

# Carer Payment and/or Carer Allowance Care Needs Assessment (SA394) (for a child under 16 years)

This form must be completed by the parent/guardian (carer) of the child.

## Child's details

Customer Reference Number (if known)  -  -  -

Name

Date of birth  /  /

## Carer's details

Customer Reference Number (if known)  -  -  -

Name

Address

Postcode

Date of birth  /  /

**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 **servicesaustralia.gov.au/em**

Daytime phone number

Email

## When to use this form

Use this form to tell Services Australia about the care needs of the child so they can be added to the details provided by the child's treating health professional.

This information will be used to assess your eligibility for Carer Payment and/or Carer Allowance.

## Online services



You can access your Centrelink online account through myGov. myGov is a secure way to access a range of government services online with one username and password. You can create a myGov account at **my.gov.au** and link it to your Centrelink online account. To make a claim online, access your Centrelink online account through myGov, then select **Make a Claim**.

## For more information

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

Call us on **132 717**.

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

To speak to us in your language, 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.



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## Returning this form

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

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to **[servicesaustralia.gov.au/submitdocumentsonline](https://servicesaustralia.gov.au/submitdocumentsonline)**
- by post to  
Services Australia  
Carer Services  
PO Box 7805  
CANBERRA BC ACT 2610
- in person at one of our service centres, if you are unable to use your Centrelink online account.

**Important Note:** If you are making a claim, you must return this form and **all** supporting documents at the same time you lodge your claim form. If you do not return all documents, your claim may not be accepted. The only exception will be if you are waiting for medical evidence or other documents from a third party.

## For Additional Support

**Commonwealth Respite and Carelink Centres** — a way for all Australians to access information about community and aged care services, and for carers to obtain respite or to ‘take a break’.

Phone Freecall™ **1800 052 222**

**Carers Australia** — a network of 8 state and territory Carer Associations that provide professional carer counselling and specialist advice.

Phone Freecall™ **1800 242 636**

or visit **[carersaustralia.com.au](https://carersaustralia.com.au)**

### Filling in this form

You can complete this form on your computer, print and sign it.

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.

In the questions that follow, tick the box that **best** describes the child.

- 1 The child's ability to do everyday things (for example, eating, bathing, talking, walking and mixing with other people) is:
- Improving over time (for example the child is likely to require less help in the future) ☐ A
- Becoming worse over time (for example the child is likely to require more help in the future) ☐ B
- Relatively stable (for example the child is likely to require the same level of help in the future) ☐ C
- Fluctuating or episodic (for example the child's condition and ability to do everyday things goes up and down from day to day or week to week) ☐ D
- Not sure ☐ E

### Section A: Behaviour

- 2 **Settling down to sleep at night**  
(for example, repeated efforts needed to get the child to go to sleep at night)
- The child **never** has difficulty settling down to sleep at night ☐ A
- The child **sometimes** has difficulty settling down to sleep at night (for example, 1 or 2 nights a week) ☐ B
- The child **often** has difficulty settling down to sleep at night (for example, more than 2 nights a week) ☐ C
- The child **always** has difficulty settling down to sleep at night (for example, every night) ☐ D
- 3 **Disrupted sleep at night**  
(for example, waking up many times during the night, awake for long periods during the night, or having nightmares)
- The child **never** has disrupted sleep at night ☐ A
- The child **sometimes** has disrupted sleep at night (for example, 1 or 2 nights a week) ☐ B
- The child **often** has disrupted sleep at night (for example, more than 2 nights a week) ☐ C
- The child **always** has disrupted sleep at night (for example, every night) ☐ D

### 4 Irritable behaviour

(for example, crying all the time, not able to be calmed down, or for an older child, continually agitated, prone to angry outbursts)

- The child **never** has irritable behaviour ☐ A
- The child **sometimes** has irritable behaviour (for example, 1 or 2 days a week) ☐ B
- The child **often** has irritable behaviour (for example, more than 2 days a week) ☐ C
- The child **always** has irritable behaviour (for example, every day) ☐ D

