

# National Network of Private Psychiatric Sector Consumers and Carers

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## **ADDITIONAL INFORMATION TO OUR SUBMISSION TO THE SENATE SELECT COMMITTEE ON MENTAL HEALTH**

**Adelaide – 27<sup>th</sup> September, 2005**

**Ms. Janne McMahon  
Consumer and Chair**

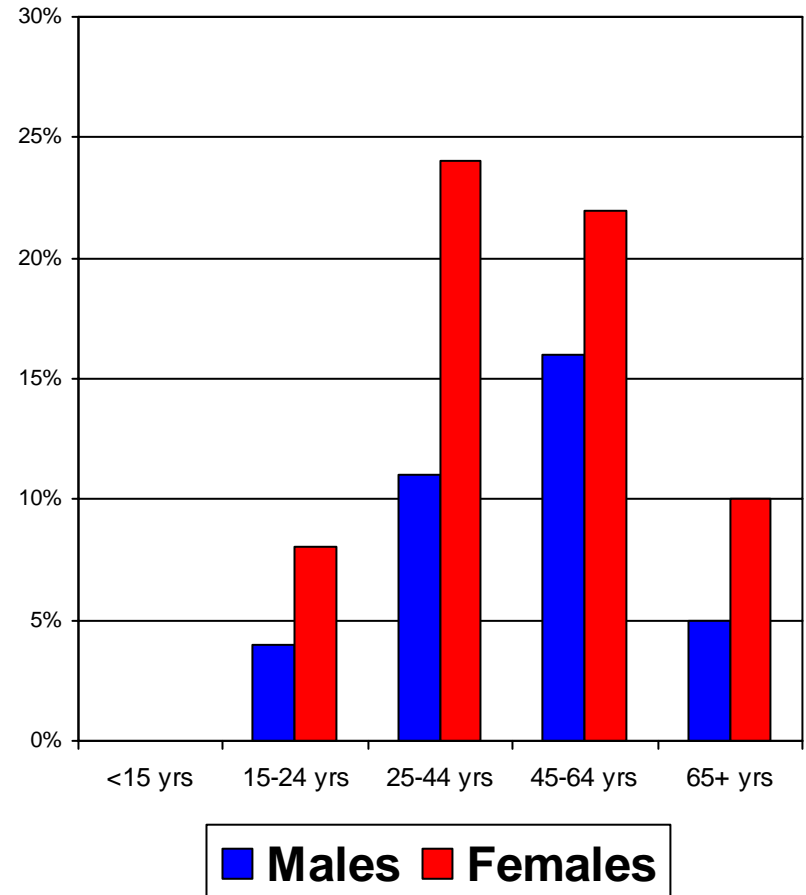
**Ms. Ruth Carson  
Carer**

# **Who receives care in private hospital-based psychiatric services**

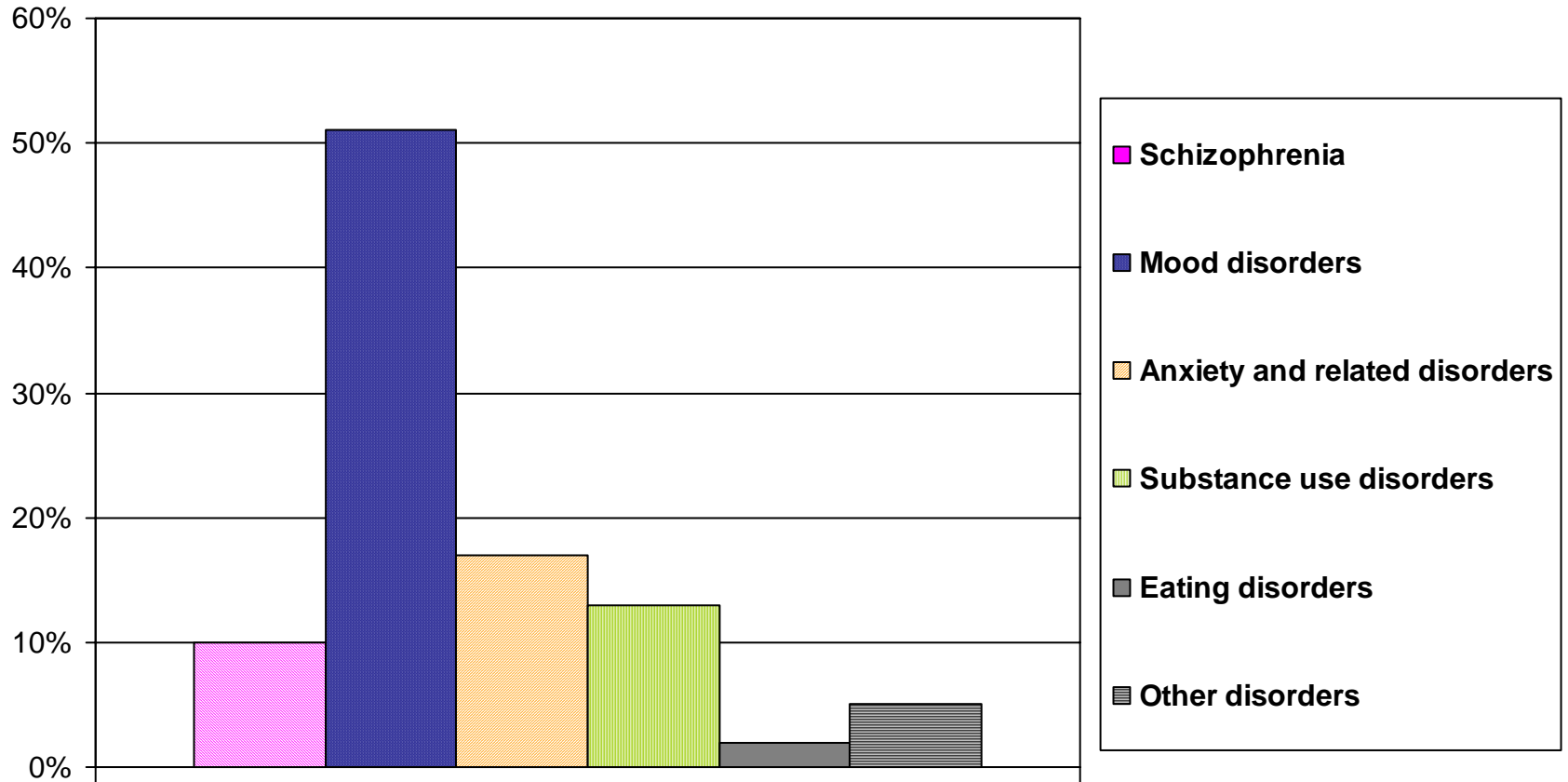
Statistics for the 2004 calendar year  
based on data submitted to the SPGPPS's  
Centralised Data Management Service by  
participating Private Hospitals

# Demographic profile

- Significantly more females than males are seen in private hospitals with psychiatric beds
- Children and adolescents aged less than 15 years are rarely admitted

