

## When to use this form



Use this form to claim Disability Support Pension if you:

- have a physical, intellectual, or psychiatric condition that stops you from working or being retrained for work within the next 2 years, and
- are 16 years of age or over and under Age Pension age at the time of claiming.

## Online services



**Completing this form online is faster and easier.**

You can claim Disability Support Pension using your Centrelink online account through myGov. For help, go to [servicesaustralia.gov.au/onlineguides](https://servicesaustralia.gov.au/onlineguides)

If you do not have a myGov account, you can create one at [my.gov.au](https://my.gov.au) and link it to your Centrelink online account.

## Returning your form

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

Return this form and any supporting documents:

- **online** (excluding identity documents) using your Centrelink online account. For more information, go to [servicesaustralia.gov.au/submitdocumentsonline](https://servicesaustralia.gov.au/submitdocumentsonline)
- **by post** to  
**Services Australia  
Disability Services  
PO Box 7806  
CANBERRA BC ACT 2610**
- **in person** at one of our service centres, if you are unable to use your Centrelink online account.

## What else you may need to provide

You may need to provide identity documents. For a list of acceptable documents, go to [servicesaustralia.gov.au/identity](https://servicesaustralia.gov.au/identity)

**Important Note:** You must return **all** supporting documents at the same time you lodge this 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 more information

Refer to *Information you need to know about your claim for Disability Support Pension (Ci022) (Information Booklet)* at [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)

Go to [servicesaustralia.gov.au/dsp](https://servicesaustralia.gov.au/dsp) 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 other languages, call **131 202**.

**Note:** 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.



## How to claim

Complete the claim form and any additional forms required. You may choose to use an accountant or financial adviser to complete your ***Income and Assets (SA369)*** form but you must sign it. If you need other people to complete forms, make sure you give them the forms as soon as possible.

## Supporting medical evidence

You will need to supply medical evidence to help us determine how your condition impacts your ability to work. Refer to the 'Medical Evidence Requirements', on page 26, for details on what medical evidence you will need to provide us.

If you cannot provide supporting medical evidence with your claim, call us on **132 717** to discuss.

## Other payments or services

You may be eligible for other payments or services such as JobSeeker Payment or a Low Income Health Care Card while we are assessing your claim for Disability Support Pension (DSP).

If you are receiving JobSeeker Payment or another payment with participation requirements, you will be exempt from looking for work while your claim for DSP is being assessed.

If you would like us to assess your eligibility for JobSeeker Payment or another payment, you will need to lodge a separate claim.

For more information, go to [servicesaustralia.gov.au/jobseekers](https://servicesaustralia.gov.au/jobseekers)

If your disabilities, illnesses or injuries make it difficult for you to use public transport, you may be eligible for Mobility Allowance.

This is a payment for people with a disability, illness or injury who are unable to use public transport, without substantial assistance, permanently or for an extended period of time (one year or more). To be eligible, you must be undertaking work, vocational training or voluntary work or participating in job search activities.

For more information, go to [servicesaustralia.gov.au/mobilityallowance](https://servicesaustralia.gov.au/mobilityallowance)

If you are currently studying, you may be eligible for Pensioner Education Supplement.

For more information, go to [servicesaustralia.gov.au/pensionereducation](https://servicesaustralia.gov.au/pensionereducation)

If your disabilities, illnesses or injuries make it difficult for you to care for yourself and if you have someone caring for you, they may be eligible for Carer Payment and/or Carer Allowance.

For more information, go to [servicesaustralia.gov.au/carers](https://servicesaustralia.gov.au/carers)

If you use, or provide care for someone that is using, essential medical equipment or medically required heating/cooling in your current home, you may be eligible for Essential Medical Equipment Payment.

For more information, go to [servicesaustralia.gov.au/emep](https://servicesaustralia.gov.au/emep)

### 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. You do not need to answer the questions in between.

### About you

The following questions are about the person claiming Disability Support Pension.

1 Your Centrelink Reference Number (if known)

 -  -  - 

2 Your name

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

3 Have you been known by any other name(s)?

#### Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No  **Go to next question**

Yes  **Give details below**

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, name before marriage)

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

4 Your gender

Male

Female

5 Your date of birth

6 Do you need an interpreter when dealing with us?

This includes an interpreter for people who have a hearing or speech impairment.

No  **Go to 9**

Yes  **Go to next question**

7 What is your preferred spoken language?

8 What is your preferred written language?

9 Read this before answering the following question.

If you are in prison or detained in any form of custody, including a psychiatric institution, because you were **charged** with an offence you may not be eligible to receive Disability Support Pension. Before completing the claim form, go to [servicesaustralia.gov.au/dsp](http://servicesaustralia.gov.au/dsp) or call us on **132 717**.

Are you in prison or detained in any form of custody including psychiatric confinement because you have been **charged** with an offence?

No  **Go to 11**

Yes  **Go to next question**

10 What is the name of the institution where you are detained?

11 Your permanent address

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Postcode

12 Your postal address (if different to above)

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Postcode



CLK0SA466 2101

**13 Read this before answering the following question.**

If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to [servicesaustralia.gov.au/em](http://servicesaustralia.gov.au/em) or visit one of our service centres.

Your contact details

Home phone number ( )

Is this a silent number? No  Yes

Mobile phone number

Is this a silent number? No  Yes

Fax number ( )

Work phone number ( )

Alternative phone number ( )

Email

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

Question 14 will help us work out if you are eligible for Telephone Allowance.

Are you under 21 years of age with no dependent children?

No  *Go to next question*

Yes  Give details below

Whose name is the home phone account in?

My name

My partner's name

Another name

Not applicable

Whose name is the mobile phone account in?

My name

My partner's name

Another name

Not applicable

If you (and/or your partner) have a home internet connection, what is the name of your Internet Service Provider (ISP)?

The ISP is the company that provides your internet access.

Whose name is the ISP account in?

My name

My partner's name

Another name

Not applicable

**15 Read this before answering the question.**

The pension supplement helps you to meet the costs of your daily household and living expenses. It is automatically paid each fortnight with your regular pension.

You have the option to receive part of the pension supplement on a quarterly basis. This component/part is known as the minimum pension supplement amount. You may find this option useful for budgeting purposes. If you choose this option, the minimum pension supplement amount accrues daily during the quarter and is paid as soon as possible after 20 March, 20 June, 20 September and 20 December with your fortnightly pension payment.

The option to get the minimum pension supplement as a fortnightly payment or quarterly payment can be changed at any time.

How often do you wish to receive the minimum pension supplement amount?

Fortnightly

Quarterly

**16 Do you want to authorise another person or organisation to make enquires, get payments and/or act on your behalf?**

No  *Go to next question*

Yes



You will need to complete and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. If you do not have this form or want more information about nominee arrangements, go to [servicesaustralia.gov.au/nominees](http://servicesaustralia.gov.au/nominees)

**17 Read this before answering the following question.**

This question is voluntary and will not affect your payment. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

Are you of Aboriginal or Torres Strait Islander Australian descent?

If you are of both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

**18 Read this before answering the following question.**

This question is voluntary and will not affect your payment. If you do answer, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

Are you of Australian South Sea Islander descent?