### 5 Speaking and communicating

(such as speaking or using other ways to communicate their everyday needs)

The child's speech and communication is **appropriate for their age** (for example, the child can speak and communicate their everyday needs in the same way as other children of the same age. For young babies this may include crying when hungry, smiling or babbling) ☐ A

The child has **difficulty speaking or communicating** their needs in other ways (for example, speech is unclear and can only be understood by people who know the child very well or the child is over 4 years of age and can only say or sign a few words) ☐ B

The child **uses other ways to communicate** (for example, sign language, picture board, electronic communicator, gestures, pointing) ☐ C

The child **cannot talk or communicate** their needs effectively in any way ☐ D

### 6 Understanding speech

(for example the child understanding what you say to them)

The child is able to understand everything that I would expect for a child of this age ☐ A

The child **sometimes** needs me to speak more simply, repeat things or give reminders (for example, once or twice a day) ☐ B

The child **often** needs me to speak more simply, repeat things or give reminders (for example, the child has a lot of difficulty understanding what I say several times a day) ☐ C

The child **cannot understand** most things I say (for example, the child does not appear to understand simple instructions or questions such as 'do you want a drink?') ☐ D

## 7 Playing and mixing with other children

The child plays and mixes with other children as expected for a child of their age ☐ A

The child **sometimes** needs help to play and mix appropriately with other children (for example, once or twice a week) ☐ B

The child **often** needs help to play and mix appropriately with other children (for example, several times a week) ☐ C

The child **cannot** play or mix with other children at all (for example, the child has extreme behaviour problems or the child cannot play with other children because of a severe disability or medical condition) ☐ D

## 8 Is the child under 3 years of age?

No ☐ **Go to next question**

Yes ☐ **Go to 21**

## 9 Read this before answering the following questions.

Questions 10 to 20 ask you about the child's behaviour, (for example, running away, aggressive behaviours, self harming behaviours, extreme anxiety or withdrawal). For each question, select the response that best describes the child's behaviour and the impact this behaviour has on you during the day and the night.

## 10 Does the child have severe behaviour difficulties?

No ☐ **Go to 21**

Yes ☐ **Go to next question**

Not sure ☐ **Go to next question**

## 11 The child wanders, escapes or runs away from home, school or community settings.

**Never** (The child never has this behaviour) ☐ A

**Sometimes** (For example, the child sometimes wanders or runs away but not every week) ☐ B

**Often** (For example, the child would wander or run away at least once a week if not closely supervised) ☐ C

**Always** (For example, the child continually wanders or runs away unless hand is held or doors and gates are locked) ☐ D

## 12 The child shouts, screams at or threatens other people or makes so much noise that other people become alarmed.

**Never** (The child never has this behaviour) ☐ A

**Sometimes** (The child sometimes has this behaviour, but not every week) ☐ B

**Often** (The child often has this behaviour, for example, at least once a week) ☐ C

**Always** (The child has this behaviour all the time, for example, every day) ☐ D

## 13 The child becomes physically aggressive and harms others by hitting, pushing, kicking, biting or throwing objects.

**Never** (The child never has this behaviour) ☐ A

**Sometimes** (The child sometimes has this behaviour, but not every week) ☐ B

**Often** (The child often has this behaviour, for example, at least once a week) ☐ C

**Always** (The child has this behaviour all the time, for example, every day) ☐ D

## 14 The child gets extremely upset for little or no apparent reason (for example, the child has episodes of intense crying or screaming and is very difficult to calm down).