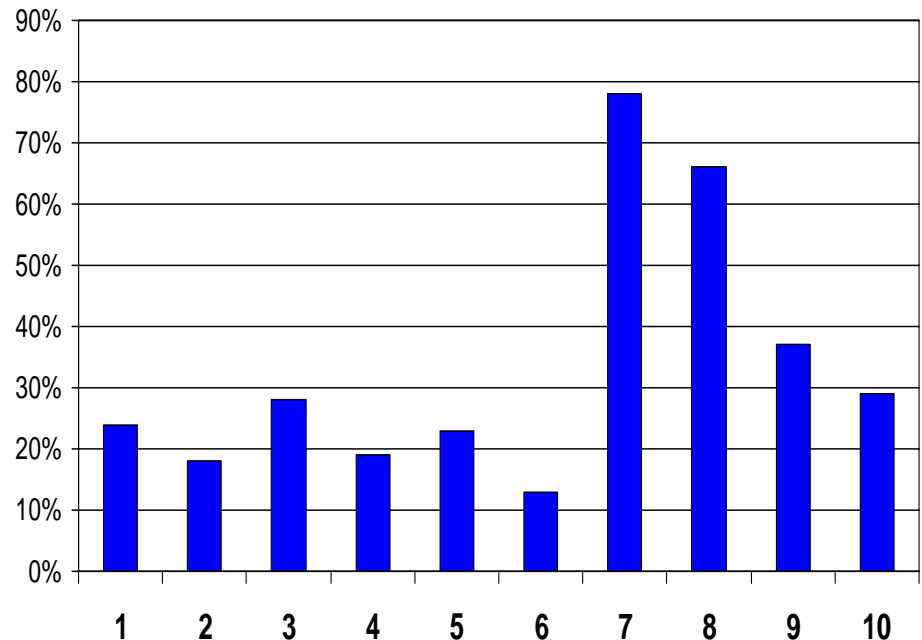


# Principal diagnoses



# Ratings of clinical status at Admission

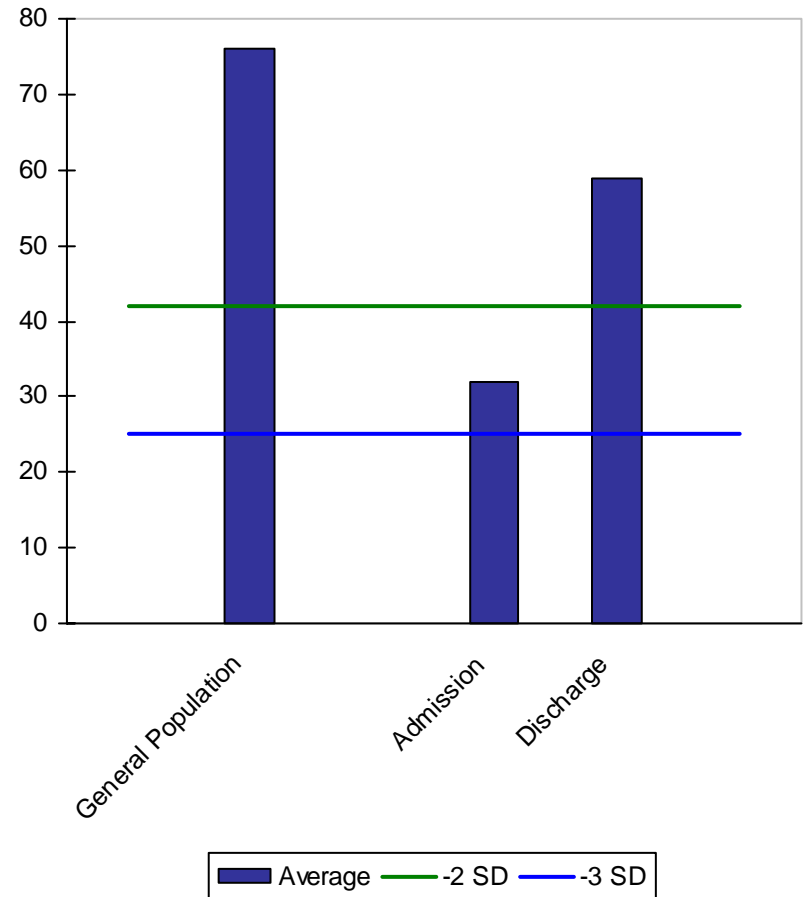
1. Overactive, agitated, disruptive or aggressive behaviour
2. Non-accidental self injury
3. Problem drinking or drug taking
4. Cognitive problems
5. Physical illness or disability problems
6. Hallucinations and delusions
7. Depressed mood
8. Other mental and behavioural problems
9. Problems with relationships
10. Problems with activities of daily living



This graph shows the percentage of patients with clinically significant ratings on each problem domain

# Self-reported Mental Health

- Patients at Admission and Discharge are compared with the General Population (ABS Survey)
- Patients reported mental health at Admission is worse than 95% of general population
- Patients' mental health has improved greatly by Discharge, but they are still not as well on average as the general population



# Notes about Patients' self-reports

- A 14 item questionnaire is offered to patients at Admission and Discharge. Average completion rates across all participating Hospitals are 68% at Admission and 63% at Discharge.
- At admission, the measure is offered after acceptance into care – there is no reason for patients to rate themselves as feeling worse than they actually do.
- Patients who are very distressed are not offered the questionnaire, so the actual average at admission would be even lower.
- Results indicate that the average mental health of patients is equivalent to that of the lowest 95 percentile of the general population
- Actual responses to the questionnaire indicate that the majority of patients are very unwell on admission.

# General observations

- A comparison of the demographic and diagnostic profiles of patients admitted to private hospital-based psychiatric services to those of patients admitted public general hospital psychiatric units clearly indicates that a generally different group of people are receiving care.
- Patients admitted to private hospitals are not the “worried well”.
