

centrelink

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

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

Online services



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

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
- by post to

Services Australia Student Services Reply Paid 7800 CANBERRA BC ACT 2610

For more information

Go to 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.

SY099.2307 **1 of 6**



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

Fill	ling in this form
in A you If y	a can fill this form digitally in some browsers, or you can open it Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, a can print this form and complete it. ou 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. ART A – AIC applicant
	mplete PART A if you are the parent or guardian of the student a third party, such as an institution.
Stu	udent details
1	Student's Customer Reference Number (if known)
2	Student's family name
	First given name
	Second given name
3	Student's date of birth (DD MM YYYY)
AIC	Capplicant details
4	Applicant's Customer Reference Number (if known)
5	Applicant's name
	Mr Mrs Miss Ms Mx Other Family name
	First given name
	Second given name

	Postcode				
AIC ap	oplicant's contact details				
	me phone number cluding area code)	1 1			
•	pile phone number				
IVIOL	one phone number				
	special need applies to this student who either r at home or live away from home to study?	needs t			
A Stu	udent needs to study from home	IICK			
	der 4.3.5.3 of the Assistance for Isolated Children	Guideli			
env	Ident has a condition that needs facilities and/or vironmental conditions (for example, care) availa family home, or requires the student to avoid tr e sort that would be necessary to attend school	ble fro			
	udent needs access to special facilities or				
environments under 4.3.5.2 of the Assistance for Isolated Children Guideline					
an Thi in t	ident has a condition that requires access to fac environment to help manage or overcome the c is condition would preclude access to a local sta the vicinity of the principal home, for more than	ilities o onditio te sch			
an Thi in t	ident has a condition that requires access to fact environment to help manage or overcome the clist condition would preclude access to a local state vicinity of the principal home, for more than ays in a year. Provide a supporting statement from the schedility or service providing the environment, support or treatment, outlining how it will aid.	ilities ondition te sch 20 sch			
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9	Are there facilities that cater for the medical (or other) condition	∣ PA	ART B – Medical practitioner/specialist/
	for this student at any of the local government school(s)?		Allied Health Professional
	No Go to next question	-	
	Yes You may not be eligible for AIC. Call us on 132 318 before completing this form.		Complete PART B if you are a medical practitioner, specialist or Allied Health Professional who is currently involved in the treatment of the student.
Pr	ivacy notice		Any required questions not completed may result in the form being returned for completion.
10	You need to read this		For more information, call us on 132 318.
	Privacy and your personal information	10	M II 1 100 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
	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,	12	Medical practitioner's/specialist's/Allied Health Professional's full name
	or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy	13	Practice name
AI	C applicant declaration	14	Practice address
11	I declare that:		
	the information I have provided in this form is complete and		
	correct. I understand that:		Doctordo
	 giving false or misleading information is a serious offence. 		Postcode
		15	Contact number (including area code)
	I have read, understood and agree to the above.		
	Date (DD MM YYYY)		
	1	16	Are you a:
			registered Allied Health Professional Go to 17
			medical practitioner/specialist Give details below
	Before returning this form, you need to give this form to a		Specialisation
	medical practitioner, specialist or Allied Health Professional to complete PART B.		N 0-4-00
	If emailing the form, there may be risks with sending personal		Go to 22
	nformation through unsecured networks or email channels	17	What is your profession?
		40	
		18	How does your qualification relate to the treatment of the students condition?
		l	
		19	Registration number
		20	What is the level of your qualification?
			Tertiary level Go to next question
			Specialist Give details below
			Details of your specialisation or additional qualification in relation to the students condition (for example, Masters in

clinical psychology)

21	Are there any exceptional circumstances that have led to the student being treated by an Allied Health Professional rather	Which of the following conditions apply to the student and their need to study from home?		
	than a medical practitioner/specialist (for example, referral or isolation from a medical practitioner/specialist)?	The student is pregnant. Go to 34		
	No Go to next question Yes Give details below	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		
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	▶ 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?		
	Length of time student has presented with this condition			
	Estigui of allie state in the prosented with alle solution			
	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			

26	Would this student's condition be better managed or overcome by access to the facilities or environments? No Go to next question Yes Give details below	29	Is this condition harmful to the student's health (not merely a discomfort) if they attended any of the local school(s) full-time? No
		30	Is there suitable medication or treatment that is both reasonably available and alleviates the effects of the condition sufficiently to allow the student to attend a local school full-time? No Yes
27	Where applicable, are the special facilities or environments necessary to such an extent that it requires this student to live away from home (rather than access them periodically)? No Go to next question	31	How many school days in the year would this student likely be absent (from local government schooling) as a result of the medical condition? The estimated number of days must be provided Go to 34
	Yes Give details below	32	Provide details of the student's disability or health related condition affecting their psychological, emotional or physical health that has led to them being expelled or removed from the local school.
28	Is this medical condition clearly serious (for example, psychiatric or severe allergic condition)? No Go to next question Yes Give details below Provide evidence from a specialist for conditions requiring specialist treatment. The evidence must also include an estimate of the duration of the condition or circumstance. If an estimate is not possible, it must be dated no earlier than 1 July of the previous year to which the AIC claim or reclaim relates.		
	Name of specialist		
			If you need more space, provide a separate sheet with details.
	Details of the condition	33	Do you recommend that the student is removed from the local school environment?
			No Yes

34 Release of medical information about this student

The Freedom of Information Act 1982 allows for the disclosure of medical or psychiatric information about the child requiring care in certain circumstances. If there is any information about the child in your report which, if released, may harm their physical or mental well-being, provide a statement identifying it and briefly state below why it should not be released. Similarly, specify any other special circumstances which should be taken into account when deciding on the release of your report.

Is there any information in this report which, if released, might harm this student's physical or mental well-being? No Go to next question Identify the information and state why it should not be released.

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

Privacy notice

35 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 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 servicesaustralia.gov.au/privacy

Medical practitioner/specialist/ Allied Health Professional declaration

36 I declare that:

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

I understand that:

• giving false or misleading information is a serious offence.

Medical practitioner/specialist/Allied Health Professional signature

Date (DD MM YYYY)

Next steps

- 1 Check that you have answered all the questions that you need to.
- 2 Attach all requested information.
- **3** Check you have signed and dated this form.
- **4** Give this form and any supporting documents back to the applicant.