

# Claim for Disability Support Pension for a terminal illness

## When to use this form



Use this form to claim Disability Support Pension if you:

- have a terminal illness, where the average life expectancy for a person with this condition is less than 2 years, and
- are aged 16 years or older and under Age Pension age at the time of claiming.

## Online services



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

**Access your Centrelink online account** through myGov. Select **Payments and claims**, then **Claims** and **Make a claim**.

If you do not have a myGov account, you can create one at **my.gov.au** and then link to Centrelink.

## 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 (excluding identity documents) using your Centrelink online account. For more information, go to **servicesaustralia.gov.au/centrelinkuploaddocs**
- by post to  
Services Australia  
Disability Services  
PO Box 7806  
CANBERRA BC ACT 2610
- in person at one of our service centres.

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

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

Call us on **132 717**.



### Help in your language

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.



### Telephone Typewriter

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

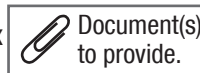
## How to complete this form

### You need to have the following ready:

- medical evidence from your treating doctor. If you do not have medical evidence, you can ask them to complete the **Verification of terminal illness (SA495)** form at **Step 6**.
- identity documents if you have not already confirmed your identity with Centrelink. For a list of acceptable documents, go to [servicessaustralia.gov.au/identity](http://servicessaustralia.gov.au/identity)
- income and assets documents. If you are not currently receiving an income support payment from Centrelink, you will need to complete and return an **Income and assets (SA369)** form.

### You must provide all required documents:

- you will know what these documents are when you see a paperclip in a box
- there is also a checklist for you on page 20.



### Filling in this form:

There are sections in this claim form which you **must** complete and some you can **skip**.

#### Step 1 – your details

This section is about your personal details.

You **must** complete this step.

#### Step 2 – your payment details

This section is about how you want to be paid if you are eligible for Disability Support Pension.

You **must** complete this step.

#### Step 3 – your circumstances

This section is about circumstances that may affect your rate of payment such as:

- your residence
- your partner (if you have one)
- your accommodation
- employment related income.

You can **skip** this step if:

- you are already on a Centrelink income support payment, and
- there are no changes to your circumstances.

#### Step 4 – your doctor's details and declaration

This section is about:

- your treating doctor(s)
- a checklist of documents you need to provide
- a declaration you must complete.

You **must** complete this step.

#### Step 5 – consent to disclose medical information

We may need to talk to your treating doctor about your medical condition.

This form confirms your consent for your treating doctor(s) to provide additional medical information to us, if required.

You **can** complete the form in this step – it may help us assess your claim more quickly.

#### Step 6 – verification of terminal illness

Your treating doctor can complete this form if you do not have current medical evidence showing your diagnosis and prognosis.

You can **skip** the form in this step if you have current medical evidence.

## **Authorising a person or organisation to enquire or act on your behalf**

During this difficult time you may want someone to deal with us on your behalf.

Authorising a person or organisation to assist you, does not prevent you from dealing with us about your Centrelink business. You can cancel the arrangement at any time, online or by calling **132 717**.

The information below may help you choose the arrangement that best suits your needs:

- a **person permitted to enquire** can ask us questions to help you better understand your Centrelink payments and services
- a **correspondence nominee** can ask questions, make changes and act on your behalf
- a **payment nominee** receives your Centrelink payments for you
- **both a correspondence and payment nominee** can ask questions, make changes, act and receive payments on your behalf.

If you want to authorise a person or organisation to make enquiries or act on your behalf, you can make the arrangement online or complete an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form.

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

## **Supporting medical evidence**

If you cannot provide any supporting medical evidence, including the **Verification of terminal illness (SA495)** form, call **132 717** to discuss.

## **While we assess your claim**

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

## **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.

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 [servicessaustralia.gov.au/jobseekers](https://servicessaustralia.gov.au/jobseekers)

### **Carer Payment and/or Carer Allowance**

If your medical condition or illness 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 [servicessaustralia.gov.au/carers](https://servicessaustralia.gov.au/carers)

### **Essential Medical Equipment Payment**

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 [servicessaustralia.gov.au/emep](https://servicessaustralia.gov.au/emep)

## Having a partner

You have a partner if we consider you a member of a couple. We consider you a member of a couple if you are either:

- married
- in a registered relationship
- in a de facto relationship.