- Unlike many other areas in health care, private psychiatric hospitals do not provide a parallel service to the public sector. Rather, the private psychiatric hospital sector provides effective care to a large group of patients who are not able to be cared for in public psychiatric units.
- Private hospitals with psychiatric beds play an essential role in the overall provision of mental health services in Australia.





Australian Government



Centrelink

# Claim for Carer Allowance and/or Carer Payment

## Caring for a person 16 years or over

Centrelink provides two payments for carers:

- Carer Allowance, and
- Carer Payment.

From the information you provide on this form and from the details provided by a treating health professional, Centrelink will assess your eligibility for either or both payments.

If you are claiming BOTH Carer Allowance and Carer Payment you need to complete pages 2 to 33 and sign the form on page 33.

If you are claiming ONLY Carer Allowance you need to complete pages 2 to 16 only and sign the form on page 33.

**NOTE:** This form should be completed by the primary carer of the person with a disability or medical condition.

This form should be accompanied by the booklet  
***Information you need to know about your claim for  
Carer Allowance and Carer Payment.***

If you don't have this booklet, call Centrelink on **13 2717**  
or go to our website at **[www.centrelink.gov.au](http://www.centrelink.gov.au)**

Office use only	
CRN <input type="text"/>	Payment type <input type="text"/>
Partner's CRN <input type="text"/>	Centrelink date of receipt <input type="text"/>
Receipt number <input type="text"/>	
Telephone interim lodgement date <input type="text"/>	
Logon ID <input type="text"/>	

**Step 4****Collect all the documents you need**

The form tells you which documents you will need to provide as **proof of identity** (there is a complete list of acceptable documents in the booklet **Information you need to know about your claim for Carer Allowance and Carer Payment**).

