

centrelink

servicesaustralia.gov.au/privacy

Services Australia.

Carer's signature

Date (DD MM YYYY)

Professional to complete.

É

Read and sign this authority to release information.

the child to be supplied to Services Australia.I understand that the report will be used to assist in

Give this report to the child's doctor or Treating Health

• I give permission for medical details and clinical notes about

assessing a claim for Carer Payment for current and future carers OR establishing eligibility for a Special Disability Trust (SDT) and may need to be released to that person(s) by

Carer Payment – Medical Report

(for a child under 16 years)

Child's details You will need to provide a separate report for each child – contact us if you require additional reports.	CRN			
Carer's details Name				
Address				
	Postcode			
Date of birth (DD MM YYYY)				
Daytime phone number				
a registered nurse a registered psych Instructions for the parent/guardian (carer)	ologist • a speech pathologist, or (in a geographically remote area) Instructions for the Treating Health Professional			
Complete the details above.	This report may be used to decide eligibility for Carer Payment and Special Disability Trust beneficiary status.			
 Make an appointment with the Treating Health Professional When you make your appointment, please let the receptionist know that you will need this report completed. The time taken to complete this report may be claimed by the treating doctor of the child under a Medicare item when included as part of a consultation. You may only be able to claim the consultation fee for other health professionals under private health insurance. If the Treating Health Professional does not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the report. 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 the information so we can process and manage your applications and payments, and provide services to you. We only share you information with other parties where you have agreed, or when 	 Payment for your report We have asked the carer of the child to let you know at the time of making their appointment that they require you to complete this report. This is to make sure you have sufficient time for the examination. The time taken to complete the medical report may be claimed under a Medicare item when included as part of a consultation. Completing this report In this report you will be asked to provide details of the child's medical condition(s). Please complete all the required questions in this report. If you have any questions about this report, you can call us on 132 717. Carers with more than one child with a disability or medical condition 			
the law allows or requires it. For more information, go to	Carers may qualify for a single rate of Carer Payment for 2 or more			

Carers may qualify for a single rate of Carer Payment for 2 or more children OR 1 or 2 children and a disabled adult whose combined care assessment meets the eligibility requirements. A separate report will be required for each child.

Thank you for your assistance



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Carer Payment

Carer Payment is an income support payment that provides support to people who, because of the demands of their caring role, are unable to support themselves through substantial paid employment.

 Please tell us about the child's disability or medical condition(s): If a diagnosis has not yet been made, please provide a description of the condition(s).

Primary disability or medical condition of the child

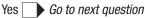
The child's other disability or medical condition(s)

1		

2 Please read this before answering the following questions.

For the following questions personal care means ongoing care required for a significant period every day (at least the equivalent of a working day) because of a child's disability or medical condition, to maintain comfort, sustain life, or attend to a bodily function that the child cannot manage themself.

- **3** Does the child have a condition that may significantly reduce their life expectancy?
 - No **Go to 8**



4 Is the average life expectancy of a child with this or a similar condition substantially longer than 24 months?

No	Go	to next question
Yes	Go	to 8

5 Does the child need personal care for a significant period everyday for the duration of the condition?

No			Go	to	13
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Yes Go to next question

Not sure Give details below

Comments

6	Is the care load associated with the child so high that more than 1 carer is required to provide this amount of daily care (e.g. the amount of personal care required by the child each day is equivalent to more than 1 working day, or continuous care is required day and night, or frequent care tasks such as lifting the child require more than 1 person to perform the task)?	13	-	legally qualified medical practitioner? Please provide the details of the legally qualified medical practitioner who can certify the diagnosis indicated at question 1. Name
	In certain circumstances, 2 or more carers may qualify for Carer Payment for care provided to the same child or children.			
	No Go to 13			Professional qualifications
	Yes D Go to next question			
7	How many carers are required to provide this care?			
	Go to 13			Address
8	Does the child need personal care because of a severe disability or severe medical condition for a significant period everyday?			Postcode
	No Go to 14			Contact phone number
	For 6 months or more Go to 11 For 3 to less than 6 months Go to 9			
	Not sure Side details below			Go to next question
			Yes	Go to next question
		14	Are there	any other comments you wish to make?
	▶ Go to 14			
	<u>,</u>			
9	What is the estimated start date and end date for the period that the child will need this care? From (DD MM YYYY)			
	To (DD MM YYYY)			
10	le the shild likely to have future enjoydee of the same or a			
10	Is the child likely to have future episodes of the same or a similar condition?			
	No 🔄			
	Yes			
11	Is the care load associated with the child so high that more than 1 carer is required to provide this amount of daily care (e.g. the amount of personal care required by the child each day is equivalent to more than 1 working day, or continuous care is required day and night, or frequent care tasks such as lifting the			
	child require more than 1 person to perform the task)?			
	In certain circumstances, 2 or more carers may qualify for Carer Payment for care provided to the same child or children.			
	No Go to 14			
	Yes D Go to next question			
12	How many carers are required to provide this care?			
	<i>Go to 14</i>			
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15 Release of medical information about the child requiring care **Privacy notice** The Freedom of Information Act 1982 allows for the disclosure of medical or psychiatric information about the child requiring 17 You need to read this care in certain circumstances. If there is any information about Privacy and your personal information the child in your report which, if released, may harm their physical or mental well-being, please identify it and briefly state The privacy and security of your personal information is below why it should not be released. Similarly, please specify important to us, and is protected by law. We collect this any other special circumstances which should be taken into information to provide payments and services. We only share account when deciding on the release of your report. your information with other parties where you have agreed, or where the law allows or requires it. For more information, Is there any information in this report which, if released, might go to servicesaustralia.gov.au/privacy harm the child's physical or mental well-being? Go to next question No **18** Details of the Treating Health Professional completing this report Identify the information and state why it should not Yes Please print in BLOCK LETTERS or use stamp. be released. Name Professional qualifications Address Postcode Contact phone number Provider Number (if applicable) Name of health or disability service employer (if applicable) Signature (I) Date (DD MM YYYY) Stamp (if applicable)

Please return this report directly to us after completing your details at question 18.

16 Confidentiality of information The personal information that is provided to you for the purpose of this report must be kept confidential under section 202 of the *Social Security (Administration) Act 1999.* It cannot be disclosed to anyone else unless authorised by law. There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999.*

Returning this report

You can give this report and any attachments to the carer or you can return this report directly to us. However, if you answered 'Yes' at question 15, please make sure to return this report directly to us.