A registered relationship is where your relationship is registered under a law of a state or territory. A de facto relationship is where you and your partner are in a relationship similar to a married couple but are not married or in a registered relationship.

We may still consider you a member of a couple if you are not physically living with your partner. For example, your partner may fly-in fly-out or live away for work, like military or oil rig workers.

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

# Claim for Disability Support Pension for a terminal illness (SA494)

## Step 1 – your details

This section is about your personal details. It helps us confirm information, such as:

- your name and previous names
- how we can contact you
- if you need an interpreter or a nominee.

**Only complete this form** if you are claiming Disability Support Pension because of a terminal illness.

### Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete 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.

**1** Your Customer Reference Number (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**2** Your name

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

**3** Your date of birth (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**4** Do you need an interpreter?

Available in international, Indigenous, Auslan and other sign languages.

No  **Go to 7**

Yes  **Go to next question**

**5** What is your preferred spoken language?

**6** What is your preferred written language?

**7** 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 need more space, provide a separate sheet with details.



CLK0SA494 2305

- 8 Your gender
- Male
- Female
- Non-binary

9 Your permanent address

Postcode

10 Your postal address (if different to above)

Postcode

11 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](http://servicesaustralia.gov.au/em)

Your contact details

Home phone number (including area code)

Mobile phone number

Alternative phone number (including area code)

Email

12 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

13 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

14 Do you want to authorise a person or organisation to make enquires, make updates, act and/or get payments on your behalf?

- No  Go to next question
- Yes  Give details below



You need to fill in and return an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form. You can also do this online. You and the person or organisation will need a Centrelink online account.

If you want more information or to download the form, go to

[servicesaustralia.gov.au/authorisedrepresentative](http://servicesaustralia.gov.au/authorisedrepresentative)

Go to next question

## Step 2 – your payment details

This section is about how you want to be paid if you are eligible for Disability Support Pension.

### 15 Read this before answering the following question.

The Pension Supplement helps you meet the cost of your daily household and living expenses.

It is automatically paid each fortnight with your regular pension. You can choose to get part of the Pension Supplement on a quarterly basis.

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

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

Fortnightly

Quarterly

### 16 Where do you want your payment made?

The 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

### 17 Are you (and/or your partner) currently receiving any of the following payments?

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

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 [servicesaustralia.gov.au/dsp](http://servicesaustralia.gov.au/dsp)

▶ **Go to Step 3 – your circumstances** on page 4

Yes  ▶ *Go to next question*

### 18 Are there any changes to your (and/or your partner's) circumstances below that you have not already told us about?

Circumstances:

- your residence
- your partner (if applicable)
- your accommodation
- employment related income
- your independence.

No  ▶ **Go to Step 4 – your doctor's details and declaration** on page 19

Yes  ▶ **Go to Step 3 – your circumstances** on page 4

## Step 3 – your circumstances

This section is about:

- your residence
- your partner (if you have one)
- your accommodation
- employment related income
- your independence (if you are younger than 21 years).

It helps us understand the circumstances that may affect your rate of payment, if you are eligible.

### Your residence

19 What country are you currently living in?

This is the country where you normally live on a long term basis.

Australia  *Go to next question*

Other  Country where you live

20 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

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

No  *Go to next question*

Yes  *Go to 29*

22 What is your country of birth?

23 What is your country of citizenship?

Australia  Date citizenship granted (DD MM YYYY)

*Go to 24*

Other  Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

24 What type of visa did you arrive on?

Permanent  *Go to next question*

Temporary  *Go to next question*

New Zealand passport  *Go to 26*  
(Special Category visa)

Not sure  *Go to 26*

25 Your visa details on arrival

Visa subclass

Date visa granted (DD MM YYYY)

26 Has your visa changed since you arrived in Australia?

No  *Go to next question*

Yes  Most recent visa details

Visa subclass

Date visa granted (DD MM YYYY)

27 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 or disembarked

What was your name when you first arrived in Australia?