**Never** (The child never has this behaviour) ☐ A

**Sometimes** (The child sometimes has this behaviour, but not every week) ☐ B

**Often** (The child often has this behaviour, for example, at least once a week) ☐ C

**Always** (The child has this behaviour all the time, for example, every day) ☐ D

## 15 The child gets extremely anxious, fearful or becomes emotionally withdrawn.

**Never** (The child never has this behaviour) ☐ A

**Sometimes** (The child sometimes has this behaviour, but not every week) ☐ B

**Often** (The child often has this behaviour, for example, at least once a week) ☐ C

**Always** (The child has this behaviour all the time, for example, every day) ☐ D

## 16 The child has very strange behaviours such as unusual routines, repetitive or obsessive behaviours, hearing voices or seeing things that are not there.

**Never** (The child never has this behaviour) ☐ A

**Sometimes** (The child sometimes has this behaviour, but not every week) ☐ B

**Often** (The child often has this behaviour, for example, at least once a week) ☐ C

**Always** (The child has this behaviour all the time, for example, every day) ☐ D

- 17 The child displays high-risk behaviour that causes a danger to themselves or to others, including family members. The child requires supervision and actions such as locking away household items that would not normally have to be locked away, preventing the child from running into traffic.

**Never** (The child never has this behaviour) ☐ A

**Sometimes** (The child sometimes has this behaviour, but not every week) ☐ B

**Often** (The child often has this behaviour, for example, at least once a week) ☐ C

**Always** (The child has this behaviour all the time, for example, every day) ☐ D

- 18 The child behaves in ways that result in injury to themselves. This may include head-banging, hand-biting or other self harming behaviours.

**Never** (The child never has this behaviour) ☐ A

**Sometimes** (The child sometimes has this behaviour, but not every week) ☐ B

**Often** (The child often has this behaviour, for example, at least once a week) ☐ C

**Always** (The child has this behaviour all the time, for example, every day) ☐ D

- 19 The child has displayed suicidal behaviours (for example, the child has suicidal thoughts and has planned or attempted suicide).

**Never** (The child has never displayed suicidal thoughts or behaviours) ☐ A

**Sometimes** (The child has displayed suicidal behaviours once or twice in the past 2 years) ☐ B

**Often** (The child has displayed suicidal behaviours more than twice in the past 2 years) ☐ C

**Always** (The child is continually displaying suicidal thoughts or behaviours, for example, suicidal thoughts every week and several suicide attempts in the past 2 years) ☐ D

- 20 The child does or says things that are sexually inappropriate.

**Never** (The child never has this behaviour) ☐ A

**Sometimes** (The child sometimes has this behaviour, but not every week) ☐ B

**Often** (The child often has this behaviour, for example, at least once a week) ☐ C

**Always** (The child has this behaviour all the time, for example, every day) ☐ D

## Section B: Functional abilities – everyday tasks

- 21 Does the child have more problems and needs more help doing everyday tasks (for example, eating, grooming, bathing, using the toilet, walking) than other children of the same age?

No ☐ **Go to 39**

Yes ☐ **Go to next question**

Not sure ☐ **Go to next question**

- 22 Is the child under 12 months of age?

No ☐ **Go to next question**

Yes ☐ **Go to 39**

- 23 Read this before answering the following questions.

Questions 24 to 38 ask you to rate the child's ability to perform a number of different tasks. **You must answer all of these questions.** For each question, select the response that best describes the child's ability. Base your responses on what the child does when using any aids, appliances or home modifications that assist with the care of the child.

If the child has a **condition that changes from day to day**, base your answers on the child's usual ability, such as what the child is able to do most of the time.

**Help** includes supervision, prompting, reminding or training required as well as physical help. **The child's age will be taken into account when assessing your responses.**

- 24 Does the child feed themselves once food is prepared?

The child feeds themselves with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ B

The child needs **a lot of help** (for example, a lot of physical help) ☐ C

The child is **completely dependent** on me to feed them (for example, I have to hold the child's bottle, spoon feed the child or feed the child through a naso-gastric feeding tube, gastrostomy or Percutaneous Endoscopic Gastrostomy (PEG)) ☐ D

- 25 Does the child do everyday grooming tasks (for example, brush teeth, brush/comb hair, wash and rinse hands and face)?