The form will also tell you which **other documents** you need to provide to support your claim (such as documents to confirm Australian residence).

**Use the checklist** on page 34 of this form to make sure you have collected all the required documents.

If you cannot get all of the documents straight away contact Centrelink for an extension of time.

Please remember that we need to see **original** documents (not photocopies).

**Step 5****Return the completed forms to Centrelink**

Return your forms to Centrelink **within 14 days** to ensure you are paid from the earliest date possible under social security law. If you cannot return the forms within 14 days contact Centrelink for an extension of time.

For more information about returning your claim see page 35 of this form.

## Background information

1 What is your preferred language?

2 Do you need an interpreter?

No

Yes

This is an optional question which you do not have to answer and it 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 peoples.

3 Are you of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.

**PART A****Carer's personal details**

Questions that ask for information about your partner are required to assess your rate of Carer Payment.

Providing this information is optional if you are making a claim for Carer Allowance only. If you are unsure about whether you are entitled to Carer Payment or Carer Allowance, please speak to a Centrelink Customer Service Officer or refer to the information booklet.

**4 Do you currently have a partner?**

Your partner is your husband, wife or de facto.

No  Please only complete the left hand column below.

Yes  Do you authorise Centrelink to disclose information about your claim, payments or your income and assets to your partner?  
(I understand that I can change this authority at any time.)

No  Yes

**5 About you:** (and your partner if you have one)

Title e.g. Mr, Mrs, Ms, Miss

Family name

First given name

Other given name(s)

Sex

Other names you have been, or are, known by e.g. maiden name

Date of birth

Country of birth

Country of citizenship

**YOU—the person providing care**





Male  Female

 /  / 


**YOUR CURRENT PARTNER**





Male  Female

 /  / 


**6 Address details:**

Home address

Postal address  
(If same as home address write 'as above')

If you do not live with your partner do you live apart for medical reasons?



Postcode

Postcode

No  Yes  Not applicable



Postcode

**7 Your telephone details:**

Centrelink needs this information to assess whether you can be paid Telephone Allowance.

Home telephone number

Is the telephone account for this number in:

Is this a silent number?

Can we contact you on this number?

Can we contact you on another number?

 (  ) 

Your (and/or your partner's) name

Another name

No  Yes

No  Yes

No

Yes  (  )

**PART A continued • Carer's personal details****8 What is your current marital situation?**

Please tick the category which best describes your **current** situation.

If you are still legally married but separated from your partner tick separated.

**NOTE:** This information does not need to be provided if you are claiming **Carer Allowance** only.

Single (never married, never lived de facto)

Married  ▶ Date of marriage

 /  / 

De facto  ▶ Date you started living de facto

 /  / 

Divorced  ▶ Date of divorce

 /  / 

Widowed  ▶ Date of your late partner's death

 /  / 

Did your late partner ever live overseas?

No

Yes  ▶ *We may need to ask you for more information.*  
INT We will arrange to speak to you about this.

Separated  ▶ Date of separation

 /  / 

Is there any chance of a reconciliation?

No

Yes

Don't know

INT

INT

Is there any reason for your separation that you would like to discuss with a social worker?

No

Yes

INT

Former partner's full name

Former partner's address

Postcode

Former partner's date of birth

 /  / 
**Payment details****9 Where do you want your fortnightly payments made?**

Payments must be made to a bank, building society or credit union account in your name. This includes accounts held jointly with your partner.

The account where my/our other payments from Centrelink are made  ▶ You do not need to provide your account details again.

**OR** Another account  ▶ Name of bank, building society or credit union

Branch where account is held

Branch number or BSB (if known)

Account number

Account held in the name(s) of

**PART B**

**About the person being cared for**

**10 Do you care for two or more people with disabilities?**

If you care for two people 16 years or over, you may qualify for two payments of Carer Allowance but not Carer Payment. If you wish to claim Carer Payment discuss with the Customer Service Officer which person it is best to claim for.

- No  ▶ Please complete the left hand column below for the person you are claiming for.  
 Yes  ▶ Please complete a column for each person you are claiming for.

**11 Details of the person(s) you care for:**

Only provide details of person(s) you are claiming for.