28 Did someone provide you with an assurance of support for your migration to Australia?

No

Not sure

Yes



**29** Read this before answering the following 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.

**1** Country

Date from (DD MM YYYY)

**2** Country

Date from (DD MM YYYY)

**3** Country

Date from (DD MM YYYY)

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

**Your partner**

**30** Do you have a partner?

No  **Go to 53**

Yes  **Go to next question**

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

For more information about relationship status, read page 4 of the **Notes**.

If you have ever been separated from your current partner, give the date that you most recently got back together (reconciled) with your partner.

This will update your Centrelink record only. Contact Medicare and/or Child Support to update your record if you have one.

**Married**

Date married or last reconciled with your partner (DD MM YYYY)

▶ **Go to next question**

**Registered relationship**

Date registered or last reconciled with your partner (DD MM YYYY) (your relationship is registered under Australian state or territory law)

▶ **Go to next question**

**De facto**

Date you started your relationship or last reconciled with your partner (DD MM YYYY) (your relationship is similar to a married couple but you are not married or in a registered relationship)

▶ **Go to next question**

**32** Your partner's Customer Reference Number (if known)

**33** Your partner's name

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

**34** Your partner's date of birth (DD MM YYYY)

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

You can change this authority at any time.

No

Yes

36 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

Text input field for other name

Type of name (for example, name at birth)

Text input field for type of name

**2** Other name

Text input field for other name

Type of name (for example, name before marriage)

Text input field for type of name

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

37 Your partner's gender

Male

Female

Non-binary

38 Do you live in the same home as your partner?

No  Go to next question

Yes  Go to 43

39 Your partner's permanent address

Text input field for permanent address with Postcode label

40 Your partner's postal address (if different to above)

Text input field for postal address with Postcode label

41 Why are you not living with your partner?

Partner's illness

Your illness

Partner is in prison

Partner's employment

Other  Give details below

Text input field for other reasons

42 Period not living with your partner (DD MM YYYY)

From date input fields

To date input fields

or indefinite

43 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 59

44 What country is your partner currently living in?

This is the country where your partner normally lives on a long term basis.

Australia  Go to next question

Other  Country where you live

Text input field for country

45 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 travelled to Australia  Go to next question

Yes  Give details below

Year last entered Australia

Year input field

Passport number

Passport number input field

Country of issue

Country of issue input field

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

No  ► *Go to next question*

Yes  ► **Go to 52**

47 What is your partner's country of birth?

48 What is your partner's country of citizenship?

Australia  ► Date citizenship granted (DD MM YYYY)

► **Go to 50**

Other  ► Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

49 Has your partner **ever** lived in Australia?

No  ► **Go to 59**

Yes  ► *Go to next question*

50 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 52**

Not sure  ► **Go to 52**

51 Your partner's current visa details

Visa subclass Date visa granted (DD MM YYYY)

52 Read this before answering the following 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 59**

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.

**1** Country

Date from (DD MM YYYY)

**2** Country

Date from (DD MM YYYY)

**3** Country

Date from (DD MM YYYY)

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

► **Go to 59**

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

For more information about relationship status, read page 4 of the **Notes**.

If you have ever been separated from your current partner, give the date that you most recently got back together (reconciled) with your partner.

This will update your Centrelink record only. Contact Medicare and/or Child Support to update your record if you have one.

**Separated**  
(previously in a marriage, registered or de facto relationship)

Date of last separation (DD MM YYYY)

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► **Go to 55**

**Divorced**

Date of divorce (DD MM YYYY)

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► **Go to 55**

**Widowed**  
(previously in a marriage, registered or de facto relationship)

Date of partner's death (DD MM YYYY)

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► **Go to 54**

**Never married or lived with a partner**  ► **Go to 57**

**54** Give details about your deceased partner

Full name

Date of birth (DD MM YYYY)

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► **Go to 57**

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

First given name

Second given name

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

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Postcode

► **Go to 57**

## Your living arrangements

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

Immediate family members are parents (including step-parent and legal guardian), sibling, step-sibling, child (including adopted, step child or foster child), grandparent or grandchild.

