



CLK0SA432 2503

Your Customer
Reference Number:

Date of issue

RETURN DATE:

Return address

Returning this form

Return this form by sending it to the address listed above.



Australian Government
Services Australia

centrelink

**Child to adult transfer for
Carer Payment and/or Carer Allowance
(SA432)**

— Fold
here

Purpose of this form

This form has been sent to you because you are caring for a person who is, or will be turning 16 years old. We need information from you to see if you are entitled to be paid Carer Payment and/or Carer Allowance (Caring for a person 16 years or over) after the person you provide care for turns 16 years old.

An adult for Carer Payment and or Carer Allowance is a person 16 years or over.

This review asks you for information about the care you provide for

Important information

- 1 Complete this form**

You need to complete and lodge this form by the RETURN DATE. We can determine if you are entitled to be paid Carer Payment and/or Carer Allowance (Caring for a person 16 years or over) after the person you provide care for turns 16 years old.
- 2 Complete a medical report**

You also need to provide a completed **Carer Payment and/or Carer Allowance Medical Report (SA332a)** form, by the RETURN DATE. The medical report should be completed by the treating health professional of the person you provide care for. The treating health professional may choose to return the medical report to us or give it to you to return.

If you have additional medical information about this person, take the information to the treating health professional. **Do not send or bring the information to us.**
- 3 Carer Allowance Health Care Card**

Carer Allowance (Caring for a person 16 years or over) does not include a Health Care Card. The person you provide care for may be eligible for an Ex-Carer Allowance (child) Health Care Card, see page 8 for more information.

Online account



You can upload this form, with any supporting documents, online. For more information about how to access an online account or how to lodge documents online, go to servicesaustralia.gov.au/centrelinkuploaddocs

What else you may need to provide

You may need to provide identity documents. For a list of acceptable documents, go to servicesaustralia.gov.au/identity

For more Information

Go to servicesaustralia.gov.au/carers or visit one of our service centres.
Call us on **132 717**.



Information in your language

We can translate documents you need for your claim for free.
To speak to us in your language, call **131 202**.



Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to servicesaustralia.gov.au and search 'other support and advice'.

Filling in this 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

Residence details for the person you provide care for

1 What country is this person currently living in?

The country of residence is where this person normally lives on a long term basis.

Australia ☐ Go to next question

Other ☐ Country of residence

2 Has this person **ever** travelled outside Australia, including short trips and holidays?

This question will help us to verify this person's Australian residence.

No ☐ Go to next question

Yes ☐ Give details below

Year this person last entered Australia

 (YYYY)

Passport number

Country of issue

3 Is this person an Australian citizen **who was born in Australia**?

No ☐ Go to next question

Yes ☐ Go to 8

4 What is this person's country of birth?

5 What is this person's country of citizenship?

Australia ☐ Date citizenship granted (DD MM YYYY)

Go to 8

Other ☐ Give details below

Country of citizenship

Date citizenship granted (DD MM YYYY)

6 What is this person's current type of visa?

Permanent ☐ Go to next question

Temporary ☐ Go to next question

New Zealand passport (Special Category visa) ☐ Go to 8

Not sure ☐ Go to 8

7 What are this person's current visa details?

Visa subclass

Date visa granted (DD MM YYYY)

PART B

8 Do you personally provide additional care and attention to this person because of their disability or medical condition?

No ☐ You may not be entitled to Carer Payment and/or Carer Allowance. Call us on **132 717**.


Yes ☐ How many days each week do you provide this care?

days each week

9 Answer this question if you currently get fortnightly payments of Carer Allowance or have a Health Care Card.

Will this person continue to live with you?

No ☐

 You will need to complete and return a **Carer Allowance Questionnaire (SA381)** form. If you do not have this form, go to **servicesaustralia.gov.au/forms**
Go to next question

Yes ☐ Go to next question

10 Is this person currently in hospital?

No ☐ Go to 12

Yes ☐ Give details below

Date of hospitalisation (DD MM YYYY)

Expected date of discharge (DD MM YYYY)

11 Do you provide care for this person while they are in hospital (for example, you are involved in the rehabilitation of this person, you visit on a daily basis)?

No ☐ ► *Go to next question*

Yes ☐ ► Give details below

12 Has this person been diagnosed with a terminal condition?

No ☐ ► ***Go to PART C***

Yes ☐ ► *Go to next question*

13 Is this person expected to live for more than 3 months?

No ☐ ► ***Go to PART D***

Yes ☐ ► ***Go to PART C***

Adult Disability Assessment Tool

For each statement on pages 5 and 6, tick the box that best describes how well the person you provide care for usually manages and/or behaves.

Tick one only for each statement.