Please provide documents to confirm the identity of the person(s) you care for e.g. birth certificate/extract, passport. For detailed information about proof of identity, read the booklet **Information you need to know about your claim for Carer Allowance and Carer Payment.**

Title e.g. Mr, Mrs, Ms, Miss  
 Family name  
 First given name  
 Other given name(s)  
 Sex  
 Date of birth  
 Home address  
 This person is my...  
 e.g. mother, family friend, child

**PERSON 1**

Male  Female   
 /  /   
  
  
 Postcode

**PERSON 2**

Male  Female   
 /  /   
  
  
 Postcode

- Is the person:
- an Australian citizen?  
 No   
 Yes  ▶ Were they born in Australia?  
 No  ▶ When were they granted Australian citizenship?  
 /  /
  - a New Zealand citizen?  
 No   
 Yes
  - the holder of a permanent visa?  
 No   
 Yes  ▶ What date was it granted?  
 /  /

No   
 Yes  ▶ Were they born in Australia?  
 No  ▶ When were they granted Australian citizenship?  
 /  /

No   
 Yes  ▶ Were they born in Australia?  
 No  ▶ When were they granted Australian citizenship?  
 /  /



Please provide documents to confirm that the person is legally allowed to remain in Australia e.g. citizenship papers, passport.

No  Yes



Please provide documents to confirm that the person is legally allowed to remain in Australia e.g. citizenship papers, passport.

No  Yes

- Is the person from a non-English speaking background?  
 Does the person identify as:  
 Aboriginal?  
 Torres Strait Islander?

No  Yes   
 No  Yes   
 No  Yes

No  Yes   
 No  Yes   
 No  Yes

**PART B** *continued* • **About the person being cared for**

	PERSON 1	PERSON 2
<p><b>12 What is the person's main disability or medical condition for which he/she requires care?</b> List condition(s)</p>	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>
<p><b>13 Do you personally provide care on a daily basis because of the disability/medical condition?</b></p>	<p>No <input type="checkbox"/> <small>INT</small> ▶ We will need to ask you for more information. We will arrange to speak to you about this.</p> <p>Yes <input type="checkbox"/> ▶ Date care started (due to disability/medical condition)  <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px; text-align: center;">/ /</div> </p>	<p>No <input type="checkbox"/> <small>INT</small> ▶ We will need to ask you for more information. We will arrange to speak to you about this.</p> <p>Yes <input type="checkbox"/> ▶ Date care started (due to disability/medical condition)  <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px; text-align: center;">/ /</div> </p>
<p><b>14 Does the person live with you?</b> <b>NOTE:</b> This information does not need to be provided if you are claiming Carer Payment only.</p>	<p>No <input type="checkbox"/> <small>SA381</small> ▶ You will need to complete and attach a <b>Carer Allowance Questionnaire</b> form (SA381). If you do not have this form, contact Centrelink on <b>13 2717</b> or go to our website at <b>www.centrelink.gov.au</b></p> <p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/> <small>SA381</small> ▶ You will need to complete and attach a <b>Carer Allowance Questionnaire</b> form (SA381). If you do not have this form, contact Centrelink on <b>13 2717</b> or go to our website at <b>www.centrelink.gov.au</b></p> <p>Yes <input type="checkbox"/></p>
<p><b>15 Has the person come into your care during the last 6 months?</b> e.g. • from another carer • unable to manage alone</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Date person came into your care  <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px; text-align: center;">/ /</div> </p> <p>How long will the person be living with you? e.g. forever, 12 months  <div style="border: 1px solid black; width: 100%; height: 20px; margin-left: 20px;"></div> </p> <p>Has the person been absent from your care since that date?</p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> <small>INT</small> ▶ We will need to ask you for more information. We will arrange to speak to you about this.</p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Date person came into your care  <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px; text-align: center;">/ /</div> </p> <p>How long will the person be living with you? e.g. forever, 12 months  <div style="border: 1px solid black; width: 100%; height: 20px; margin-left: 20px;"></div> </p> <p>Has the person been absent from your care since that date?</p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> <small>INT</small> ▶ We will need to ask you for more information. We will arrange to speak to you about this.</p>
<p><b>16 Does the person you care for have a dependent child?</b></p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Is Carer Allowance paid for this child? (used to be known as Child Disability Allowance)</p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Child's full name  <div style="border: 1px solid black; width: 100%; height: 20px; margin-left: 20px;"></div> </p> <p>Child's date of birth <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px; text-align: center;">/ /</div></p> <p>Child's Centrelink Customer Reference Number (if known)  <div style="border: 1px solid black; width: 100%; height: 20px; margin-left: 20px;"></div> </p>	<p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Is Carer Allowance paid for this child? (used to be known as Child Disability Allowance)</p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ▶ Child's full name  <div style="border: 1px solid black; width: 100%; height: 20px; margin-left: 20px;"></div> </p> <p>Child's date of birth <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 20px; text-align: center;">/ /</div></p> <p>Child's Centrelink Customer Reference Number (if known)  <div style="border: 1px solid black; width: 100%; height: 20px; margin-left: 20px;"></div> </p>

**PART B** *continued* • **About the person being cared for**

**PERSON 1**

**PERSON 2**

**17 Does the person you care for receive payment from Centrelink or the Department of Veterans' Affairs?**

No  INT SA304(a) **▶ Only if you are claiming Carer Payment:** The person you care for will need to complete another form. Centrelink will send them a form SA304(a).