- No  **Go to 59**  
Yes  **Go to next question**

- 58** 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 further supporting documentation is needed from you. If you are making a claim, you must return any supporting documents at the same time you lodge your claim form.

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

Full name

Age When did you start sharing with this person (DD MM YYYY)?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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What is your relationship to this person?

- A** Have you and this person shared accommodation at another address?  
No   
Yes
- B** Do you and this person share the parenting/guardianship of any children?  
No   
Yes
- C** Have you and this person ever had any joint financial commitments (for example, joint bank account, mortgage or other loans)?  
No   
Yes


## Person 1

- D** If you participate in activities jointly with this person, are you considered to be a couple?

- No   
Yes

- E** Have you and this person previously lived together as a couple (for example, married, partnered, de facto or in a registered relationship)?

- No  **Go to F**  
Yes


 **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 [servicessaustralia.gov.au/forms](https://servicessaustralia.gov.au/forms)

**Go to G**

- F** Did you answer 'Yes' at B, C or D, for this person?

- No  **Go to H**  
Yes

 **Both you and the other person** each need to complete and return a separate **Relationship details (SS284)** form.

If you do not have this form, go to [servicessaustralia.gov.au/forms](https://servicessaustralia.gov.au/forms)

**Go to G**

- G** Are you concerned about your safety if forms are issued to this person?

- No  **Go to H**  
Yes

If you have been advised to provide a **Relationship Details – Separated under one roof (SS293)** form or a **Relationship Details (SS284)** form then only you need to complete the form. You do not need to request your ex-partner or the other person to complete the form.

**Go to H**

- H** Is there another person who shares your accommodation?

- No  **Go to 59**  
Yes  Give details of **Person 2**

Person 2

Full name

Age When did you start sharing with this person (DD MM YYYY)?

What is your relationship to this person?

**A** Have you and this person shared accommodation at another address?

No

Yes

**B** Do you and this person share the parenting/guardianship of any children?

No

Yes

**C** Have you and this person ever had any joint financial commitments (for example, joint bank account, mortgage or other loans)?

No

Yes

**D** If you participate in activities jointly with this person, are you considered to be a couple?

No

Yes

**E** Have you and this person previously lived together as a couple (for example, married, partnered, de facto or in a registered relationship)?

No  **Go to F**

Yes

 **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](http://servicesaustralia.gov.au/forms)

▶ **Go to G**

**F** Did you answer 'Yes' at B, C or D, for this person?

No  **Go to H**

Yes

 **Both you and the other person** each need to complete and return a separate **Relationship details (SS284)** form.

If you do not have this form, go to [servicesaustralia.gov.au/forms](http://servicesaustralia.gov.au/forms)

▶ **Go to G**

Person 2

**G** Are you concerned about your safety if forms are issued to this person?

No  **Go to H**

Yes


If you have been advised to provide a **Relationship Details – Separated under one roof (SS293)** form or a **Relationship Details (SS284)** form then only you need to complete the form. You do not need to request your ex-partner or the other person to complete the form.

▶ **Go to H**

**H** Is there another person who shares your accommodation?

No  **Go to next question**

Yes

 Provide a separate sheet with full details of each additional person.

▶ **Go to next question**

## About your home

The answers to these questions are used to work out your rate of payment and eligibility for rent assistance.

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

No  **Go to 61**

Yes  **Go to next question**

**60** What is the reason you (and/or your partner) 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


**61** Have you (and/or your partner) sold your former home within the last 24 months and intend to buy or build a new family home?

No  **Go to next question**

Yes  Give details below

What was the date of settlement?

(DD MM YYYY)

What was the amount you received after any mortgage and costs were taken out of the sale price?

\$

 Provide documents to verify the details of the sale (for example, settlement statement). Copies are acceptable.

What is the total amount you (and/or your partner) intend to use to buy or build your new family home (cannot exceed the amount of the sale proceeds)?

\$

If you are a member of a couple, what share of the intended amount do you and your partner each have invested?