No

Yes

**19** Where do you want your payment made?

The bank, building society or credit union account must be in your name. A joint account is acceptable.  
Payments cannot be made into an account used exclusively for funding from the National Disability Insurance Scheme.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

**20** Tick **ONE** of the boxes below to tell us about your relationship status right now.

If you have **ever been separated**, give the date that you most recently got back together with your partner.

**Married**  Date married/reconciled with your partner  
 /  /   
▶ **Go to 21**

**Registered relationship** (registered under state or territory law)  Date registered/reconciled with your partner  
 /  /   
▶ **Go to 21**

**De facto**  Date you started your relationship/reconciled with your partner  
 /  /   
▶ **Go to 21**

**Separated** (previously in a marriage, registered or de facto relationship)  Date of last separation  
 /  /   
▶ **Go to 25**

**Divorced**  Date of divorce  
 /  /   
▶ **Go to 25**

**Widowed** (previously in a marriage, registered or de facto relationship)  Date of partner's death  
 /  /   
▶ **Go to 24**

**Never married or lived with a partner**  ▶ **Go to 35**

**21** Do you live in the same home as your partner?

No  ▶ **Go to next question**

Yes  ▶ **Go to 29**

**22** Why are you not living with your partner?

Partner's illness

Your illness

Partner in prison

Partner's employment

Other  ▶ Give details below

**23** Period not living with your partner

From  /  /

To  /  /  OR indefinite  ▶ **Go to 29**

**24** Give the following details about your deceased partner

Full name

Date of birth  /  /

▶ **Go to 35**

**25** Your ex-partner's family name

First given name

Second given name

**26** Do you live in the same home as your ex-partner?

No  ▶ **Go to 28**

Yes  ▶ **Go to next question**

**27** Are you concerned about your safety if forms are issued to your ex-partner?

No



**Both you and your ex-partner** each need to complete and return a separate **Relationship details – Separated under one roof (SS293)** form.

If you do not have this form, go to **servicesaustralia.gov.au/forms**

▶ **Go to 35**

Yes



**Only you** need to complete and return a **Relationship details – Separated under one roof (SS293)** form.

If you do not have this form, go to **servicesaustralia.gov.au/forms**

▶ **Go to 35**

**28** Your ex-partner's current address (if known)

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Postcode

▶ **Go to 35**

### About your partner

**29** Your partner's Centrelink Reference Number (if known)

–    –    –

**30** Your partner's name

Mr  Mrs  Miss  Ms  Other  

Family name

First given name

Second given name

**31** Has your partner been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No  **Go to next question**

Yes  Give details below

**1** Other name

Type of name (for example, name at birth)

**2** Other name

Type of name (for example, name before marriage)

If your partner has more than 2 other names, provide a separate sheet with details.

**32** Your partner's gender

Male

Female

**33** Your partner's date of birth

/
/

**34** Do you give permission for your partner to speak to us on your behalf?

You can change this authority at any time.

No  **Go to 37**

Yes

### Your living arrangements

**35** Do you share your accommodation with anyone other than an immediate member of your family?

An immediate member of your family includes a child, sibling, parent or grandparent.

No  **Go to 37**

Yes  **Go to next question**

**36 Read this before answering the following question.**

We need full details about your living arrangements to work out your correct payment.

The answers to these questions will help us decide if we need more information from you.

Give details of each person who shares your accommodation.

**Include** anyone who:

- regularly stays any number of nights per week
- uses your home as a base (for example, truck drivers, miners, flight attendants or members of the armed forces).

**Do not include** immediate family members.

Person 1	Name	Age
	<input type="text"/>	<input type="text"/>

Gender  Male  Female

When did you start sharing with this person?

What is your relationship to this person?

Have you and this person shared accommodation at another address?  
No   
Yes

Have you and this person previously lived together as a couple (for example, married, partnered, de facto or in a registered relationship)?  
No   
Yes   
SS293

Do you and this person share the parenting/guardianship of any children?  
No   
Yes   
SS284

Have you and this person ever had any joint financial commitments (for example, joint bank account, mortgage or other loans)?  
No   
Yes  Give details below  
SS284

If you participate in activities jointly with this person, are you considered to be a couple?  
No   
Yes  Give details below  
SS284

Are you concerned about your safety if forms are issued to this person?  
No   
Yes

*Continued*

Person 2	Name	Age
	<input type="text"/>	<input type="text"/>

Gender  Male  Female

When did you start sharing with this person?

What is your relationship to this person?

Have you and this person shared accommodation at another address?  
No   
Yes

Have you and this person previously lived together as a couple (for example, married, partnered, de facto or in a registered relationship)?  
No   
Yes   
SS293

Do you and this person share the parenting/guardianship of any children?  
No   
Yes   
SS284

Have you and this person ever had any joint financial commitments (for example, joint bank account, mortgage or other loans)?  
No   
Yes  Give details below  
SS284

If you participate in activities jointly with this person, are you considered to be a couple?  
No   
Yes  Give details below  
SS284

Are you concerned about your safety if forms are issued to this person?  
No   
Yes

If you share with more than 2 other people, provide a separate sheet with details.

37 In the last 14 days, have you received any of the following payments?

- ABSTUDY
- Austudy
- Carer Payment
- Disability Support Pension
- JobSeeker Payment
- Parenting Payment
- Special Benefit
- Youth Allowance.

No  Go to next question

Yes  Go to 49

### Residence

38 What country are you currently living in?

The country of residence is where you normally live on a long term basis.

Australia  Go to next question

Other  Country of residence

39 Have you **ever** travelled outside Australia, including short trips and holidays?

This question will help us to verify your Australian residence.

No  Go to next question

Yes  Give details below


Year you last entered Australia

Passport number

Country of issue

40 Are you an Australian citizen **who was born in Australia**?

No

 You will need to provide proof of your Australian residence status (for example, **citizenship papers, passport or other documentation**).

▶ Go to next question

Yes  Go to 48

41 What is your country of birth?

42 What is your country of citizenship?

Australia  Date citizenship granted

 Go to 43

Other  Give details below

Country of citizenship

Date citizenship granted

43 What type of visa did you arrive on?

Permanent  Go to next question

Temporary  Go to next question

New Zealand passport (Special Category visa)  Go to 45

Not sure  Go to 45

44 Your visa details on arrival

Visa sub class

Date visa granted

45 Has your visa changed since you arrived in Australia?

No  Go to next question

Yes  Most recent visa details

Visa sub class

Date visa granted

46 Did you start living in Australia before 1965?

No  Go to next question

Yes  Give details below

Name of the ship or airline on which you arrived

Name of the place where you first arrived/disembarked

What was your name when you first arrived in Australia?

47 Did someone provide you with an Assurance of Support for your migration to Australia?

No

Not sure

Yes



**48 Read this before answering the question.**

We need to know if you have lived in any countries other than Australia. 'Lived' means where you or your family made your home or spent a long period of time – it does not include places you visited for a holiday.

Have you **ever** lived outside Australia for any period?

No  Go to next question

Yes  List **all** countries you have lived in since birth and the date you started living in each country.

**Include** when you started living in **Australia**.

**Do not include** short trips or holidays.

Country	Date from
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

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

**49 Do you have a partner?**

No  **Go to 60**

Yes  Go to next question

**50 In the last 14 days has your partner received any of the following payments?**

- ABSTUDY
- Age Pension
- Austudy
- Carer Payment
- Disability Support Pension
- JobSeeker Payment
- Parenting Payment
- Special Benefit
- Youth Allowance.