No  INT SA304(a) **▶ Only if you are claiming Carer Payment:** The person you care for will need to complete another form. Centrelink will send them a form SA304(a).

Yes—Veterans' Affairs payment

Yes—Veterans' Affairs payment

Payment type

Payment type

Veterans' Affairs reference number

Veterans' Affairs reference number

Yes—Centrelink payment

Yes—Centrelink payment

Their Centrelink Customer Reference Number (if known)

Their Centrelink Customer Reference Number (if known)

**18 Is the person you care for currently in hospital?**

No

No

Yes  **▶** Date of hospitalisation

Yes  **▶** Date of hospitalisation

Expected release date

Expected release date

Do you provide care for the person while he/she is in hospital?

Do you provide care for the person while he/she is in hospital?

- e.g. • you are involved in the person's rehabilitation  
• you visit on a daily basis

- e.g. • you are involved in the person's rehabilitation  
• you visit on a daily basis

No

No

Yes  **▶** Care you provide

Yes  **▶** Care you provide



Will the person return to your care on their release from hospital?

Will the person return to your care on their release from hospital?

No  INT **▶ We will need to ask you for more information. We will arrange to speak to you about this.**

No  INT **▶ We will need to ask you for more information. We will arrange to speak to you about this.**

Yes

Yes

PART B *continued* • About the person being cared for

## PERSON 1

19 Does the person you care for stay *overnight* or longer with any other person or organisation on a regular basis?

No   
Yes

Please tick the box that shows the reason(s) why the person stays *overnight* or longer with another person/organisation:

**Treatment** (other than hospitalisation)  
e.g. spends night(s) at a therapy centre

How many full days?  
e.g. 3 days a week, 1 night a month

When did this start?

 / /

**Education/training**  
e.g. spends night(s) at a training centre or hostel

How many full days?  
e.g. every weekend, 1 night a month

When did this start?

 / /

**Shared care**  
e.g. another family member

How many full days?  
e.g. every weekend, 1 night a month

When did this start?

 / /

**Other care**  
e.g.

- temporary care
- spends night(s) with another person not living with you
- respite care

How many full days?  
e.g. every weekend, 1 night a month

When did this start?

 / /

## PERSON 2

No   
Yes

Please tick the box that shows the reason(s) why the person stays *overnight* or longer with another person/organisation:

**Treatment** (other than hospitalisation)  
e.g. spends night(s) at a therapy centre

How many full days?  
e.g. 3 days a week, 1 night a month

When did this start?

 / /

**Education/training**  
e.g. spends night(s) at a training centre or hostel

How many full days?  
e.g. every weekend, 1 night a month

When did this start?

 / /

**Shared care**  
e.g. another family member

How many full days?  
e.g. every weekend, 1 night a month

When did this start?

 / /

**Other care**  
e.g.

- temporary care
- spends night(s) with another person not living with you
- respite care

How many full days?  
e.g. every weekend, 1 night a month

When did this start?

 / /

20 Is the person in the final phase of a terminal illness and not expected to live for more than 3 months?

No   
Yes

▶ Go to **PART D** on page 14

You do not need to answer the questions about the amount of care you provide.

No   
Yes

▶ Go to **PART D** on page 14

You do not need to answer the questions about the amount of care you provide.



**PART C****About the care provided****Section A—day to day care needs**

Please read the instructions below before answering Question 21

**21 Does the person you care for:**

For each statement in Question 21, tick the box that best describes how well the person in your care usually manages.

- The person's abilities include what he/she can do when using his/her 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.
- Help means any physical assistance, guidance or supervision. Help also includes prompting the person to undertake daily activities, e.g. you may need to prompt the person you care for to take medication, eat or dress themselves etc.
- Without help means the person initiates and completes activities without assistance or supervision.