**You**

**Your partner**

\$

\$

Expected date of purchase or completion of your new family home

(DD MM YYYY)

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

You are single, aged 18 to 20 years and living in the principal home of a parent  **Go to 92**

In a place where you (and/or your partner) pay private rent – this includes when you live in a caravan park and pay site fees or live on a vessel and pay mooring fees  **Go to 84**

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 63**

In a home owned by:

• a company in which you (and/or your partner) are a shareholder or director

• a trust in which you (and/or your partner) or a member of your family are a potential beneficiary or are named in the trust deed  **Go to 92**

In public housing, for example, housing owned by the Housing Authority. This does not include paying rent to a community housing organisation.  **Go to 64**

In a boarding house, guest house, hostel, hotel, campus, refuge, emergency or supported accommodation or similar  **Go to 85**

In a hospital or home for people with disabilities  **Go to 85**

In an aged care home or nursing home  **Go to 67**

In a retirement village  **Go to 74**

In accommodation which you (and/or your partner) have the right to use for life  **Go to 78**

In accommodation where you pay no rent  **Go to 92**

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


**Go to 84**

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

No  **Go to 92**

Yes  **Go to 84**

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

No  **Go to next question**

Yes  **Go to 92**

65 Is the primary tenant paying the market rate of rent?

No  ► *Go to next question*

Not sure  ► *Go to next question*

Yes  ► **Go to 84**

66 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 92**

Yes  ► **Go to 84**

#### Aged care home or nursing home

67 What is the name of the aged care home or nursing home?

---

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

**You**

   (DD MM YYYY)

**Your partner**

   (DD MM YYYY)

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

Long term or indefinitely

**You**  **Your partner**  ► **Go to 71**

Short term or temporary respite care

**You**  **Your partner**  ► *Go to next question*

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

**You**

   (DD MM YYYY)

**Your partner**

   (DD MM YYYY)

► **Go to 92**

71 **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 92**

Yes  ► Amount of payment

\$

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

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

No  ► **Go to 92**

Yes  ► *Go to next question*

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

Amount of gift

\$

Amount of loan

\$

► **Go to 92**



**Retirement village**

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

**You**

(DD MM YYYY)

**Your partner**

(DD MM YYYY)

**75** 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.

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

No  **Go to 84**

Yes  **Go to next question**

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

Amount of gift

\$

Amount of loan

\$

**Go to 84**

**Life interest**

**78** 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 80**

**79** 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 92**

A formal agreement documenting the life interest  **Go to 92**

An informal agreement, no rent paid  **Go to 92**

An informal agreement to live at a child's home and pay rent  **Go to 84**

Other  **Give details below**

**Go to 84**

**80** Who was transferred the money or assets in return for the right to accommodation for life?

Full name (of the person or organisation)

Address

Postcode

**81** What was the amount paid?

\$

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

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

\$

## Living with other people

**84** 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

**1** Person's name

Age  Date they moved in (DD MM YYYY)

Relationship to you  Do they own the home?  
 No  Yes

**Their share** of the rent/lodgings  
 \$  per

**2** Person's name

Age  Date they moved in (DD MM YYYY)

Relationship to you  Do they own the home?  
 No  Yes

**Their share** of the rent/lodgings  
 \$  per

**3** Person's name

Age  Date they moved in (DD MM YYYY)

Relationship to you  Do they own the home?  
 No  Yes

**Their share** of the rent/lodgings  
 \$  per

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

## Paying for accommodation

**85** 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 87

Yes  Go to next question

**86** 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 88

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 88

**87** 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

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

(DD MM YYYY)

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

Boarding house/hostel/private hotel, hospital or disability housing  Go to 91

Private house or townhouse/unit/flat

Community housing

Defence housing

Caravan/cabin/mobile home

Boat

Other  Go to next question

Go to next question

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

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

91 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.

**Employment related income**

92 In the last 12 months, have you (and/or your partner) stopped working for any employers (including self-employment)?

No  Go to next question

Yes  Give details below

 Provide documents which confirm:

- that you (and/or your partner) stopped work (for example, **Employment Separation Certificate (SU001)** form or letter from the employer), or
- your (and/or your partner's) business has stopped trading.