No  Go to next question

Yes  **Go to 60**

**51 What country is your partner currently living in?**

The country of residence is where your partner normally lives on a long term basis.

Australia  Go to next question

Other  Country of residence

**52 Has your partner ever travelled outside Australia, including short trips and holidays?**

This question will help us to verify your partner's Australian residence.

No  Go to next question

Not applicable – never  Go to next question  
travelled to Australia

Yes  Give details below

Year last entered Australia

Passport number

Country of issue

**53 Is your partner an Australian citizen who was born in Australia?**

No



You will need to provide proof of your partner's Australian residence status (for example, **citizenship papers, passport or other documentation**).

▶ Go to next question

Yes  **Go to 59**

**54 What is your partner's country of birth?**

**55 What is your partner's country of citizenship?**

Australia  Date citizenship granted

 /  / 

▶ **Go to 57**

Other  Give details below

Country of citizenship

Date citizenship granted

 /  / 

**56 If your partner has never lived in Australia**

▶ **Go to 60**

57 What type of visa did your partner arrive on?

Permanent  Go to next question

Temporary  Go to next question

New Zealand passport (Special Category visa)  **Go to 59**

Not sure  **Go to 59**

58 Your partner's current visa details

Visa sub class

Date visa granted

59 Read this before answering the question.

We need to know if your partner has lived in any countries other than Australia. 'Lived' means where your partner or their family made their home or spent a long period of time – it does not include places you visited for a holiday.

Has your partner **ever** lived outside Australia for any period?

No  Go to next question

Yes  List **all** countries your partner has lived in since birth and the date they started living in each country.

**Include** when your partner started living in **Australia**.

**Do not include** short trips or holidays.

Country	Date from
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

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

Questions continue ►

## Dependent children

**60** Do you care for any child(ren) under 18 years of age or full-time students under 22 years of age?

No  **Go to 76**

Yes  Give the following details of each child

If you have more than 2 children in your care, copy and provide pages 11 and 12 for each additional child before completing the details for Child 1.

### Child 1

**61** Family name

First given name

Second given name

**62** Has this child ever been known by any other names?

No  **Go to next question**

Yes  List the other names

**63** Gender

Male

Female

**64** Date of birth

**65** What is this child's country of birth?

**66** Has this child **ever** travelled outside Australia, including short trips and holidays?

This question will help us to verify this child's Australian residence.

No  **Go to next question**

Not applicable – never travelled to Australia  **Go to next question**

Yes  Give details below

Year this child last entered Australia

Passport number

Country of issue

**67** Read this before you answer the question.

The term '**parent**' refers to a natural parent, adoptive parent or a person who is legally responsible for a child born through an artificial conception procedure or where a surrogacy court order is in place.

Which of the following best describes your relationship to this child?

Parent

Grandparent

Step-parent

Foster carer

Other  Give details below

**68** Does this child currently live with you?

No

Yes

**69** Do you (and/or your partner) share the care of this child with another person?

**Do not include** school/day care arrangements.

No  **Go to next question**

Yes  What is the percentage of your (or your partner's) care of this child?

**70** Does this child receive a payment from any Commonwealth, state or territory government?

No  **Go to next question**

Yes  Give details below

**71** Is this child 5 years of age or older?

No  **Go to 74**

Yes  **Go to next question**

**72** Is this child in full-time education?

No

Yes

**Child 1**

**73** Does this child have any income?


No  ► *Go to next question*

Yes  ► Amount

\$  per week

**74** Do you receive Family Tax Benefit for **this** child?

No  ►

 Provide proof of birth (for example, **birth certificate**) for this child, if you have not previously provided it to us.  
► *Go to next question*

Yes  ► *Go to next question*

**75** Do you care for another child under 18 years of age or full-time students under 22 years of age?

No  ► **Go to 76**

Yes  ►

If you have more than 2 dependent children, (if you have not already copied pages 11 and 12) copy and provide pages 13 and 14 for each additional child before completing the details for Child 2.  
► *Go to next question on the next page*

## Child 2

## 61 Family name

First given name

Second given name

## 62 Has this child ever been known by any other names?

No  Go to next questionYes  List the other names


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## 63 Gender

Male Female 

## 64 Date of birth

 /  / 

## 65 What is this child's country of birth?

66 Has this child **ever** travelled outside Australia, including short trips and holidays?

This question will help us to verify this child's Australian residence.

No  Go to next questionNot applicable – never  Go to next question  
travelled to AustraliaYes  Give details below

Year this child last entered Australia

Passport number

Country of issue

## 67 Read this before you answer the question.

The term '**parent**' refers to a natural parent, adoptive parent or a person who is legally responsible for a child born through an artificial conception procedure or where a surrogacy court order is in place.

Which of the following best describes your relationship to this child?

Parent Grandparent Step-parent Foster carer Other  Give details below

## 68 Does this child currently live with you?

No Yes 

## 69 Do you (and/or your partner) share the care of this child with another person?

**Do not include** school/day care arrangements.

No  Go to next questionYes  What is the percentage of your (or your partner's) care of this child?
 %

## 70 Does this child receive a payment from any Commonwealth, state or territory government?

No  Go to next questionYes  Give details below


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## 71 Is this child 5 years of age or older?

No  Go to 74Yes  Go to next question

## 72 Is this child in full-time education?

No Yes

**Child 2**

**73** Does this child have any income?


No  Go to next question

Yes  Amount

\$  per week

**74** Do you receive Family Tax Benefit for **this** child?

No

 Provide proof of birth (for example, **birth certificate**) for this child, if you have not previously provided it to us.

▶ Go to next question

Yes  Go to next question

**75** Do you care for another child under 18 years of age or full-time students under 22 years of age?

No  Go to next question

Yes

 Provide details of the other dependent children.

▶ Go to next question

**Tax file number(s)**

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

You are not breaking the law if you do not give us your (and your partner's) tax file number(s), but if you (and your partner) do not provide them to us, or authorise us to get them from the Australian Taxation Office, you may not be paid.

In giving us your (and your partner's) tax file number in relation to this claim you authorise us to use your (and your partner's) tax file number for other social security payments and services in future where necessary.

Have you (and your partner) given us your tax file number(s) before?

No  **Go to next question**

Not sure  **Go to next question**

Yes  **Go to 78**

**77 Do you (and your partner) have a tax file number(s)?**

**You**

No  Call us on **132 717**.

Yes  Your tax file number

-  -

**Your partner**

No  Call us on **132 717**.

Yes  Your partner's tax file number

-  -

**78 Have you (and/or your partner) received any of the following payments in the last 14 days?**

- ABSTUDY
- Age Pension
- Austudy
- Carer Payment
- Disability Support Pension
- Family Tax Benefit
- JobSeeker Payment
- Parenting Payment
- Special Benefit
- Youth Allowance.

No  **Go to next question**

Yes  **Go to 112**

**About your home**

The responses to these questions are used to determine your rate of payment and eligibility for rent assistance.

**79 Do you (and/or your partner) own a home that you do not live in?**

No  **Go to 81**

Yes  **Go to next question**

**80 What is the reason you do not live in the home?**

You or your children are studying

Receiving medical treatment

Receiving care from a person in a private home

Receiving care in a nursing home

Providing care to a person in a private home

Overseas absence

Other  **Give details below**

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**81** What type of accommodation best describes where you (and your partner) live?