	<b>PERSON 1</b>	<b>PERSON 2</b>
<b>1 move around the house?</b> may use walking stick, frame, wheelchair etc.	Without help <input type="checkbox"/> a With help of one person <input type="checkbox"/> b With help of two people <input type="checkbox"/> c Is confined to bed <input type="checkbox"/> d	Without help <input type="checkbox"/> a With help of one person <input type="checkbox"/> b With help of two people <input type="checkbox"/> c Is confined to bed <input type="checkbox"/> d
<b>2 fall over indoors or outdoors (or from wheelchair)?</b>	Often <input type="checkbox"/> a Sometimes <input type="checkbox"/> b Never <input type="checkbox"/> c	Often <input type="checkbox"/> a Sometimes <input type="checkbox"/> b Never <input type="checkbox"/> c
<b>3 move to and from bed, chair, wheelchair and walking aids?</b>	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	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
<b>4 have difficulty hearing others?</b> even with hearing aids	Always <input type="checkbox"/> a Often <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Often <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d
<b>5 have difficulty seeing clearly?</b> even with glasses	Always <input type="checkbox"/> a Often <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Often <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d
<b>6 need help or attention during the night?</b>	Always <input type="checkbox"/> a Often <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Often <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d
<b>7 have loss of bladder and/or bowel control?</b> incontinence	Always <input type="checkbox"/> a Often <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Often <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d
<b>8 use continence aids or equipment?</b> e.g. 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	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

PART C *continued* • About the care provided(continued) Does the person  
you care for:

	PERSON 1	PERSON 2
<b>9 use the toilet?</b>	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot use a toilet <input type="checkbox"/> <sub>d</sub>	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot use a toilet <input type="checkbox"/> <sub>d</sub>
<b>10 eat his/her food?</b> does not include meal preparation	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot feed themselves <input type="checkbox"/> <sub>d</sub>	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot feed themselves <input type="checkbox"/> <sub>d</sub>
<b>11 shower or bathe him/herself?</b>	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub>	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub>
<b>12 dress him/herself?</b> e.g. buttons, zips etc.	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub>	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub>
<b>13 look after his/her grooming?</b> e.g. shaving, caring for hair, teeth	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub>	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub>
<b>14 take care of his/her own medication?</b> e.g. takes the right tablet at the right time	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub> Does not take medication <input type="checkbox"/> <sub>e</sub>	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub> Does not take medication <input type="checkbox"/> <sub>e</sub>
<b>15 take care of his/her own treatment?</b> e.g. oxygen, wound care, gastric feeding	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub> Does not have treatment <input type="checkbox"/> <sub>e</sub>	Without help <input type="checkbox"/> <sub>a</sub> With some help <input type="checkbox"/> <sub>b</sub> With a lot of help <input type="checkbox"/> <sub>c</sub> Cannot do this <input type="checkbox"/> <sub>d</sub> Does not have treatment <input type="checkbox"/> <sub>e</sub>

PART C *continued* • About the care provided

## Section B—cognitive function

## 22 Does the person you care for:

For each statement in Question 22, tick the box that best describes how well the person in your care usually manages.

	PERSON 1	PERSON 2
<b>1 understand what you, the carer, says?</b>	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d
<b>2 understand what other people say?</b>	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d
<b>3 let others know how he/she feels and what he/she wants?</b> e.g. by speaking, using sign and/or a communication aid	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d
<b>4 know where he/she is?</b>	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d
<b>5 know whether it is morning, afternoon or night?</b>	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d
<b>6 remember things that happened today?</b>	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d	Always <input type="checkbox"/> a Usually <input type="checkbox"/> b Sometimes <input type="checkbox"/> c Never <input type="checkbox"/> d

## PART C continued • About the care provided

## Section C—behaviour

## 23 Does the person you care for:

For each statement in Question 23, tick the box that best describes how the person in your care usually behaves.

	PERSON 1	PERSON 2
<b>1 wander away or 'run away' from home?</b>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>
<b>2 shout, scream at or threaten other people?</b>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>
<b>3 physically harm other people?</b>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>
<b>4 damage furniture, possessions or objects?</b>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>
<b>5 laugh or cry without apparent reason?</b>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>
<b>6 withdraw from contact with other people, or appear depressed, worried or fearful?</b>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>
<b>7 deliberately harm him/herself?</b> e.g. by biting, scratching skin, hitting or banging their head	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>
<b>8 have unusual, inappropriate or repetitive behaviours?</b> e.g. uncontrolled eating, spinning objects, hand flapping, rocking, calling out or saying the same thing over and over again	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>	Never <input type="checkbox"/> <sub>a</sub> Sometimes <input type="checkbox"/> <sub>b</sub> Often <input type="checkbox"/> <sub>c</sub>

**PART D****Australian residence****24 Are you (and your partner):**

- an Australian citizen?

YOU	
No <input type="checkbox"/>	
Yes <input type="checkbox"/>	▶ Were you born in Australia?
No <input type="checkbox"/>	▶ When were you granted Australian citizenship?
Yes <input type="checkbox"/>	<input type="text" value="/ /"/>

- a New Zealand citizen?

No <input type="checkbox"/>
Yes <input type="checkbox"/>

- the holder of a permanent visa?