- The person's abilities include what they can do when using their aids, appliances or special equipment items.
- Where the person's disability or condition is episodic or is only apparent at certain times, the question should be answered for when the person is not experiencing an episode or flare-up of the disability/condition (a 'good day' not a 'bad day').
- **Help means any physical assistance, guidance or supervision.** Help also includes **prompting** the person **to undertake daily activities** (for example, you may need to prompt the person you provide care for to take medication, eat or dress themselves).
- **Without help** means the person, plans, initiates and completes activities without assistance or supervision.

Day to day care needs

14 Does the person you provide care for:

- | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 move around the house
(may use walking stick,
frame, wheelchair)? | Without help <input type="checkbox"/> a
With help of 1 person <input type="checkbox"/> b
With help of 2 people <input type="checkbox"/> c
Is confined to bed <input type="checkbox"/> d |
| 2 fall over indoors or outdoors
(or from a wheelchair)? | Often <input type="checkbox"/> a
Sometimes <input type="checkbox"/> b
Never <input type="checkbox"/> c |
| 3 move to and from a bed, chair,
wheelchair or walking aids? | Without help <input type="checkbox"/> a
With some help <input type="checkbox"/> b
With a lot of help <input type="checkbox"/> c
Cannot do this <input type="checkbox"/> d |
| 4 have difficulty hearing others
(even with hearing aids)? | Always <input type="checkbox"/> a
Often <input type="checkbox"/> b
Sometimes <input type="checkbox"/> c
Never <input type="checkbox"/> d |
| 5 have difficulty seeing clearly
(even with glasses)? | Always <input type="checkbox"/> a
Often <input type="checkbox"/> b
Sometimes <input type="checkbox"/> c
Never <input type="checkbox"/> d |
| 6 need help or attention during
the night? | Always <input type="checkbox"/> a
Often <input type="checkbox"/> b
Sometimes <input type="checkbox"/> c
Never <input type="checkbox"/> d |
| 7 have loss of bladder control
or bowel control or both
(incontinence)? | Always <input type="checkbox"/> a
Often <input type="checkbox"/> b
Sometimes <input type="checkbox"/> c
Never <input type="checkbox"/> d |
| 8 use continence aids or equipment
(for example, colostomy, catheter,
pads)? | Without help <input type="checkbox"/> a
With some help <input type="checkbox"/> b
With a lot of help <input type="checkbox"/> c
Does not use aids <input type="checkbox"/> d |

Day to day care needs

- | | |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9 use the toilet? | Without help <input type="checkbox"/> a
With some help <input type="checkbox"/> b
With a lot of help <input type="checkbox"/> c
Cannot use a toilet <input type="checkbox"/> d |
| 10 eat their food
(does not include meal
preparation)? | Without help <input type="checkbox"/> a
With some help <input type="checkbox"/> b
With a lot of help <input type="checkbox"/> c
Cannot feed themselves <input type="checkbox"/> d |
| 11 shower or bathe themselves? | Without help <input type="checkbox"/> a
With some help <input type="checkbox"/> b
With a lot of help <input type="checkbox"/> c
Cannot do this <input type="checkbox"/> d |
| 12 dress themselves
(for example, buttons, zips)? | Without help <input type="checkbox"/> a
With some help <input type="checkbox"/> b
With a lot of help <input type="checkbox"/> c
Cannot do this <input type="checkbox"/> d |
| 13 look after their grooming
(for example, shaving,
caring for hair, teeth)? | Without help <input type="checkbox"/> a
With some help <input type="checkbox"/> b
With a lot of help <input type="checkbox"/> c
Cannot do this <input type="checkbox"/> d |
| 14 take care of their own
medication (for example,
takes the right tablet at
the right time)? | Without help <input type="checkbox"/> a
With some help <input type="checkbox"/> b
With a lot of help <input type="checkbox"/> c
Cannot do this <input type="checkbox"/> d
Does not take medication <input type="checkbox"/> e |
| 15 take care of their own
treatment (for example,
oxygen, wound care,
gastric feeding)? | Without help <input type="checkbox"/> a
With some help <input type="checkbox"/> b
With a lot of help <input type="checkbox"/> c
Cannot do this <input type="checkbox"/> d
Does not have treatment <input type="checkbox"/> e |

Cognitive function

15 Does the person you provide care for:

- 1 understand what you, the carer, say?** Always ☐ a
Usually ☐ b
Sometimes ☐ c
Never ☐ d
- 2 understand what other people say?** Always ☐ a
Usually ☐ b
Sometimes ☐ c
Never ☐ d
- 3 let others know how they feel and what they want** (for example, by speaking, using sign and/or a communication aid)? Always ☐ a
Usually ☐ b
Sometimes ☐ c
Never ☐ d
- 4 know where they are?** Always ☐ a
Usually ☐ b
Sometimes ☐ c
Never ☐ d
- 5 know whether it is morning, afternoon or night?** Always ☐ a
Usually ☐ b
Sometimes ☐ c
Never ☐ d
- 6 remember things that happened today?** Always ☐ a
Usually ☐ b
Sometimes ☐ c
Never ☐ d