You are single, 18 to 20 years of age and living in the principal home of a parent  **Go to 112**

In a place where you (and/or your partner) pay private rent. This includes site or mooring fees.  **Go to 103**

In a home you (and/or your partner) own or you own jointly with another person.

This can include:

- paying it off (mortgage)
- a caravan, mobile home or boat  **Go to 82**

In a home owned by either:

- a company in which you are a shareholder or director, or
- a trust in which you or a member of your family are a potential beneficiary or are named in the trust deed  **Go to 112**

In public housing (for example, housing owned by the Housing Authority. This does not include paying rent to a Community Housing organisation.)  **Go to 83**

In a boarding house, guest house, hostel, hotel, campus or similar  **Go to 104**

In a hospital or home for people with disabilities  **Go to 104**

In an aged care home or nursing home  **Go to 86**

In a retirement village  **Go to 93**

In accommodation which you (and/or your partner) have the right to use for life  **Go to 97**

In accommodation where you pay no rent  **Go to 112**

Other (for example, this could be where you (and/or your partner) do not have a fixed address)  Give details below

.....

.....

**Go to 103**

**82** Do you pay site, ground or mooring fees for your (and your partner's) home (this could be for a caravan, mobile home or boat)?

No  **Go to 112**

Yes  **Go to 103**

**83** Is your (or your partner's) name on the rental contract or lease agreement?

No  **Go to next question**

Yes  **Go to 112**

**84** Is the primary tenant paying the market rate of rent?

No  **Go to next question**

Not sure  **Go to next question**

Yes  **Go to 103**

**85** Do you (and your partner) live with the primary tenant AND your (and/or your partner's) income has been taken into account by the public housing authority when calculating the rent?

No  **Go to 112**

Yes  **Go to 103**

### Aged care home or nursing home

**86** What is the name of the aged care home or nursing home?

.....

.....

**87** What date did you (and/or your partner) move in?

You

Your partner

/ /

/ /

**88** How long will you (and/or your partner) be staying?

Long term or indefinitely

You  Your partner  **Go to 90**

Short term or temporary respite care

You  Your partner  **Go to next question**

**89** What date do you (and/or your partner) expect to leave?

You

Your partner

/ /

/ /

**Go to 112**



**90 Read this before answering the following question.**

Payments for accommodation may include:

- Accommodation Bond
- Accommodation Charge
- Refundable Accommodation Deposit (RAD)
- Daily Accommodation Payment (DAP)
- Daily Accommodation Contribution (DAC)
- Refundable Accommodation Contribution (RAC).


Did you (and/or your partner) pay, or agree to pay, a daily payment or a lump sum (either by instalments or in full) for your accommodation to the Aged Care Provider?

This payment may have been a donation, a loan or some type of payment which may be repayable to you in whole or in part, if you leave. This payment does not include gifts or loans above the amount you had to pay for the right to your accommodation.

No  **Go to 112**

Yes  Amount of payment

\$

 Provide a copy of the signed accommodation agreement(s).

**91 Did you (and/or your partner) make a gift and/or loan in addition for the right to your accommodation?**

No  **Go to 112**

Yes  **Go to next question**

**92 What was the additional amount paid as a gift and/or loan?**

Amount of gift

\$

Amount of loan

\$

**Go to 112**

**Retirement village**

**93 What date did you (and/or your partner) move into the retirement village?**

You

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your partner

\_\_\_\_ / \_\_\_\_ / \_\_\_\_


**94 Did you (and/or your partner) pay an entry contribution?**

Your entry contribution may have been a donation, a loan or some type of payment that may be repayable to you in whole or in part, if you leave. An entry contribution does not include gifts or loans above the amount you had to pay for the right to your accommodation.

No  **Go to next question**

Yes  Amount of entry contribution

\$

 Provide a copy of the signed contract or agreement.

**95 Did you (and/or your partner) make a gift and/or loan in addition to the entry contribution?**

No  **Go to 103**

Yes  **Go to next question**

**96 What was the additional amount paid as a gift and/or loan?**

Amount of gift

\$

Amount of loan

\$

**Go to 103**

**Life interest**

**97 Did you (and/or your partner) pay any money or transfer any assets in return for this right to accommodation for life?**

No  **Go to next question**

Yes  **Go to 99**

**98 Which option describes how you (and/or your partner) obtained a life interest in a home without any exchange of money or transfer of assets?**

Inherited the life interest  **Go to 112**

A formal agreement documenting the life interest  **Go to 112**

An informal agreement, no rent paid  **Go to 112**

An informal agreement to live at a child's home and pay rent  **Go to 103**

Other  Give details below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Go to 103**

**99** What are the details of the person or organisation that was paid money or assets were transferred to?

Full name (of the person or organisation)

Address

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

**100** What was the amount paid?

**101** What (if any) assets were transferred?

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

**102** What was the market value of assets transferred?

### Living with other people

**103** Read this before answering the following question.

Sharing your accommodation means that you have the right to use a kitchen, bedroom or bathroom with one or more persons. This includes **all** family members (except children which you are paid family assistance for), people who regularly stay at your accommodation and people who work away from home (for example, truck drivers, miners, flight attendants or members of the armed forces).

Do you (and your partner) share your accommodation with other people?

No  Go to next question

Yes  Give details below

<b>1</b> Person's name	Age
<input type="text"/>	<input type="text"/>
Date they moved in	Relationship to you
<input type="text" value="/ /"/>	<input type="text"/>
<b>Their share</b> of the rent/lodgings	Do they own the home?
\$ <input type="text"/> per	No <input type="checkbox"/> Yes <input type="checkbox"/>

<b>2</b> Person's name	Age
<input type="text"/>	<input type="text"/>
Date they moved in	Relationship to you
<input type="text" value="/ /"/>	<input type="text"/>
<b>Their share</b> of the rent/lodgings	Do they own the home?
\$ <input type="text"/> per	No <input type="checkbox"/> Yes <input type="checkbox"/>

<b>3</b> Person's name	Age
<input type="text"/>	<input type="text"/>
Date they moved in	Relationship to you
<input type="text" value="/ /"/>	<input type="text"/>
<b>Their share</b> of the rent/lodgings	Do they own the home?
\$ <input type="text"/> per	No <input type="checkbox"/> Yes <input type="checkbox"/>

<b>4</b> Person's name	Age
<input type="text"/>	<input type="text"/>
Date they moved in	Relationship to you
<input type="text" value="/ /"/>	<input type="text"/>
<b>Their share</b> of the rent/lodgings	Do they own the home?
\$ <input type="text"/> per	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you share with more than 4 people, provide a separate sheet with details.

## Paying for accommodation

**104** Do you (and your partner) pay board and/or lodgings?

Board means you (and your partner) are provided with some regular meals.

Lodgings means the amount you (and your partner) pay for your accommodation.

No  **Go to 106**

Yes  *Go to next question*

**105** Can you separate the amounts you (and your partner) pay for board and/or lodgings?

No  Total board and lodgings charged per day, week, fortnight, 4 weeks or calendar month

\$ \_\_\_\_\_ per

**Go to 107**

Yes  Amount paid for board (meals) per day, week, fortnight, 4 weeks or calendar month

\$ \_\_\_\_\_ per

Amount paid for lodgings (accommodation only) per day, week, fortnight, 4 weeks or calendar month

\$ \_\_\_\_\_ per

**Go to 107**

**106** What is the amount **you** (and **your partner**) pay per day, week, fortnight, 4 weeks or calendar month (for example, rent, maintenance or site fees)?