If you do not have this form, go to [servicessaustralia.gov.au/forms](http://servicessaustralia.gov.au/forms)

**1** Employer or business name

\_\_\_\_\_

Australian Business Number (ABN)

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Who works for this employer? You  Your partner

**2** Employer or business name

\_\_\_\_\_

Australian Business Number (ABN)

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Who works for this employer? You  Your partner

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

93 In the last 12 months, have you (and/or your partner) received or expect to receive, any leave entitlement payments from an employer?

**Include:**

- annual leave
- maternity leave
- 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 in the next column

 Provide documents which confirm each leave entitlement payment (for example, **Employment Separation Certificate (SU001)** form or letter from the employer).  
If you do not have this form, go to [servicessaustralia.gov.au/forms](http://servicessaustralia.gov.au/forms)

**1** Type of leave entitlement payment

\_\_\_\_\_

Amount (before tax and other deductions)

\$ \_\_\_\_\_

Number of working days covered by the payment

\_\_\_\_\_

Date paid or date payable (DD MM YYYY)

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Leave entitlement for

You  Your partner

**Employer's details**

Name of business

\_\_\_\_\_

Australian Business Number (ABN)

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Phone number (including area code)

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Continued

**2** Type of leave entitlement payment

Amount (before tax and other deductions)

Number of working days covered by the payment

\$

Date paid or date payable (DD MM YYYY)

Leave entitlement for

You  Your partner

**Employer's details**

Name of business

Australian Business Number (ABN)

Phone number (including area code)

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

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

No  Go to next question

Yes   Provide documents which confirm any redundancy payments (for example, **Employment Separation Certificate (SU001)** form or letter from the employer). If you do not have this form, go to **servicesaustralia.gov.au/forms**

**Tax file number(s)**

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

You may not be paid if you do not give us your tax file number (TFN). If you have a partner, we will need their TFN too. If you or your partner do not have a TFN, or do not know what yours is, you can apply for one through the Australian Taxation Office. In giving us your (and your partner's) TFN in relation to this claim you authorise us to use your (and your partner's) TFN 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 97

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

**You**

No  Go to **ato.gov.au**

Yes  Your tax file number

**Your partner**

No  Go to **ato.gov.au**

Yes  Your partner's tax file number

**Your independence** (if you are younger than 21 years)

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

Only complete this section if you are younger than 21 years. This section is about your circumstances. If you are eligible, it helps us decide your rate of payment.

**98** Are you younger than 21 years?

No  **Go to Step 4 – your doctor’s details and declaration** on page 19

Yes  *Go to next question*

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

You may get Telephone Allowance if you have a telephone connected in your name. You can also get it if the connection is in your partner’s name.

You must be younger than 21 years with no dependent children to receive Telephone Allowance.

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

**100** Are you still attending secondary school?


No  When did you leave?

(DD MM YYYY)

Yes  *Go to next question*


**101** Tick all of the following circumstances which apply to you. If you tick more than one you only need to provide evidence for one.

You have worked for an average of 30 hours per week for 18 months in a 2 year period


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

Since leaving secondary school and within an 18 month period, you have earned 75% or more of Wage Level A of the National Training Wage Schedule


For more information, go to <http://guides.dss.gov.au> and search for National Training Wage Schedule.

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


Since leaving secondary school, you have worked at least 15 hours per week for 2 years

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


You are, or have been, married or in a registered relationship

 Provide proof of marriage or relationship registration.

You currently have a dependent child in your care

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

You have previously had a dependent child in your care

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

You lived, or are 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

You are an orphan

You may need to provide evidence.

You are a refugee living in Australia without your parent(s)

Your parent(s) are unable to exercise their parental responsibilities because:

- they are in a nursing home
- they are mentally incapacitated
- they cannot be located, or
- they are in prison

You are, or have been, in state care

None of the above

102 Do you live with your parent(s)?

No  Go to next question

Yes  **Go to Step 4 – your doctor’s details and declaration**  
on page 19

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103 Are you aged 16 or 17 years?

