

centrelink

Assessment for Carer Payment SOCIAL SECURITY AGREEMENT BETWEEN AUSTRALIA AND NEW ZEALAND

			provide on this form, Services Australia, International Services will assess Payment. You are also required to have a health professional complete the ssment form.
		Please answer all question	ons.
1	Your details	Title	Mr Mrs Miss Dr Other
		Family name	
		First given name	
		Other given name(s)	
		Date of birth	/ / Male Female Other
		Contact phone number	()
		About your par	rtner
2	Your partner's details	Title	Mr Mrs Miss Dr Other
		Family name	
		First given name	
		Other given name(s)	
		Date of birth	/ / Male Female Other
3	What is your partner's main	List condition(s)	
	disability/medical condition(s) for which they require care?		
4	Do you personally provide care for your partner on a daily basis because of the	No Date care star	rted (due to the disability/medical condition)



disability/medical condition?

	continued • About your partr	ıer						
5	Is your partner currently in hospital?	No	Dot	of hoonitalization		1	7	
		Yes	Date	e of hospitalisation	/	/		
				ected release date	/	/		
				you provide care for your pa you are involved in your pa Care you provide				
				your partner return to your			om hospital?	
			No Yes	You may be asked for	or more ir	nformation.		
6	Does your partner stay overnight	No						
•	or longer with any other person or	Yes		se tick the box that shows				
	organisation on a <i>regular</i> basis?		stay	s overnight or longer with a	-	_	sation:	
			Ш	Treatment (other than hose.g. spends night(s) at the		on)		
				How many nights? e.g. 3 days a week, 1 nigh	ht a mant	h		
				When did this start?	iii a iiiviii	/	/	
				Education/training		,	,	
				e.g. spends night(s) at trai	ining cen	tre or hostel		
				How many nights? e.g. every weekend, 1 nig	ght a mon	th		
				When did this start?		/	/	
				Shared care e.g. another family memb	oer			
				How many nights? e.g. every weekend, 1 nig	aht a mon	th		
				When did this start?	,	/	/	
				Other care e.g. • temporary care • spends night(s) w • respite care	vith other	person not livii	ng with you	
				How many nights? e.g. every weekend, 1 nig	ght a mon	th		
				When did this start?	,	/	/	
7	Is your partner terminally	No						
	ill and expected to live for 3 months or less?	Yes		o Question 11 on page 7 <i>do not need to complete de</i>	etails abo	ut the care oro	vided.	
			.00					