This would be the total you (and your partner) pay for the property minus any subsidy/rebate, rent amount claimed as a business expense for taxation purposes OR contribution from another person or organisation.

\$ \_\_\_\_\_ per

**107** On what date did you (and your partner) start paying these fees?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**108** What type of accommodation do you (and your partner) live in?

Boarding house/hostel/private hotel, hospital or disability housing  **Go to 110**

Private house or townhouse/unit/flat

Community housing

Defence housing  *Go to next question*

Caravan/cabin/mobile home

Boat

Other  Give details below

\_\_\_\_\_

**Go to next question**

**109** What is the **total amount** being charged per day, week, fortnight, 4 weeks or calendar month?

\$ \_\_\_\_\_ per

**110** Details of your landlord, authorised agent or person you (and/or your partner) pay rent to

Full name

\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode

Contact phone number

\_\_\_\_\_

**111** Do you (and/or your partner) have a formal lease or tenancy agreement?

No  *Go to next question*

Yes   Provide a full copy of your signed lease or tenancy agreement.


**112** Are you claiming Disability Support Pension because you are permanently blind?

No  **Go to 117**

Yes  *Go to next question*

**113** Are you (and/or your partner) claiming Rent Assistance?


No  *Go to next question*

Yes   You will need to complete and return an **Income and Assets (SA369)** form. If you do not have this form, go to **servicesaustralia.gov.au/dsp**  
**Go to 117**

## Receiving other payments


**114** Are you (and/or your partner) receiving a New Zealand Government payment?

No  *Go to next question*

Yes   Provide a letter or other document that gives the reference number and details of the payment.

**115** Are you (and/or your partner) receiving a payment from the Department of Veterans' Affairs?


No  *Go to next question*

Yes   Provide a letter or other document that gives the reference number and details of each payment.

**116** Do you (and/or your partner) receive New Enterprise Incentive Scheme (NEIS) Allowance?

No  Go to next question

Yes

 Provide a letter or other document(s) that shows the reference number and details for each payment (other than payments made by us).

### Compensation

**117** Read this before answering the following question.

**Compensation, insurance and damages include:**

- workers' compensation
- motor vehicle
- criminal injuries/victims compensation
- sporting injury
- public liability
- medical negligence
- personal accident and sickness insurance
- income replacement insurance.

Have you (or your partner) ever:

- received
- claimed, or
- been able to claim


compensation, insurance and/or damages?

No  Go to 119

Yes  Go to next question

**118** Have you (or your partner) told us about this before?

No


 You will need to complete and return a **Compensation and damages (Mod C)** form. If you do not have this form, go to [servicesaustralia.gov.au/forms](http://servicesaustralia.gov.au/forms)  
▶ Go to next question

Yes  Go to next question

**119** Do you (and/or your partner) receive payments from an income protection policy?

No  Go to next question

Yes

 Provide a copy of the policy document and the latest statement for this policy.

### Employment

**120** Before you needed to make this claim, were you working as a wage or salary earner or about to start working as a wage or salary earner?

No  Go to 126

Yes  Go to next question

**121** Is your employer keeping a job available for you?

No  Go to 126

Not sure

Yes

Give details about your employer below

Full name

Australian Business Number (ABN)

Address

Postcode

Phone number

Fax number

Personnel number

Was this work

Full-time

Part-time

Casual

**122** Are you still working for this employer?

No  Go to 124

Yes  How many hours are you working now?

hours per week

**123** Is this part of a return to work program?

No  Go to 126

Yes

**124** Are you being paid sick leave?

Tick 'Yes' if you **expect** to be paid sick leave.

No

Yes

**125** Do you think you are about to lose your job because of your disability, illness or injury?

No

Yes

int

**126** Before you needed to make this claim, were you self-employed, working as a sub-contractor or a primary producer (for example, a farmer, a market gardener)?

No  Go to 132

Yes  Go to next question

**127** Do you operate through a company (as a principal or employee)?

No  **Go to next question**

Yes  **Go to 132**

**128** Do you have a contract (written or oral contract) to provide goods or services?

No  **Go to 132**

Yes  Give details about your contract below

Full name
<input type="text"/>
Australian Business Number (ABN)
<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
Phone number
<input type="text"/>
Fax number
( <input type="text"/> )

**129** What type of contract do you have?

Written

 Provide the written contract to provide goods and services.

Oral  **Go to next question**

int

**130** Are you still doing this work?

No  **Go to next question**

Yes  Give details below

How many hours are you working now?
<input type="text"/> hours per week
Is this part of a return to work program?
No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Go to 132</b>

**131** Do you expect to return to this work?

No

Not sure

Yes

## Study

**132** Before you needed to make this claim, were you studying (for example, school, TAFE college, university)?

No  **Go to 135**

Yes  **Go to next question**

**133** Do you expect to return to your studies?

No  **Go to next question**

Not sure

Yes

Give details below

Name of school, TAFE college, university, other
<input type="text"/>
Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode
Phone number
<input type="text"/>

## Other circumstances

**134** Before you needed to make this claim, were you doing something other than paid employment or study (for example, voluntary work, unemployed, in receipt of another payment, financially dependent on someone else, caring for someone else, undertaking home duties, parenting, recovering from an illness or operation, undergoing rehabilitation)?

No  **Go to next question**


Yes  Give details below

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

**135** In the last 14 days have you (and/or your partner) received any of the following payments?

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• ABSTUDY</li><li>• Age Pension</li><li>• Austudy</li><li>• Carer Payment</li><li>• Disability Support Pension</li></ul> | <ul style="list-style-type: none"><li>• JobSeeker Payment</li><li>• Parenting Payment</li><li>• Special Benefit</li><li>• Youth Allowance.</li></ul> |
|--|--|

No

 You (and your partner) will need to complete and return an **Income and Assets (SA369)** form. If you do not have this form, go to **servicessaustralia.gov.au/dsp**

Yes  **Go to next question**


**136** In the last 12 months, have you (or your partner), or do you (or your partner) expect to receive, any leave entitlement payments from an employer you have worked for?

This can **include**, but not limited to:

- annual leave
- maternity leave
- paternal leave (this **does not include** Parental Leave Pay or Dad and Partner Pay)
- long service leave or sick leave you received when you stopped work
- entitlements that you cashed in before you stopped work
- money in a long-service leave fund or scheme that you have not cashed in.

No  Go to next question

Yes  Give details below

 Provide documents that confirm leave entitlement payments (for example, letter from employer).

**1** Type of leave entitlement

Amount you received or expect to receive before tax and other deductions

Number of working days covered by the payment

Date paid or date payable

Name of employer

Address

Postcode

Phone number

Job description

*Continued*

**2** Type of leave entitlement

Amount you received or expect to receive before tax and other deductions

Number of working days covered by the payment

Date paid or date payable

Name of employer

Address

Postcode

Phone number

Job description

If you have payments from more than 2 employers, provide a separate sheet with details.