The child grooms themselves with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ B

The child needs **a lot of help** (for example, a lot of physical help) ☐ C

The child is **completely dependent** on me to do their grooming ☐ D

**26** Does the child wash themselves from the neck down (except for their back) in the bath, shower or sponge/bed bath?

The child washes themselves with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ B

The child needs **a lot of help** (for example, a lot of physical help) ☐ C

The child is **completely dependent** and needs me to wash them ☐ D

**27** Does the child dress themselves from the waist up (for example, putting on singlets, t-shirts, jumpers, jackets)?

The child dresses themselves from the waist up with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ B

The child needs **a lot of help** (for example, a lot of physical help) ☐ C

The child is **completely dependent** and needs me to dress them ☐ D

**28** Does the child dress themselves from the waist down (for example, putting on underpants, skirts/pants/trousers, socks, shoes)?

The child dresses themselves with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ B

The child needs **a lot of help** (for example, a lot of physical help) ☐ C

The child is **completely dependent** and needs me to dress them ☐ D

**29** Does the child wipe themselves and adjust their clothing before and after using the toilet?

The child uses the toilet with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ B

The child needs **a lot of help** (for example, a lot of physical help) ☐ C

The child is **completely dependent** for toileting, or wears nappies or incontinence pads day and night ☐ D

**30** Does the child have bladder accidents (such as wets their pants or nappy)?

The child **never** has bladder accidents (for example, the child is dry during the day and at night) ☐ A

The child has bladder accidents during the **night** but is dry during the day (for example, the child wets the bed or nappy at night only) ☐ B

The child has **occasional** bladder accidents during the **day and at night** (for example, the child sometimes wets their pants or nappy during the day and wets the bed at night) ☐ C

The child has **frequent** bladder accidents during the **day and at night** (for example, the child wets their pants or nappy several times during the day **AND** wets the bed or nappy most nights, or the child has a catheter or stoma to pass urine) ☐ D

**31** Does the child have bowel accidents (such as soils their pants or nappy)?

The child **never** has bowel accidents ☐ A

The child **sometimes** has bowel accidents (for example, the child occasionally soils their pants or nappy during the day or night) ☐ B

The child **often** has bowel accidents (for example, the child soils their pants or nappy several times a week) ☐ C

The child is **completely incontinent of faeces** (for example, the child has no bowel control, or the child needs an enema or suppository to have a bowel motion, or the child has a stoma to pass faeces such as from a colostomy or ileostomy) ☐ D

**32** Does the child sit down and get up from the toilet or potty?

The child sits down and gets up from the toilet or potty with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ B

The child needs **a lot of help** (for example, a lot of physical help) ☐ C

The child is **completely dependent** for toileting (for example, the child needs to be lifted on and off the toilet or potty or cannot sit on a toilet or potty) ☐ D

**33** Does the child sit down and get up from a chair or wheelchair?

The child sits down and gets up from a chair with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ B

The child needs **a lot of help** (for example, a lot of physical help) ☐ C

The child cannot sit in a chair or is **completely dependent** (for example, the child needs to be lifted on and off the chair or wheelchair) ☐ D



**34** Does the child get into or out of a bath or shower (whichever is used more often)?

The child gets into and out of a bath or shower with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, prompting, reminding or a small amount of physical help) ☐ B

The child needs **a lot of help** (for example, a lot of physical help) ☐ C

The child is **completely dependent** (for example, the child cannot get into or out of a bath or shower and needs complete physical help or lifting) ☐ D

**35** How does the child move around?

The child moves around by walking ☐ A

The child moves around by using a wheelchair or other mobility aids (for example, stroller, crutches, walking sticks, walking frame or other mobility equipment) ☐ B

The child moves around by crawling, rolling or bottom-hitching (for example, the child does not walk but can move around on the floor) ☐ C