AUS156NZ.2407

About the care provided

Please read the instructions below before answering Question 8. 8 Does your partner: For each statement in Question 8, tick the box that best describes how well your partner usually manages. • Vince your partner solitiles include what they can do when using their a rids, appliances or special equipment items. • Where your partner's disability or condition is only apparent at certain times, the question should be answered for when your partner is not expertencing an episode or flare-up of the disability/condition. • Without help means any physical assistance, quidance or supervision. • Without help means your partner's distributes without assistance or supervision. • Without help means your partner is not expertencing an episode or flare-up of the disability/condition. • Without help means your partner is not expertencing an episode or flare-up of the disability/condition. • Without help means your partner is not expertencing and episode or flare-up of the disability/condition. • Without help means your partner is not expertencing an episode or flare-up of the disability/condition. • Without help means your partner is not expertencing and episode or flare-up of the disability/condition. • Without help means any physical assistance or supervision. • Without help means any physical assistance or supervision. • Without help means any physical assistance or supervision. • Without help means any physical assistance or supervision. • Without help means any physical assistance or supervision. • Without help means any physical assistance or supervision. • Without help means any physical assistance or supervision. • In move to and from bod, chairs, wheelchair etc. • Without help means any physical assistance or supervision. • Without help means any physical assistance or supervision. • In move to and from bod, chairs, wheelchair etc. • Without help means any physical assistance or supervision. • In move to and from bod, chairs, wheelchair etc. • Without help means any physical assistance or superv	Section A—day to day care needs	;			
ror each statement in Question 8, tick the box that hest describes how well your partner usually manages. • Your partner's abilities include what they can do when using their alds, appllances or special equipment items. • Where your partner's disability or condition is notly apparent at certain times, the question should be answered for when your partner is not experiencing an episode or Itare-up of the disability/condition. • Halp means any physical sasistance, guidance or supervision. • Without help means your partner stars and finishes activities without assistance or supervision. • Without help means your partner stars and finishes activities without assistance or supervision. • Without help means your partner stars and finishes activities without assistance or supervision. • Without help means your partner stars and finishes activities without assistance or supervision. • Without help means your partner stars and finishes activities without assistance or supervision. • Without help means your partner stars and finishes activities without assistance or supervision. • Without help and walking aids? • Always a difficulty seeing clearly? • Always a difficulty seeing clearly? • Always a difficulty seeing clearly? • Always a difficulty always a difficulty seeing clearly? • Always a difficulty always a difficulty seeing clearly? • Always a difficulty seeing clearly? • Always a difficulty always a difficulty seeing clearly? • Always a difficulty always a difficulty seeing clearly? • Always a difficulty always a difficulty seeing clearly? • Always a difficulty always a difficulty seeing clearly? • Always a diffi	before answering Question 8.			MCH	
tick the box that best describes how well your partner usually manages. Your partner's abilities include what they can do when using their aids, appliances or special equipment items. Where your partner's disability or condition is only apparent at certain times, the question should be answered for when your partner is not experiencing an episode or flare-up of the disability/condition. **Holp means any physical assistance, guidance or supervision. **Without help means your partner starts and finishes activities without assistance or supervision. **Without help means your partner starts and finishes activities without assistance or supervision. **Without help means your partner starts and finishes activities without assistance or supervision. **In the partner of the partner of the disability/condition. **A lead of the partner of the partner of the disability/condition. **Holp means any physical assistance or supervision. **Without help means your partner starts and finishes activities without assistance or supervision. **Without help means your partner starts and finishes activities without assistance or supervision. **In the pol two people of the confined to bed of the partner of the partner of the disability/condition. **Without help means your partner starts and finishes activities without help of two and from bed, chairs, wheelchair and walking aids? **With a lot of help or attention during the night?** **In the pol two people of the confined with help of two people of the confined with help of the partner of the disability of the polyment of the polyment of the disability of the polyment of the disability of the polyment of the polyme		а			a
Vour partner's abilities include what they can do when using their alds, appliances or special equipment items. Where your partner's disability or condition is only apparent at certain times, the question should be answered for when your partner is not experiencing an episode or flare-up of the disability/condition. ### Help means any physical assistance, guidance or supervision. #### Without help means your partner starts and finishes activities without assistance or supervision. #### Without help means your partner starts and finishes activities without assistance or supervision. #### Always a often bed with hearing aids #### Always a often bed w				With help of one person	b
their aids, appliances or special equipment items. Where your partner's disability or condition is only apparent at certain times, the question should be answered for when your partner is not experiencing an episode or flare-up of the disability/condition. **Holp means any physical assistance, guidance or supervision. **Without help means your partner starts and finishes activities without assistance or supervision. **Without help means your partner starts and finishes activities without assistance or supervision. **Always				With help of two people	С
