

## When to use this form



Use this form if you are claiming Assistance for Isolated Children (AIC) for a student who cannot go to a local state school because of a disability or medical condition.

## Important information

If you have not already completed and returned your **Claim for Assistance for Isolated Children (AIC) (SY040)** form, you will need to return it with this form.

Go to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)

## Online services



You can access your Centrelink online account through myGov. myGov is a secure way to access a range of government services online with one username and password. You can create a myGov account at [my.gov.au](https://my.gov.au) and link it to your Centrelink online account.

## Returning this form

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to [servicesaustralia.gov.au/centrelinkuploaddocs](https://servicesaustralia.gov.au/centrelinkuploaddocs)
- by post to  
Services Australia  
Student Services  
Reply Paid 7800  
CANBERRA BC ACT 2610

## For more information

Go to [servicesaustralia.gov.au/isolatedchildren](https://servicesaustralia.gov.au/isolatedchildren) or visit one of our service centres.

Call us on **132 318**.

### 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.



# Assistance for Isolated Children (AIC) Medical Statement – Student Special Needs (SY099)

## 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.

## PART A – AIC applicant

Complete PART A if you are the parent or guardian of the student or a third party, such as an institution.

### Student details

1 Student's Customer Reference Number (if known)

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2 Student's family name

First given name

Second given name

3 Student's date of birth (DD MM YYYY)

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### AIC applicant details

4 Applicant's Customer Reference Number (if known)

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5 Applicant's name

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

6 AIC applicant's permanent address

Postcode

7 AIC applicant's contact details

Home phone number (including area code)

Mobile phone number

8 What special need applies to this student who either needs to study at home or live away from home to study?

Tick one

**A Student needs to study from home**


*under 4.3.5.3 of the Assistance for Isolated Children Guidelines*

Student has a condition that needs facilities and/or environmental conditions (for example, care) available from the family home, or requires the student to avoid travel of the sort that would be necessary to attend school each day.

**B Student needs access to special facilities or environments**

*under 4.3.5.2 of the Assistance for Isolated Children Guidelines*


Student has a condition that requires access to facilities or an environment to help manage or overcome the condition. This condition would preclude access to a local state school in the vicinity of the principal home, for more than 20 school days in a year.

 Provide a supporting statement from the school, facility or service providing the environment, support or treatment, outlining how it will aid the management of the condition.

**C Student needs to be removed from local school environment.**

*under 4.3.5.4 of the Assistance for Isolated Children Guidelines*

Student has interpersonal problems affecting their psychological, emotional or physical health, or has been expelled, and there is no suitable local school that the student can attend daily.

 Provide a statement from the chief executive of the state or territory government education authority, or their delegate, confirming:

- the reason for the removal of the student
- the family and the school have attempted, without success, to resolve the problem, and
- there is no suitable local school that the student can attend daily.



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**21** Are there any exceptional circumstances that have led to the student being treated by an Allied Health Professional rather than a medical practitioner/specialist (for example, referral or isolation from a medical practitioner/specialist)?

No  Go to next question

Yes  Give details below


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

Complete question 22 to question 33 (if applicable) using the option the applicant selected at question 8.

Medical diagnosis


Length of time student has presented with this condition


Expected duration of condition

Permanent

Temporary  To be reviewed in  months

Prescribed treatment


**23** Special need indicated in question 8

If **A** was ticked at question 8  Go to 24

If **B** was ticked at question 8  Go to 25

If **C** was ticked at question 8  Go to 32

**24** Which of the following conditions apply to the student and their need to study from home?

The student is pregnant.  Go to 34

The student requires access to special facilities and/or environmental conditions within the family home.  Give details below

The student needs to avoid travel of the sort that would be necessary to attend school each day.  Give details below


Go to 28

**25** What are the facilities or environments that the student needs, and is not available at the local government schools within the home vicinity?