The child is not able to move around by themselves ☐ D

**36** Does the child move around by themselves indoors on an even surface?

The child moves around on an even surface with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, supervision or a small amount of physical help from me) ☐ B

The child needs **a lot of help** (for example, a lot of physical help from me) ☐ C

The child is **completely dependent** (for example, the child cannot move around indoors by themselves) ☐ D

**37** Does the child move around by themselves outdoors on uneven surfaces?

The child moves around outdoors on uneven surfaces with **no help** (for example, the child needs no help from me) ☐ A

The child needs **a little help** (for example, supervision or a small amount of physical help from me) ☐ B

The child needs **a lot of help** (for example, a lot of physical help from me) ☐ C

The child is **completely dependent** (for example, the child cannot move around outdoors by themselves) ☐ D

**38** Does the child go up and down stairs?

The child goes **up and down a flight of stairs with no help** from me ☐ A

The child goes **up and down 2 or 3 steps with no help** from me ☐ B

The child goes **up and down a single step or kerb with no help** from me ☐ C

The child **needs physical help** from me to go up and down steps or stairs **OR** the child **cannot use steps or stairs** at all ☐ D

### Section C: Special care needs

**39** Read this before answering the following questions.

Questions 40 to 56 ask you to indicate the child's special care needs.

If the child has a **condition that changes from day to day**, base your answers on the child's usual and ongoing needs.

**40** Does the child use any of the following to help with breathing? Tick **ALL** that apply.

**Tracheostomy** (A tracheostomy is an opening made by a surgeon through the front of the child's neck into the windpipe. A tracheostomy tube is used to keep the tracheostomy open.) ☐ A

**Ventilator** (A ventilator is a machine that breathes for the child and connects to the child's airway – usually through a tube into the windpipe known as a tracheostomy tube.) ☐ B

**Oxygen** (The child is regularly given extra oxygen to breathe from an oxygen cylinder at home as directed by a medical practitioner.) ☐ C

**CPAP/BiPAP** (A CPAP or BiPAP machine helps to keep the child's airway open by providing a flow of air at pressure, usually through a mask fitted firmly to the face.) ☐ D

No ☐ E ► *Go to next question*

**41** Does the child receive dialysis (due to a kidney condition)?

Dialysis is the assisted removal of waste products from the body for people with kidney failure.

No ☐ A

Yes ☐ B

**42** Do you provide Total Parenteral Nutrition (TPN) for the child?

TPN is a technique in which nutrients are given to a person through a tube directly into their veins, usually because they cannot digest regular food.

No ☐ A

Yes ☐ B

**43** Do you do postural drainage for the child?

Postural drainage means using positioning to help drain mucus from the child's lungs and airways. This often includes physical techniques such as patting the child's chest with cupped hands (percussion) to help clear the secretions.

No ☐ Go to next question

Yes ☐ Indicate how often you provide postural drainage for the child

**During the day**

Less than daily ☐ A

Once or twice a day ☐ B

3 or more times a day ☐ C

**During the night (10 pm to 6 am)**

Less than nightly ☐ A

Once a night ☐ B

2 or more times a night ☐ C

**44** Do you clear the child's airways through suctioning?

Suctioning is the use of a tube connected to equipment to remove mucus or saliva from the child's mouth, throat or airway.

No ☐ Go to next question

Yes ☐ Indicate how often you provide suctioning for the child

**During the day**

Less than daily ☐ A

Once or twice a day ☐ B

3 or more times a day ☐ C

**During the night (10 pm to 6 am)**

Less than nightly ☐ A

Once a night ☐ B

2 or more times a night ☐ C

**45** Do you physically assist or position the jaw of the child to help with chewing and/or swallowing?

No ☐ Go to next question

Yes ☐ Indicate how often you physically assist with chewing and/or swallowing

Less than daily ☐ A

Once or twice a day ☐ B

3 or more times a day ☐ C

**46** Do you Percutaneous Endoscopic Gastrostomy (PEG) feed or use a feeding tube to feed the child?

When a child is PEG fed they have a tube or button that goes directly into their stomach and are fed through that tube.