No  **Go to Step 4 – your doctor’s details and declaration**  
on page 19

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Yes  Go to next question

104 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 Step 4 – your doctor’s details and declaration**  
on page 19

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105 Is it unreasonable for you to live at home with your parent(s)?

No  **Go to Step 4 – your doctor’s details and declaration**  
on page 19

---

Yes  You will need to call us on **132 717** to make an appointment with a social worker.

## Step 4 – your doctor’s details and declaration

This section is about:

- your treating doctor(s)
- what documents you need to provide
- a declaration you must complete.

**106** Do you have evidence from your treating doctor(s) showing the diagnosis and prognosis of your condition?

No

You can ask your doctor to complete the **Verification of terminal illness (SA495)** form at **Step 6**.

▶ *Go to next question*

Yes



You need to provide a copy of your current medical evidence.

▶ *Go to next question*

**107** Tell us your treating doctor’s details

**1** Full name

Profession

Address

Postcode

Phone number  
(including area code)

**2** Full name

Profession

Address

Postcode

Phone number  
(including area code)

*Continued*

**3** Full name

Profession

Address

Postcode

Phone number  
(including area code)

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

## Checklist

**108** 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. In some circumstances, copies may be accepted as detailed in the below checklist.

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

Identity documents (For a full list of acceptable identity documents, go to <a href="http://servicesaustralia.gov.au/identity">servicesaustralia.gov.au/identity</a> )	<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 14</b> )	<input type="checkbox"/>
<b>Income and assets (SA369)</b> form (If you answered No at <b>question 17</b> )	<input type="checkbox"/>
<b>Relationship details – Separated under one roof (SS293)</b> form (Both you and your ex-partner (for each <b>Person 1</b> and/or <b>Person 2</b> ), if you answered Yes at <b>question 58 E</b> and No at <b>question 58 G</b> or only you, if you answered Yes at <b>question 58 E</b> and Yes at <b>question 58 G</b> )	<input type="checkbox"/>
<b>Relationship details (SS284)</b> form (Both you and the other person (for each <b>Person 1</b> and/or <b>Person 2</b> ), if you answered Yes at <b>question 58 F</b> and No at <b>question 58 G</b> or only you, if you answered Yes at <b>question 58 F</b> and Yes at <b>question 58 G</b> )	<input type="checkbox"/>
Details of each additional person who shares your accommodation (if you answered Yes at <b>question 58 H</b> )	<input type="checkbox"/>
A copy of the document to verify details of the sale (If you answered Yes at <b>question 61</b> )	<input type="checkbox"/>
A copy of the signed accommodation agreement(s) (If you answered Yes at <b>question 71</b> )	<input type="checkbox"/>
A copy of the signed contract or agreement (If you answered Yes at <b>question 75</b> )	<input type="checkbox"/>
Signed lease or tenancy agreement (If you answered Yes at <b>question 91</b> )	<input type="checkbox"/>
<b>Employment Separation Certificate (SU001)</b> form, letter from the employer or documents confirming your business has stopped trading (If you answered Yes at <b>question 91</b> )	<input type="checkbox"/>
<b>Employment Separation Certificate (SU001)</b> form or letter from the employer (If you answered Yes at <b>question 93</b> or <b>94</b> )	<input type="checkbox"/>
Proof of hours and periods worked (If required at <b>question 101</b> )	<input type="checkbox"/>
Proof of income earned and periods worked (If required at <b>question 101</b> )	<input type="checkbox"/>
Proof of employment (If required at <b>question 101</b> )	<input type="checkbox"/>
Proof of marriage or relationship registration (If required at <b>question 101</b> )	<input type="checkbox"/>

Continued

Proof of birth of dependent child in your care (If required at <b>question 101</b> )	<input type="checkbox"/>
Copy of current medical evidence (If you answered Yes at <b>question 106</b> )	<input type="checkbox"/>

## Privacy notice

**109** 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 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)

## Declaration

**110** 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 (DD MM YYYY)

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Your partner's signature (if applicable)

Date (DD MM YYYY)

--	--	--

## Important information

Before returning your claim form and documents, you can:

- complete **Step 5** – this may help us to assess your claim more quickly
- get your doctor to complete **Step 6** if you do not have current medical evidence.





