like this ► **Go to 5** skip to the question number shown. You do not need to answer the questions in between.
- Returning your form** Check that you have answered all the questions you need to answer and that you have signed and dated this form.
- Return this form online or to one of our Service Centres.
- For more information on how to access Online Services or how to lodge documents online, go to humanservices.gov.au/submitdocumentsonline

1 Your name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Your permanent address

.....
.....
Postcode

3 Your postal address (if different to above)

.....
.....
Postcode

4 Your contact details

Home phone number ()

Is this a silent number? No Yes

Mobile phone number

5 Your Centrelink Reference Number (if known)

- - -

6 Are you receiving a funded package of support from the National Disability Insurance Scheme?

If you are not sure you can call the National Disability Insurance Agency on **1800 800 110**.

No **Go to next question**

Yes  You cannot receive an advance payment of Mobility Allowance. For more information call us on **132 717**.

You will need to sign the statement at question 18 and return this form to us.

Go to 17

7 Which of the following are you doing:

Tick more than one if applicable

Paid work

Voluntary work

Vocational rehabilitation activities

Training course

Life Skills training (e.g. managing money)

Looking for work

8 Details of the organisation(s) you are doing the above activities with.

Name of organisation

Address

.....
.....
Postcode

Phone number ()

What type of activity are you doing with this organisation (e.g. work, training)?

.....
.....

How many hours per week are you doing this?

hours per week

Are these hours the same each week?

No **Go to next question**

Yes **Go to 11**

9 How many hours do you spend over a 2 week period doing the above activities?

hours


10 How many hours do you spend over a 4 week period doing the above activities?

hours



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11 Will any of the activities you selected in question 7 continue for the next 6 months?

No  You will not be eligible for an advance payment of Mobility Allowance. For more information call us on **132 717**.

Yes *Go to next question*

12 When do you expect to finish?

Ongoing

13 Do you expect to leave Australia in the next 6 months (even for a short holiday)?

No **Go to 15**

Yes *Go to next question*

14 When do you expect to leave?

15 Would you like to receive a 6 month lump sum payment?

If you are eligible for Mobility Allowance, you can receive an advance on your payments. The advance equals 13 fortnightly payments.

It is only paid once every 12 months and any part of the advance cannot be returned in order to resume fortnightly payments. When the 6 month advance period ends, you automatically go back to fortnightly payments.

No

Yes

16 Did someone help you complete this form?

No *Go to next question*

Yes Give details below

Name of person who helped you

Why did you need help to complete this form?

17 IMPORTANT INFORMATION

Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

18 Statement

I declare that:

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

I understand that:

- if someone has helped me complete this form, the Australian Government Department of Human Services may contact them to clarify details provided.
- giving false or misleading information is a serious offence.
- the Australian Government Department of Human Services can make relevant enquiries to make sure I receive my correct entitlement.

Your signature

Date