



CLKOMA003 2207

Date of issue

Your Customer Reference Number

RETURN DATE:

Returning your form

Return this form by sending it to the address listed above.

Fold here



Australian Government
Services Australia



Review of Mobility Allowance

If you require an accessible version of this form, go to servicesaustralia.gov.au/forms or call us on 132 717.

This form has been sent to you to make sure that you can still be paid Mobility Allowance.

For more information

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

Call us on **132 717**.

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

To speak to us in other languages, call **131 202**.

Call charges may apply.

If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ **1800 810 586**. A TTY phone is required to use this service.

Filling in this 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.

Changes you must tell us about

You have 14 days to tell us about any changes. If you do not do this, we may pay you too much and you will have to pay the money back.

If you deliberately do not tell us about changes, we could charge you with fraud. We may impose a recovery fee if you give us incorrect information about your employment income.

You must tell us if any of the following happen:

- you become a funded participant through the National Disability Insurance Scheme
- you are provided with a motor vehicle under the Vehicle Assistance Scheme from the Department of Veterans' Affairs.
- you stop working (including paid work, voluntary work, work under the Supported Wage System or self-employment)
- the number of hours you work, do voluntary work, spend at your vocational training course, or any combination of these falls below 32 hours over a 4 week period
- you stop looking for work, including when you stop receiving assistance from an Employment Services Provider
- you stop your vocational training course
- you stop your independent living skills or life skills course
- you stop participating in activities with a Disability Employment Services Provider.

If you are receiving JobSeeker Payment, Youth Allowance, Parenting Payment or Disability Support Pension, you must also notify us if either:

- the number of hours you work falls below 15 hours per week
- you stop looking for work for 15 hours or more per week under an agreement with an Employment Services Provider.

If you are receiving another Centrelink payment, you must continue to report your income or any changes in your income to us.


Leaving Australia temporarily or permanently

For information about how your payment or concession card may be affected when travelling outside Australia and when you should contact us, go to servicessaustralia.gov.au/paymentsoverseas

1 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 may no longer be eligible for Mobility Allowance.

For more information, call us on **132 717**.

You will need to sign the declaration at question 21 and return this form to us.

▶ **Go to 20**


2 Have you been given a motor vehicle under the Vehicle Assistance Scheme from the Department of Veterans' Affairs?

No **Go to 4**

Yes Go to next question

3 Do you still have the motor vehicle you were given by the Department of Veterans' Affairs?

No Go to next question

Yes  You may no longer be eligible for Mobility Allowance.

For more information, call us on **132 717**.

You will need to sign the declaration at question 21 and return this form to us.

▶ **Go to 20**

4 Are you participating in a Disability Management Service with a Disability Employment Services Provider?

No Go to next question

Yes Give details below

Name of Disability Employment Services Provider

Address

Postcode

Phone number (including area code)

When did you start this program?

 (DD MM YYYY)

When do you expect this program to finish?

 (DD MM YYYY)

Do you travel to and from home to do your program?

No Yes


5 Are you doing vocational training?

Includes:

- tertiary education
- secondary education and TAFE
- courses at institutions offering academic or trade qualifications
- high school studies
- special schools.

No Go to next question

Yes Give details below

 Provide course details including proof of hours you spend at the course over a 4 week period.

Name of course

Name of training organisation

Address

Postcode

Phone number (including area code)

How many hours do you spend at this course over a 4 week period?

When did you start this course?

 (DD MM YYYY)

When do you expect this course to finish?

 (DD MM YYYY)

Do you travel to and from home to do your vocational training (for example, school, library, residential course)?

No

Yes

If you have more than 1 vocational training organisation, provide a separate sheet with details.


6 Are you doing independent living skills or life skills training?

These courses include training designed to develop personal and social skills and increase independence (for example, personal care and hygiene, basic communication skills and interpersonal relations, money management, food preparation and transport use).

Recreational activities are not considered to be independent living or life skills activities.

No Go to next question

Yes Give details below

 Provide course details including information about how many hours over a 4 week period of your course relate to independent living skills or life skills.

Name of course

Name of training organisation

Address

Postcode

Phone number (including area code)

How many hours do you spend at this course over a 4 week period?

When did you start this course?

 (DD MM YYYY)

When do you expect this course to finish?

 (DD MM YYYY)

Do you travel to and from home to do your independent living skills or life skills training?

No

Yes


If you have more than 1 training organisation, provide a separate sheet with details.

7 Are you self-employed?

This means that you work for yourself or your own business.

No **Go to next question**

Yes Give details below

 Provide proof of hours you spend at work over a 2 and 4 week period.
This may be a letter from your accountant stating the hours you work over a 2 and 4 week period.

Name of your business

Address

Postcode

What type of work are you doing?

How many hours do you spend at work over a 2 week period?

How many hours do you spend at work over a 4 week period?

When did you start this work?

 (DD MM YYYY)

How long do you expect this work to last?