## Step 5 – consent to disclose medical information

### 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 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 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 (DD MM YYYY)

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

of (address)

<input type="text"/>
<input type="text"/>
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 (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CLK0SA472 2212

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## Step 6 – verification of terminal illness

### Instructions for the patient

You only need to get this form completed by your doctor if you:

- are claiming Disability Support Pension, and
- do not have medical evidence showing the diagnosis and prognosis of your condition.

**1 If you do not have medical evidence to support your claim, contact your doctor and make an appointment to have this form completed.**

Make sure the doctor and their receptionist know that you will need this form completed, as a long consultation may be needed. If your doctor does not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the form.

**2 Attend the appointment with your doctor.**

**3 When your doctor has completed this form, return it with your claim and other supporting documentation.**

### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicessaustralia.gov.au/privacy](https://servicessaustralia.gov.au/privacy)

### Returning this form

Return this form and any supporting documents:

- **online** using your Centrelink online account.  
For more information, go to [servicessaustralia.gov.au/centrelinkuploaddocs](https://servicessaustralia.gov.au/centrelinkuploaddocs)
- by post to  
Services Australia  
Disability Services  
PO Box 7806  
CANBERRA BC ACT 2610
- in person at one of our service centres.

### Information for the doctor

Use of this form is optional – a person claiming Disability Support Pension (DSP) for a terminal illness is not required to return this form to us.

The information you provide may help us better understand your patient's circumstances and allow us to assess their claim more quickly.

For more information about how to help with your patient's claim, go to [servicessaustralia.gov.au/hpdsp](https://servicessaustralia.gov.au/hpdsp)

### Medical evidence

Provide any current medical evidence you have showing your patient's diagnosis and prognosis with this form.

Medical evidence should indicate:

- that the patient's current medical condition is chronic and debilitating with a prognosis that the condition is terminal, and
- the average life expectancy of a patient with this condition is less than 2 years.

### Clarification of medical information

Our assessors may contact you to clarify or confirm the information you provide. We do not require your patient's consent to make this contact as social security law enables us to make relevant and necessary enquiries to establish a patient's eligibility for DSP.

To support any required contact with their treating health professionals, your patient has the option to complete a **Consent to disclose medical information (SA472)** form. We will show this form to you if you ask for confirmation that your patient has consented for you to disclose their medical information to us.

### Reimbursement for services

If a medical practitioner assists with gathering medical evidence and it forms part of a clinical consultation where examination of the patient is required, the usual Medicare consultation fee can be applied. A medical practitioner may also request a payment if a health or allied health professional engaged by us contacts to discuss the medical evidence for a patient's DSP claim or medical review. You can talk to the assessor who contacts you about this.

### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. 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 [servicessaustralia.gov.au/privacy](https://servicessaustralia.gov.au/privacy)



## Step 6 – verification of terminal illness

### Patient's details

Family name

Given name(s)

Address   
Postcode

Date of birth (DD MM YYYY)

Customer Reference Number (if known)

### 1 Diagnosis


---



2 For more information about general DSP eligibility and medical evidence requirements, go to [servicesaustralia.gov.au/hpdsp](http://servicesaustralia.gov.au/hpdsp)

Is the average life expectancy of a person with this condition less than 2 years?

No   Provide details to support your patient's anticipated life expectancy.  
 Yes


---



 Provide any current medical evidence you have showing your patient's diagnosis and prognosis.

3 Is there any information in this report which, if released to the patient, might be prejudicial to their physical or mental health?

No   Go to next question  
 Yes   Give details below


---



Once completed, you can return this report directly to **Services Australia, Disability Services, Reply Paid 7806, CANBERRA BC ACT 2610.**

### 4 Details of doctor completing this form

Doctor's name (printed)

Professional qualifications  Provider no.

Surgery/Medical Centre/ Hospital name

Address   
Postcode

Signature

Phone number (including area code)

Date (DD MM YYYY)



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