**137** Have you (and/or your partner) received a redundancy payment in the last 2 years?

No  Go to next question

Yes

 Provide documents that confirm any redundancy payments (for example, **Employment Separation Certificate (SU001)** form or letter from employer).  
If you do not have this form, go to [servicesaustralia.gov.au/dsp](http://servicesaustralia.gov.au/dsp)

**Independence**

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

If you are under 21 years of age, the rate of Disability Support Pension may depend on whether you have a dependent child, are considered independent, or living at your parental home.

**139** Are you under 21 years of age?


No  Go to 156

Yes  Go to next question

**140** What date did you leave secondary school?

- 141** Have you worked and earned at least 75% of the maximum Wage Level A of the transitional Australian Pay and Classification Scale or a modern award applicable to trainees within an 18 month period since last leaving secondary school?
- No  *Go to next question*

Yes


 You will need to provide proof of income earned and periods worked (for example, payslips, letter from your employer or payment summaries).

▶ **Go to 156**

- 142** Since leaving secondary school have you worked in part-time paid employment for at least 15 hours a week for 2 years?

No  *Go to next question*

Yes


 Provide proof of employment (for example, payslips, letter from the employer).

▶ **Go to 156**

- 143** Have you supported yourself in full-time paid employment working an average of 34 hours a week for 18 months in a 2 year period?

No  *Go to next question*

Yes


 You will need to provide proof of hours and periods worked (for example, payslips or letter from your employer).

▶ **Go to 156**

- 144** Are you, or have you been, married or in a registered relationship?

No  *Go to next question*

Yes


 Provide proof of marriage or relationship registration.

▶ **Go to 156**

- 145** Do you have or have you had a dependent child (natural or legally adopted)?

No  *Go to next question*

Yes

 Provide proof of birth for this child, if you have not already done so.

▶ **Go to 156**

- 146** Have you lived, or are you living, as a member of a couple in a relationship that has lasted:

- for at least 12 months, or
- for at least 6 months where the relationship ended due to exceptional circumstances (such as domestic violence or death of a partner)?

No  *Go to next question*

Yes  **Go to 156**

- 147** Do you live with your parent(s)?

No  *Go to next question*

Yes  **Go to 156**

- 148** Are you 16 or 17 years of age?

No  **Go to 156**

Yes  *Go to next question*

- 149** Do you live away from your parents' home because of a disability, illness or injury?

No  *Go to next question*

Yes  Give details below


▶ **Go to 156**

- 150** Are you an orphan?

No  *Go to next question*

Yes

You may need to provide evidence.

▶ **Go to 156**

- 151** Are you a refugee without parents in Australia?

No  *Go to next question*

Yes  **Go to 156**

- 152** Are your parent(s) unable to exercise their parental responsibilities?

For more information, refer to the **Information Booklet**.

No  *Go to next question*


Yes  **Go to 156**

- 153** Is it unreasonable for you to live at home?

For more information, refer to the **Information Booklet**.

No  *Go to next question*

Yes

 **18 years of age or over** – you will need to complete and return an **'Unreasonable to live at home' Statement by Young Person (SY015)** form. Your parent(s)/guardian(s) will need to complete and return an **'Unreasonable to live at home' Statement by Parent(s)/Guardian(s) (SY016)** form.

If you do not have these forms, go to **servicesaustralia.gov.au/forms**

If you are not able to get these forms completed by your parent(s)/guardian(s), you will need to call us on **132 717** to make an appointment with a social worker.

▶ **Go to 156**

**Under 18 years of age** – you will need to call us on **132 717** to make an appointment with a social worker.

▶ **Go to 156**



**154** Are you, or have you been, in state or territory care?

No  **Go to 156**

Yes  **Go to next question**

**155** Do you, or does anyone else on your behalf, get a payment from a state and/or territory government?

This includes any organisation that gets a payment for you.

No  **Go to next question**

Yes  Give details of the department or organisation below

Full name

Address


---


---

Postcode

### Checklist

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

Where you are asked to supply documents, provide original documents.

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

Identity documents (Refer to 'Confirming your identity' in the <b>Information Booklet</b> or go to <a href="http://servicesaustralia.gov.au/identity">servicesaustralia.gov.au/identity</a> )	<input type="checkbox"/>	Letter or document that gives details of Department of Veterans' Affairs payment(s) and reference number(s) (if required for <b>question 115</b> )	<input type="checkbox"/>
<b>Authorising a person or organisation to enquire or act on your behalf (SS313)</b> form (if you answered Yes at <b>question 16</b> )	<input type="checkbox"/>	Letter(s) or document(s) that gives the reference number and details of NEIS Allowance (if you answered Yes at <b>question 116</b> )	<input type="checkbox"/>
<b>Relationship details – Separated under one roof (SS293)</b> form to be completed by <b>both you and your ex-partner</b> (If you answered No at <b>question 27</b> )	<input type="checkbox"/>	<b>Compensation and damages (Mod C)</b> form (if you answered Yes at <b>question 118</b> )	<input type="checkbox"/>
<b>Relationship details – Separated under one roof (SS293)</b> form to be completed by <b>only you</b> (If you answered Yes at <b>question 27</b> )	<input type="checkbox"/>	A copy of the policy document(s) and the latest statement(s) for this policy (if you answered Yes at <b>question 119</b> )	<input type="checkbox"/>
Proof of Australian residence status (if you answered No at <b>questions 40 and 53</b> )	<input type="checkbox"/>	The contract to provide goods and services (if required for <b>question 129</b> )	<input type="checkbox"/>
Dependent children proof of birth (if you answered No at <b>question 74</b> on page 12 and/or page 14)	<input type="checkbox"/>	Documents that confirm your leave entitlements (if you answered Yes at <b>question 136</b> )	<input type="checkbox"/>
Details of other dependent children (if you answered Yes at <b>question 75</b> on page 14)	<input type="checkbox"/>	Documents that confirm any redundancy payment received OR <b>Employment Separation Certificate (SU001)</b> form (if you answered Yes at <b>question 137</b> )	<input type="checkbox"/>
A copy of the signed accommodation agreement(s) (if you answered Yes at <b>question 90</b> )	<input type="checkbox"/>	Proof of employment (if you answered Yes at <b>question 141, 142 or 143</b> )	<input type="checkbox"/>
A copy of the signed contract or agreement (if you answered Yes at <b>question 94</b> )	<input type="checkbox"/>	Proof of marriage or relationship registration (if you answered Yes at <b>question 144</b> )	<input type="checkbox"/>
Signed lease or tenancy agreement (if you answered Yes at <b>question 111</b> )	<input type="checkbox"/>	Dependent children proof of birth (if you answered Yes at <b>question 145</b> )	<input type="checkbox"/>
<b>Income and Assets (SA369)</b> form (if you answered Yes at <b>question 113</b> or if you answered No at <b>question 135</b> )	<input type="checkbox"/>	<b>'Unreasonable to live at home' Statement by Young Person (SY015)</b> form and <b>'Unreasonable to live at home' Statement by Parent(s)/Guardian(s) (SY016)</b> form (if you answered Yes at <b>question 153</b> and are 18 years of age or over)	<input type="checkbox"/>
Letter or document that gives the reference number and details of each New Zealand payment (if you answered Yes at <b>question 114</b> )	<input type="checkbox"/>		



## Privacy notice

### 157 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 need to 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](https://servicesaustralia.gov.au/privacy)

## Declaration

### 158 I declare that:

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

#### I understand that:

- Centrelink can make relevant enquiries to make sure I receive the correct entitlement.
- I must notify Centrelink of any changes to this information **within 14 days** of the change(s) occurring.
- giving false or misleading information is a serious offence.