Less than 3 months

3 to 6 months

More than 6 months

Do you travel to and from home for your self-employment (for example, to get to your place of work, visiting clients)?

No

Yes


8 Are you employed and earning money?

Include full-time, part-time, casual, supported employment (Australian Disability Enterprises) and the Supported Wage System.

No **Go to 10**

Yes **Go to next question**

9 Employment details

 Provide proof of hours you spend at work over a 2 and 4 week period.
If you work in an Australian Disability Enterprise, proof of hours over a 4 week period only is needed.

1 Employer's name

Address

Postcode

Phone number (including area code)

Australian Business Number (ABN)

A Are you employed at or above the relevant minimum wage (if you are not sure, ask your employer)?

No **Go to B**

Yes **Go to D**

B Do you work for an Australian Disability Enterprise (if you are not sure, ask your employer)?

No **Go to C**

Yes **Go to E**

C Are you employed under the Supported Wage System (if you are not sure, ask your employer)?

No Yes

D How many hours do you spend at work over a 2 week period?

E How many hours do you spend at work over a 4 week period?

F When did you start this work?

 (DD MM YYYY)

G How long do you expect this work to last?

Less than 3 months

3 to 6 months

More than 6 months

H Do you travel to and from home to do this work (for example, to get to your place of work, visiting clients)?

No Yes

Continued

2 Employer's name

Address

Postcode

Phone number (including area code)

Australian Business Number (ABN)

A Are you employed at or above the relevant minimum wage (if you are not sure, ask your employer)?
No **Go to B**
Yes **Go to D**

B Do you work for an Australian Disability Enterprise (if you are not sure, ask your employer)?
No **Go to C**
Yes **Go to E**

C Are you employed under the Supported Wage System (if you are not sure, ask your employer)?
No Yes

D How many hours do you spend at work over a 2 week period?

E How many hours do you spend at work over a 4 week period?

F When did you start this work?
 (DD MM YYYY)

G How long do you expect this work to last?
Less than 3 months
3 to 6 months
More than 6 months


H Do you travel to and from home to do this work (for example, to get to your place of work, visiting clients)?
No Yes

If you work for more than 2 employers, provide a separate sheet with details.

10 Are you doing voluntary work for a charitable, welfare or community organisation?

No **Go to next question**

Yes **Give details below**

 Provide proof of hours you spend at work over a 4 week period.
This may be a letter from the organisation you work for.

Name of organisation

Address

Postcode

What type of work are you doing?

How many hours do you spend doing this voluntary work over a 4 week period?

When did you start this work?
 (DD MM YYYY)

When do you expect this work to finish?
 (DD MM YYYY)

How long do you expect this work to last?
Less than 3 months
3 to 6 months
More than 6 months

Is your voluntary work part of a court order (for example, a community service order)?
No
Yes

If you work for more than 1 organisation, provide a separate sheet with details.

11 Are you undertaking job search activities?


No **Go to 17**

Yes Give details below

If you have a Job Plan with an Employment Services Provider, no evidence is required.

Name of service provider
<input type="text"/>
Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
<input type="text"/>
Phone number (including area code)
<input type="text"/>

If you do not have a Job Plan with an Employment Service Provider, give details or list of your job search activities.

 Provide proof of the job search activities you are doing.

Details or list of job search activities

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

12 Are you receiving JobSeeker Payment, Youth Allowance (job seeker), or Parenting Payment (with mutual obligation requirements)?

No **Go to 14**

Yes *Go to next question*

13 As part of your agreement, are you required to look for work of 15 hours or more per week at or above the relevant minimum wage or participate in activities which aim to make you ready to look for work?

No **Go to 16**

Yes **Go to 16**

14 Are you receiving Disability Support Pension or Parenting Payment without mutual obligation requirements?

No **Go to 16**

Yes *Go to next question*

15 As part of your agreement, are you looking for work of 15 hours or more per week at or above the relevant minimum wage?

No

Yes

16 Do you travel to and from home to do the looking for work activities?

No

Yes

17 Are you studying and receiving Youth Allowance or Austudy payment?

No **Go to 19**

Yes *Go to next question*

18 Do you travel to and from home to study (for example, attending your educational institution or library)?

No

Yes

19 Which of the following documents are you providing with this form?

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

Details of vocational training (if you answered Yes at **question 5**)

Details of independent living skills or life skills training (if you answered Yes at **question 6**)

Details of self-employment (if you answered Yes at **question 7**)

Details of employment (if you answered **question 9**)

Details of voluntary work (if you answered Yes at **question 10**)

Continue to next page

Privacy notice

20 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/privacy

21 Declaration

I declare that:

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

I understand that:

- mutual obligation requirement means a participation requirement under the *Social Security Act 1991*.
- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your signature



Your phone number (including area code)

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Date (DD MM YYYY)

--	--	--

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 the return address shown on page 1 of this form
- in person at one of our service centres.

Under social security law your payment may be stopped if this form is not returned **by the return date at the top of page 1**.