equipment items. Where your partner's disability or condition is only apparent at certain times, the question should be answered for when your partner is not experiencing an episode or flare-up of the disability/condition. Help means any physical sasistance, quidance or supervision. Without help means your partner starts and finishes activities without assistance or supervision. Without help means your partner starts and finishes activities without assistance or supervision. Without help means your partner starts and finishes activities without assistance or supervision. The partner is a partner starts and finishes activities without assistance or supervision. The partner is a partner is a partner starts and finishes activities without assistance or supervision. The partner is a partner is and supervision. The partner is a partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is disability or on the partner is and supervision. The partner is and supervision				Is confined to bed	d
or condition is only apparent at certain times, the question should be answered for when your partner is not experiencing an episode or flare-up of the disability/condition. • Help means any physical sasistance, guidance or supervision. • Without help means your partner starts and finishes activities without assistance or supervision. • Without help means your partner starts and finishes activities without assistance or supervision. • We without assistance or supervision. • Partner of the partner of the disability/condition. • Without help means your partner starts and finishes activities with hearing aids • I have difficulty hearing others? • I have difficulty seeing clearly? • I have difficulty seeing clearly? • I need help or attention during the night? • I need help or attention	equipment items.	b		Often	а
should be answered for when your partner is not experiencing an episode or flare-up of the disability/condition. Help means any physical assistance, guidance or supervision. Without help means your partner starts and finishes activities without assistance or supervision. Help means your partner starts and finishes activities without assistance or supervision. Help means your partner starts and finishes activities without assistance or supervision. Help means your partner starts and finishes activities without assistance or supervision. Help means your partner starts and finishes activities without assistance or supervision. Help means any physical assistance, guidance or supervision. Help means any physical assistance or supervision. Help means any phys			(or from a wneelchair)?	Sometimes	b
your partner is not experiencing an episode or dirar-up of the disability/condition. **Help means any physical assistance, guidance or supervision. **Without help means your partner starts and finishes activities without assistance or supervision. **Without assistance or supervision. **A wave difficulty hearing others?** even with hearing aids **The partners of the partners starts and finishes activities without assistance or supervision. **A wave difficulty seeing clearly?** even with glasses **The partners of the partners of th				Never	c
disability/condition. Help means any physical assistance, guidance or supervision. With a lot of help cannot do this days assistance or supervision. Without help means your partner starts and finishes activities without assistance or supervision. d have difficulty hearing others? even with hearing aids d have difficulty seeing clearly? even with glasses e have difficulty seeing clearly? even with glasses f need help or attention during the night? Always a Often b Sometimes c Never d Always a Often b Sometimes c Rever difficulty seeing clearly? e.g. colostomy, catheter, pads With a lot of help c	your partner is not experiencing	C		Without help	a
assistance, guidance or supervision. Without help means your partner starts and finishes activities without assistance or supervision. d have difficulty hearing others? even with hearing aids d have difficulty seeing clearly? even with glasses d have difficulty seeing clearly? even with glasses d have difficulty seeing clearly? even with glasses often	disability/condition.		and warking alus?	With some help	b
Without help means your partner starts and finishes activities without assistance or supervision. Always				With a lot of help	С
starts and finishes activities without assistance or supervision. d have difficulty hearing aids even with hearing aids often	supervision.			Cannot do this	d
e have difficulty seeing clearly? even with glasses Always	starts and finishes activities	d		Always	a
Never	without assistance of supervision.		even with hearing aids	Often	b
e have difficulty seeing clearly? even with glasses Always				Sometimes	С
even with glasses Often Sometimes Rever Always a Often b Sometimes C Never Always a Often b Sometimes C Never d Always a Often b Sometimes C Never d Always a Often b Sometimes C Never d Without help a With some help b With some help b With a lot of help C Description in the point of the				Never	d
f need help or attention during the night? Always		е		Always	a
Never			even with glasses	Often	b
f need help or attention during the night? Always a Often b Sometimes c Never d Always a Incontinence dids or equipment? e.g. colostomy, catheter, pads Always a Often b Sometimes c Never d Without help a With some help b With some help c Decemptations aids or light and of help c				Sometimes	С
Often				Never	d
Sometimes		f	need help or attention during the night?	Always	а
Never				Often	b
g have loss of bladder and/or bowel control? incontinence Always Often Bosometimes c Never d Without help e.g. colostomy, catheter, pads With some help b With a lot of help c Decempt year side				Sometimes	С
incontinence Often b Sometimes c Never d Without help a e.g. colostomy, catheter, pads With some help b With a lot of help c				Never	d
h use continence aids or equipment? e.g. colostomy, catheter, pads Without help a With some help b With a lot of help c		g		Always	a
h use continence aids or equipment? e.g. colostomy, catheter, pads Without help a With some help b With a lot of help c			incontinence	Often	b
h use continence aids or equipment? e.g. colostomy, catheter, pads With some help With a lot of help C Decempet use side				Sometimes	С
e.g. colostomy, catheter, pads With some help With a lot of help C Decempet was gide				Never	d
With some help With a lot of help C Decempet use side		h		Without help	a
Does not use side			o.g. volvstorny, varifeter, paus	With some help	b
Does not use aids d				With a lot of help	С
				Does not use aids	d