No ☐ Go to next question

Yes ☐ Indicate how often you PEG feed or use a feeding tube for the child over a 24 hour period

Less than daily ☐ A

Once or twice a day ☐ B

3 or more times a day ☐ C

**47** Do you provide physical assistance to turn or position the child because they are unable to do so independently?

No ☐ Go to next question

Yes ☐ Indicate how often you physically assist the child to turn or position themselves

**During the day**

Less than daily ☐ A

Once or twice a day ☐ B

3 or more times a day ☐ C

**During the night (10 pm to 6 am)**

Less than nightly ☐ A

Once a night ☐ B

2 or more times a night ☐ C

**48** Do you manage any wounds and/or dressings for the child?

No ☐ Go to next question

Yes ☐ Indicate how much time you spend managing wounds or dressings for the child

Less than 30 minutes per day ☐ A

30–60 minutes per day ☐ B

1–2 hours per day ☐ C

More than 2 hours per day ☐ D

**49** Do you give emergency medication or first aid for poorly controlled seizures?

No ☐ Go to next question

Yes ☐ Indicate how often you give emergency medication or first aid for poorly controlled seizures

Less than monthly ☐ A

Once or twice a month ☐ B

3 or more times a month ☐ C



**50** Do you provide stoma care (for example, colostomy, ileostomy) for the child?

A stoma is an opening in the abdominal wall and is used to enable waste materials from the intestines to empty into a pouch or bag.

No ☐ *Go to next question*

Yes ☐ Indicate how often you provide stoma care for the child over a 24 hour period

Less than daily ☐ A

Once or twice a day ☐ B

3 or more times a day ☐ C

**51** Does the child have an eating disorder that has been diagnosed by a medical practitioner (for example, anorexia nervosa or bulimia)?

No ☐ A

Yes ☐ B

**52** Is the child receiving a course of chemotherapy or radiotherapy treatment?

No ☐ A

Yes ☐ B

**53** Do you prepare or administer medications related to the child's medical condition?

Medications include tablets, other oral medicines, injections, puffers/inhalers, suppositories, enemas, ointments or creams prescribed by a medical practitioner.

No ☐ *Go to next question*

Yes ☐ Indicate how many minutes PER DAY on average you spend preparing and/or administering medications

minutes per day

**54** Do you provide any of the following supports or treatments for the child?

Tick **all** that apply.

Attending health care appointments related to the child's disability or medical condition multiple times per month ☐ A

Exercises prescribed by a physiotherapist, speech therapist, occupational therapist or other specialist at least twice a week ☐ B

Applying daily splints, braces, special garments or mobility aids recommended by a health practitioner ☐ C

Behavioural program recommended by a psychologist, psychiatrist or other therapist ☐ D

Early childhood intervention activities recommended by a teacher, therapist or other disability specialist ☐ E

Sign language or hearing equipment where the child is deaf or has a severe hearing impairment ☐ F

Equipment, tactile aids or other assistance around the home where the child is blind or has a severe visual impairment ☐ G

Blood testing or urine testing performed by you at least 3 times a day ☐ H

**55** Do any of these other care needs apply to you and the child you care for?

Tick **all** that apply.

I am unable to access general child care, after-school hours care or vacation care programs due to this child's special care needs ☐ A

I am often called to the child's school or child care to attend to their special care requirements or collect them due to their health or behavioural problems ☐ B

This child has been excluded from school or child care for more than 1 day in the last school term because of their health care needs or behavioural issues ☐ C

This child can only attend school part-time due to the severity of their disability or medical condition or because school supports are not available ☐ D

I have to attend and stay at school or child care to provide care for my child due to the severity of their disability or medical condition or because school supports are not available ☐ E

I can only leave this child in the care of others when they have had specific training and are willing to manage the child's care needs ☐ F

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