Your signature

Date

Your partner's signature (if applicable)

Date

You must now complete the Medical details section of this claim.

► **Go to 159**

### Medical evidence to support your claim for Disability Support Pension

You need to provide current medical evidence from your treating health professional(s) to support your claim for Disability Support Pension. We need this information to help us understand how your medical conditions affect you, and to make sure we correctly assess your claim.

We are not responsible for obtaining this information on your behalf. However, we may contact your treating health professionals to confirm or clarify information you provide about your medical conditions.

#### Information we need to assess your claim

You must provide current medical evidence about each of your medical conditions that impact your ability to work. These requirements are explained in more detail below.

You need to provide suitable medical evidence when you lodge your claim. If you do not provide this information we may be unable to correctly assess your claim, and may reject your claim.

Tell us if you cannot provide evidence within that time, or if you are having difficulty obtaining medical evidence.

#### What is medical evidence?

Medical evidence includes documents written by a registered medical practitioner (such as your treating doctor) and other registered health or allied health professionals. This evidence should support the information you provide in the medical details section of your claim.

Statements about your condition written by you or your nominee are taken into account, but are not considered medical evidence. This applies to information provided by a person who is not a registered health professional, such as a teacher.

#### Examples of medical evidence you should provide:

- medical history reports/print outs
- specialist medical reports, including outcomes of specialist referrals by your treating doctor
- allied health professional reports, such as physiotherapy or audiology reports
- psychologist reports, including IQ testing reports
- medical imaging reports
- compensation and rehabilitation reports
- physical examination reports
- hospital/outpatient records or discharge summaries including operations you have had.

You are not required to provide everything on this list. Medical evidence should be as current as possible. Older evidence (such as reports or records more than 2 years old) will generally be considered less relevant. Talk to your treating health professional if you are not sure whether the medical evidence you have reflects your current circumstances.

#### Details of your treating health professionals

Include the full name and contact details for all your treating health professionals in the medical details section of your claim.

### Information we need about your medical conditions

In most cases, we need current information about the diagnosis, treatment, symptoms, functional impact and prognosis of each of the medical condition(s) that impact your ability to work. This is explained in more detail below:

#### Diagnosis

- The formal diagnosis of the medical conditions that impact your ability to function.
- When each medical condition was diagnosed.
- The name, qualification and contact details of the medical professional who made the diagnosis.

#### Treatment and care

- The type of treatment that has been undertaken in the past.
- The current treatment(s) you are undertaking.
- Planned or future treatment, including whether you are on a waiting list.
- If you require specific care because of your condition, including nursing home level or palliative care.

#### Symptoms and functional impact

- When the symptoms of each medical condition started (date of onset).
- Current symptoms of your conditions (persisting despite treatment, aids, equipment or assistive technology).
- The severity, frequency and duration of your symptoms.
- How your conditions and treatment impact on your ability to function in day-to-day life including at work.

#### Prognosis

- The length of time the condition is likely to impact your ability to function.
- Whether the condition is likely to improve, remain the same or get progressively worse.
- Whether your medical condition is likely to significantly affect your life expectancy.

### Specific medical evidence required for some medical conditions

We need specific medical evidence for some medical conditions. This includes:

- **ear conditions affecting hearing or balance:** the diagnosis must be supported by a report from your audiologist or ear, nose and throat specialist.
- **eye conditions affecting vision:** the diagnosis must be supported by a report from your ophthalmologist.
- **mental health conditions (such as depression, schizophrenia):** your doctor's diagnosis must be supported by a psychiatrist or clinical psychologist assessment.
- **intellectual impairment:** we need an assessment of intellectual function and assessment of adaptive behaviour from your psychologist, or a report from your special school that includes these psychologist assessments. Evidence you provide must include information supported by a psychologist about your IQ score, or your ability to undergo IQ testing.

For more information, go to [servicesaustralia.gov.au/dsp](https://servicesaustralia.gov.au/dsp) or call us on **132 717**.

Continued ►

# Medical details

**160** List any disabilities or medical conditions that significantly affect your ability to work. This can include any physical, intellectual or psychiatric condition or disability.



**161** When did your disability or medical condition(s) begin to significantly affect your work capacity?

/   /
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**162** Are you receiving a Disability Pension at the Special Rate (Totally and Permanently Incapacitated) from the Department of Veterans' Affairs?

No  **Go to 165**  
Yes  *Go to next question*

**163** Do you have the Special Rate decision letter from the Department of Veterans' Affairs?

No  *Go to next question*  
Yes   Provide the Special Rate decision letter.  
**Go to 192**

**164** Do you authorise us to get information from the Department of Veterans' Affairs as required for this claim?

No   You will need to provide details about your condition and medical evidence.  
**Go to next question**  
Yes  **Go to 192**

**165** Do you believe you require nursing home level of care, frequent support or supervision from a carer, or palliative care?

No  **Go to next question**  
Yes  **Give details below**


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

**166** Do you believe that your life expectancy may be significantly reduced within the next few years because of your condition?

No  **Go to next question**  
Yes  **Give details below**


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

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

To help us understand how your disability or medical condition affects you, we need information about any past treatment you may have received for your conditions, and any current, planned or future treatment. This may include treatments such as medication, surgery, rehabilitation, physical therapy, counselling, hearing aids, specialised clinics, chemotherapy, radiotherapy or palliative care. If you believe that any of the following questions about treatment are not relevant for your condition (for example, because there is no available treatment), explain this in the space provided.

**168** Have you received any past treatments for your disability or medical condition?

No  **Go to 170**  
Yes  **Give details below**


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



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**169** When did you receive treatment(s)?

Form with three horizontal lines for text entry.

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

▶ **Go to 171**

**170** Reason why you have not received any past treatments for your disability or medical condition

Form with three horizontal lines for text entry.

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

**171** Are you currently receiving any treatment for your disability or medical condition?

No  ▶ **Go to 174**

Yes  ▶ Give details below

Form with ten horizontal lines for text entry.

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

**172** Who is providing or supporting this treatment (for example, treating doctor, hospital, clinic)?

Form with seven horizontal lines for text entry.

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

**173** How does this treatment affect your ability to work or study?

Form with three horizontal lines for text entry.

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

▶ **Go to 175**

**174** Reason why you are not receiving any treatment for your disability or medical condition

Form with three horizontal lines for text entry.

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

**175** Are you expecting to have future treatment for your disability or medical condition?

No  **Go to next question**

Yes  **Give details below**

Type of treatment

Reason for treatment

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When do you expect to receive this treatment (if known)

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Who will provide this treatment (if known)

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

**Go to 177**

**176** Reason why you are not expecting to have future treatment for your disability or medical condition

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

**177** List any doctors, specialists or other professionals who could tell us about your disability or medical condition (for example, treating doctor or specialist, clinical psychologist, psychiatrist)

**1** Full name

Profession

Address

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Postcode

Phone number

**2** Full name

Profession

Address

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Postcode

Phone number

If you have more than 2 professionals to list, provide a separate sheet with details.

**178** What is the highest level of education you have **completed** (for example, Year 11, Tertiary, Diploma)?

If completed outside Australia, indicate the Australian equivalent.