___ AUS156NZ.2407 3 of 7

continued • About the care provided

continued) Does your partner:	i	use the toilet?	Without help	а
			With some help	b
			With a lot of help	С
			Cannot use a toilet	d
	j	eat their food?	Without help	а
		does not include meal preparation	With some help	b
			With a lot of help	С
			Cannot feed themselves	d
	k	shower, bath themselves?	Without help	а
			With some help	b
			With a lot of help	С
			Cannot do this	d
	ī	dress themselves? e.g. buttons, zips	Without help	а
			With some help	b
			With a lot of help	С
			Cannot do this	d
	m	look after their grooming? e.g. shaving, caring for hair, teeth	Without help	а
		e.g. Shaving, caring for nail, teeth	With some help	b
			With a lot of help	С
			Cannot do this	d
	n	take care of their own medication?	Without help	а
		e.g. take the right tablet at the right time	With some help	b
			With a lot of help	С
			Cannot do this	d
			Does not take medication	e
	0	take care of their own treatment? e.g. oxygen, wound care, gastric feeding	Without help	а
		e.g. oxygen, wound care, gasine recuing	With some help	b
			With a lot of help	С
			Cannot do this	d
			Does not have treatment	e

continued • About the care provided

	Section B—cognitive function				
9	Does your partner: For each statement in Question 9, tick the box that best describes how well your partner usually manages.	а	understand what you, the carer, say?	Always	a
				Usually	b
				Sometimes	С
	J			Never	d
		b	understand what other people say?	Always	а
				Usually	b
				Sometimes	С
				Never	d
		C	let others know how they feel and what they want? e.g. by speaking, using sign and/or communication aid	Always	а
				Usually	b
				Sometimes	С
				Never	d
		d	know where they are?	Always	а
				Usually	b
				Sometimes	С
		e		Never	d
			know whether it is morning, afternoon or night?	Always	а
				Usually	b
				Sometimes	c
				Never	d
		f	remember things that happened today?	Always	а
				Usually	b
				Sometimes	С
				Never	d

AUS156NZ.2407 **5 of 7**

continued • About the care provided

Section C-behaviour a wander away or 'run away' from home? 10 Does your partner: Never For each statement in Question 10, Sometimes tick the box that best describes how well your partner usually Often behaves. b shout, scream at or threaten, other people? Never Sometimes Often c physically harm other people? Never Sometimes Often damage furniture, possessions or objects? Never Sometimes Often e laugh or cry without apparent reason? Never Sometimes Often withdraw from contact with other people, Never or appear depressed, worried or fearful? Sometimes Often deliberately harm themselves? Never e.g. by biting, scratching skin, hitting or Sometimes banging their head Often h have unusual, inappropriate or repetitive Never behaviours? Sometimes e.g. uncontrolled eating, spinning objects, hand flapping, rocking, calling out or saying Often the same thing over and over again

AUS156NZ.2407 **6 of 7**

11 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

Statement

12 You must read and sign the following statement.

I declare that

 to the best of my knowledge the information I have given on this form is correct.

I understand that

- giving false or misleading information is a serious offence.
- information I provide is protected under the privacy laws of both Australia and New Zealand.

Your signature



Date

/ /

13 WHAT TO DO NOW

- Fill in your and your partner's details on the front of the Health Professional Assessment. Your partner must sign the front of the assessment to authorise release of medical details. If you do not have this form contact your local Work and Income office in New Zealand.
- Phone the health professional who treats your partner, to make an appointment.

 When you make your appointment please let the treating health professional know that you need them to complete the Health Professional Assessment.
- 3 Return this completed form and the completed Health Professional Assessment to your local Work and Income office in New Zealand.

Your claim will be forwarded to Work and Income in New Zealand International Services.

ENQUIRIES—Phone Services Australia, International Services on **0800 441 248** if you need assistance to complete this form.