Behaviour

16 Does the person you provide care for:

- 1 wander away or 'run away' from home?** Never ☐ a
Sometimes ☐ b
Often ☐ c
- 2 shout, scream at or threaten other people?** Never ☐ a
Sometimes ☐ b
Often ☐ c
- 3 physically harm other people?** Never ☐ a
Sometimes ☐ b
Often ☐ c
- 4 damage furniture, possessions or objects?** Never ☐ a
Sometimes ☐ b
Often ☐ c
- 5 laugh or cry without apparent reason?** Never ☐ a
Sometimes ☐ b
Often ☐ c
- 6 withdraw from contact with other people, or appear depressed, worried or fearful?** Never ☐ a
Sometimes ☐ b
Often ☐ c
- 7 deliberately harm themselves** (for example, by biting, scratching skin, hitting or banging their head)? Never ☐ a
Sometimes ☐ b
Often ☐ c
- 8 have unusual, inappropriate or repetitive behaviours** (for example, uncontrolled eating, spinning objects, hand flapping, rocking, calling out or saying the same thing over and over again)? Never ☐ a
Sometimes ☐ b
Often ☐ c

PART D

17 Do you currently get Carer Payment?

No ☐ **Go to 20**

Yes ☐ **Go to next question**

18 Read this before answering the following question.

Constant care means you provide **personal care** for a significant time each day (at least the equivalent of a **normal working day**), and because of your caring responsibilities you are unable to support yourself through substantial paid work, including self-employment. This care may include supervision and monitoring.

When answering this question, it may be useful to look back over your answers given in Part C, which shows the areas where the person you provide care for needs help.

Do you provide constant care to this person in their home?

No ☐

Yes ☐

19 Do you do any paid work?

No ☐ **Go to next question**

Yes ☐ Tell us how many hours you spend away from care to participate in paid work (including employment and self-employment) in a 4 week period.

Do not include travel time.

	Name of employer	Hours per 4 week period
Employment	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Self-employment	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

PART E

Privacy notice

20 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/privacypolicy

Declaration

21 I declare that:

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

I understand that:

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

Signature



Date (DD MM YYYY)

Returning this form

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
Carer Services
PO Box 7805
CANBERRA BC ACT 2610
- in person at one of our service centres.

The treating health professional may choose to return the medical report directly to us.

Help for carers

Other payments you may be eligible for

Carer Payment is an income support payment. If you are unable to support yourself through substantial paid work, including self-employment due to the demands of your caring role, you may be entitled to Carer Payment. Carer Payment entitles you to a fortnightly payment and a Pensioner Concession Card.

If you currently receive an income support payment from us, such as Parenting Payment, Age Pension or JobSeeker Payment, you will need to decide which payment is best for you.

If you would like to claim Carer Payment, go to servicesaustralia.gov.au/carerpayers

Ex-Carer Allowance (child) Health Care Card

The person you provide care for may be eligible for an Ex-Carer Allowance (child) Health Care Card if they:

- are between 16 and 25 years old
- are a full-time student
- were receiving a Carer Allowance Health Care Card on the day before they turned 16 years old, and
- meet residence requirements.

They can claim the Ex-Carer Allowance (child) Health Care Card online, go to servicesaustralia.gov.au/excarerallowancecard

Carer Gateway – is a national service providing in-person, online and phone-based support and services to people who care for a family member or friend with disability, a medical condition, mental illness, or who is frail due to age.

Carers can access Carer Gateway by calling **1800 422 737**, Monday to Friday between 8 am and 5 pm or by visiting carergateway.gov.au

Carers Australia – the national peak body for carers. The Carers Australia website has information and support services. Visit carersaustralia.com.au

Needing help after someone has died?

For information on payments and services available after someone has died, go to servicesaustralia.gov.au/bereavement

Social workers

We have social workers who can help you when you are facing difficulties or experiencing an unexpected change in your personal and/or family circumstances. Social workers will listen, give support and help you work out some options. To arrange to talk with a social worker, call us on **132 717**.

Can I take a break from caring?

You can take breaks from caring for the person you provide care for. You can take up to 63 days per calendar year (1 January – 31 December) and still be eligible for Carer Payment and/or Carer Allowance. It is important that you tell us each time this person is out of your care for more than 24 hours (midnight to midnight). You can use these breaks to have a holiday, visit friends and family or for respite. You may also use these breaks if you are sick and unable to provide care.

What happens to my payments if the person I provide care for goes into hospital?

You can continue to be paid Carer Payment and/or Carer Allowance if the person you provide care for is in hospital for up to 63 days per calendar year (1 January – 31 December) if you intend to resume providing care after their hospital stay. You need to be helping with this person's care during their stay in hospital. The hospitalisation period is in addition to the standard 63-day respite break from the caring period. You must tell us if the person(s) you provide care for enters hospital for a period of 24 hours (midnight to midnight) or more.

For more information, go to servicesaustralia.gov.au/carers

Keep a copy of this page for your information.