**179** Have you attended a special class or school because of a disability or medical condition?

No  **Go to next question**

Yes  **Give details below**

Name of school

Address

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Postcode

**180** What qualifications have you gained (for example, courses, tickets, licences, certificates, diplomas)?


**181** What sort of work have you done?  
Provide details of your most recent employment history.

<b>1</b> Employer's name	
Dates worked	
From	To
/   /	/   /
Type of work	

<b>2</b> Employer's name	
Dates worked	
From	To
/   /	/   /
Type of work	

**182** Have you been given or offered extra support in the workplace because of your disability or medical condition, such as modifications to your work environment, reduced hours of work, alternative duties, retraining?

No  Go to next question

Yes  Give details below


**183** In the last 3 years, have you participated in any programs to help you find work, stay in a job, return to work, manage an injury or help you with vocational rehabilitation, gaining new skills, work experience or training (for example, Disability Employment Services, Community Development Programme, jobactive or a workers' compensation program)?

No  Go to next question

Yes  Give details below

<b>1</b> Name of provider
Dates you participated
/   /         /   /

<b>2</b> Name of provider
Dates you participated
/   /         /   /

**184** When do you think you could do any activities that would help prepare you for work?

Now

Within 3 months

3–6 months

6–12 months

12–24 months

More than 2 years

Not sure

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

This checklist helps make sure you have the right medical evidence to support your claim for Disability Support Pension. It may also help guide discussion with your treating health professionals if you need further evidence. Disability Support Pension medical evidence requirements are explained on page 26 of the claim form. For more information, go to [servicesaustralia.gov.au/dsp](http://servicesaustralia.gov.au/dsp)

**186** Do you have current medical evidence from your treating doctor(s) for any conditions that significantly affect your work capacity?

No  Go to 188

Yes  Go to next question

**187** In most cases we need medical evidence from your treating doctor(s) to include your diagnosis, prognosis and how your condition affects you. Indicate the information included in the medical evidence from your treating doctor(s):

the diagnosis of any conditions that significantly affect your work capacity

details of the treating health professional (s) who diagnosed each condition, including names and contact details

details of any past, current and planned treatment for your conditions


symptoms of your conditions (how they affect you now, and how they may affect you in the future, with treatment)

prognosis for your conditions, (taking into account any current and planned treatment)


**188** Indicate which statement applies to you.

You are claiming Disability Support Pension because:

you need nursing home level care, or your life expectancy is significantly reduced within the next 2 years

 You will need to provide medical evidence that outlines your symptoms and prognosis.

of an intellectual disability

 You will need to provide an assessment of intellectual function and adaptive behaviour supported by a psychologist, including information about your IQ score, or your ability to undergo testing.


of an eye condition affecting your vision

 You will need to provide an **Optometrist/Ophthalmologist Report (SA013)** form or equivalent information.


you are permanently blind

 You will need to provide an **Optometrist/Ophthalmologist Report (SA013)** form or equivalent information.

of a mental health condition (such as depression or anxiety)

 You will need to provide evidence that the diagnosis was made by a psychiatrist, **or** another medical practitioner (such as your GP) **and** a clinical psychologist.

of an ear condition affecting your hearing or balance

 You will need to provide evidence that the diagnosis is supported by an ear, nose and throat specialist **or** another medical practitioner (such as your GP) **and** an audiologist.

none of the above

**189** Provide existing medical evidence with your claim that shows the current impact of your condition(s). If you have given any of these documents to us before, you do not need to provide them again.

What medical evidence documents are you providing with your claim?

Medical history records, such as a patient health summary signed by your GP

Report from a medical specialist, such as an ear, nose and throat specialist, psychiatrist or ophthalmologist

GP referral letter to medical specialist

Report from another treating health professional, such as a physiotherapist, psychologist, occupational therapist or audiologist

Rehabilitation reports

Medical imaging report, such as MRI, X-ray, CT (films not required)

Hospital/Outpatient/Discharge report

Compensation medical report

Wait-list confirmation letter

Special School/Special Education Unit report

Other medical evidence – give details below


**190** Are you having difficulty getting medical evidence, or giving evidence to us?

No  **Go to next question**

Yes  To help us understand your situation, explain why you are having difficulty with medical evidence.

**191** We may need to contact your treating health professional(s) about your medical condition(s). They may ask us to confirm that you have provided consent in writing for them to disclose information about your medical conditions. You can do this by completing a **Consent to disclose medical information (SA472)** form.

Have you completed and given us a **Consent to disclose medical information (SA472)** form?

No   To provide consent, you will need to complete a **Consent to disclose medical information (SA472)** form. A copy of this form is provided with this claim form.  
**Go to next question**

Yes  **Go to next question**

## Privacy notice

### 192 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 need to 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](https://servicesaustralia.gov.au/privacy)

## Declaration

### 193 I declare that:

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

#### I understand that:

- Centrelink can make relevant enquiries to make sure I receive the correct entitlement.
- I must notify Centrelink of any changes to this information **within 14 days** of the change(s) occurring.
- giving false or misleading information is a serious offence.

Your signature

Date

#### OFFICE USE ONLY

Surname

First given name

Date of birth

Centrelink Reference Number



# Consent to disclose medical information (SA472)

## Purpose of this form

This form is used to confirm that you consent to your treating health professionals and/or health providers disclosing relevant information about your disability or medical conditions to the Australian Government agency, Services Australia, or assessors engaged by Centrelink.

This consent form does not replace the need for you to provide medical evidence when lodging a claim for Disability Support Pension (DSP). We need medical evidence from your treating health professionals to help us understand how your conditions affect you and to correctly assess your claim. This is explained in the **Medical Evidence Checklist (SA473)** form and the **Claim for Disability Support Pension (SA466)** form available on our website.

If more information is needed to assess your eligibility for DSP or employment services, Centrelink or assessors engaged by Centrelink may contact your treating health professionals and/or health providers to confirm or clarify information you provide about your disability or medical conditions.

This may include contact with any health professionals (including your treating doctor) and/or health providers who have examined, diagnosed or treated your disability or medical conditions which are relevant to your eligibility for DSP or employment services.

Your treating health professionals and/or health providers may be asked to disclose any medical information relevant to assessing your eligibility for DSP or employment services. This includes medical and specialist reports, clinical notes, medical records or other information, and any barriers that may affect your ability to work or participate in employment services or other assistance programmes.

Your treating health professionals and/or health providers may ask for confirmation that you have consented for them to disclose your medical information to Centrelink or assessors engaged by Centrelink.

You can complete the Consent to disclose medical information statement on this form to provide your consent, and Centrelink will show this to your treating health professionals and/or health providers if requested.

You can withdraw your consent at any time by advising Centrelink. However, if your treating health professionals or health providers do not disclose relevant medical information when requested, Centrelink may not have enough information to assess your eligibility for DSP or employment services. This may result in your claim being rejected or your payment being stopped.

## 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 need to 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](http://servicesaustralia.gov.au/privacy)

## Consent to disclose medical information

I (full name)

Date of birth

of (address)

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Postcode

give consent for my treating health professionals and/or health providers to disclose any relevant information about my disability or medical conditions to Centrelink, or assessors engaged by Centrelink, if required to assess my eligibility for Disability Support Pension or employment services.

Your signature

Date



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