No <input type="checkbox"/>	
Yes <input type="checkbox"/>	▶ What date was it granted?
	<input type="text" value="/ /"/>



Please provide documents to confirm that you are legally allowed to remain in Australia e.g. citizenship papers, passport. If you arrived on a visa granted in order to care for someone in Australia please provide your passport or other documents which confirm your entry details.

**YOUR CURRENT PARTNER**

No <input type="checkbox"/>	
Yes <input type="checkbox"/>	▶ Were you born in Australia?
No <input type="checkbox"/>	▶ When were you granted Australian citizenship?
Yes <input type="checkbox"/>	<input type="text" value="/ /"/>

No <input type="checkbox"/>
Yes <input type="checkbox"/>

No <input type="checkbox"/>	
Yes <input type="checkbox"/>	▶ What date was it granted?
	<input type="text" value="/ /"/>



Please provide documents to confirm that you are legally allowed to remain in Australia e.g. citizenship papers, passport. If you arrived on a visa granted in order to care for someone in Australia please provide your passport or other documents which confirm your entry details.

**25 Are you living permanently in Australia?**

i.e. Australia is your permanent home.

This could mean:

- you own or are buying a home in Australia
- you have long term accommodation in Australia
- you have a job or a business in Australia
- you pay Australian tax
- you have assets or financial ties e.g. a bank account in Australia, or
- you have family in Australia.

No <input type="checkbox"/>	▶ You may not be eligible for some of the payments covered by this form.
<small>INT</small>	We will need to ask you for more information. We will arrange to speak to you about this.
Yes <input type="checkbox"/>	

**PART D continued • Australian residence**

**26 Were you (and your partner) born in Australia?**

**YOU**

Yes  ▶ Have you ever lived overseas?  
 No  ▶ Go to **PART E** on page 16  
 Yes  ▶ Go to **Question 27**

No  ▶ When did you start living in Australia?  
 / /

---

Did you arrive on an Australian or New Zealand passport?  
 No   
 Yes

---

What type of visa did you arrive on?  
 Unknown (e.g. arrived on mother's/father's passport)   
 Permanent  Temporary

Visa subclass  
 \_\_\_\_\_  
 Date of grant of visa  
 / /

**YOUR CURRENT PARTNER**

Yes  ▶ Have you ever lived overseas?  
 No  ▶ Go to **PART E** on page 16  
 Yes  ▶ Go to **Question 27**

No  ▶ When did you start living in Australia?  
 / /

---

Did you arrive on an Australian or New Zealand passport?  
 No   
 Yes

---

What type of visa did you arrive on?  
 Unknown (e.g. arrived on mother's/father's passport)   
 Permanent  Temporary

Visa subclass  
 \_\_\_\_\_  
 Date of grant of visa  
 / /

**27 Please give details for all countries (including Australia) where you have lived since birth (do not include holidays, visits or short trips)**

Be as accurate as possible, even if you can only remember the years you lived in the country.

No  ▶ Go to **PART E** on page 16  
 Yes  ▶ Please give details for each country in which you (and/or your partner) have lived. Include all periods starting from when you were born until today.

Country lived in	Who lived there?	Day/Month/Year you started living there	Day/Month/Year you stopped living there
	You <input type="checkbox"/>		
	Your partner <input type="checkbox"/>	/ /	/ /
	You <input type="checkbox"/>		
	Your partner <input type="checkbox"/>	/ /	/ /
	You <input type="checkbox"/>		
	Your partner <input type="checkbox"/>	/ /	/ /
	You <input type="checkbox"/>		
	Your partner <input type="checkbox"/>	/ /	/ /
	You <input type="checkbox"/>		
	Your partner <input type="checkbox"/>	/ /	/ /

*If you need more space, please attach details on a separate sheet.*

**PART E****Claim details**

---

From the information you have provided, Centrelink will assess your eligibility for Carer Allowance

**28 Do you want to claim Carer Payment also?**

If you are undecided you should also claim Carer Payment. You cannot receive Carer Payment and another form of income support such as Age Pension or Newstart Allowance.

**NOTE:** If you are getting another income support payment from Centrelink or DVA you need to decide which payment is best for you.

For more details about Carer Payment read the booklet **Information you need to know about your claim for Carer Allowance and Carer Payment.**

If you need advice on which payment is best for you contact Centrelink on **13 2717**.

- No  ► **Carer Allowance is not income and asset tested.**  
If you are **ONLY** claiming Carer Allowance **DO NOT COMPLETE PARTS F to K.**  
Go to **PART L** on page 33
- Yes  ► Go to **PART F** on page 17 and complete the remainder of the form

**PART F****Other payments**

►► **NOTE: PART F to PART K in this form are for people who are claiming Carer Payment.**  
**If you are NOT claiming Carer Payment, go to PART L on page 33.**

**29 Are you currently receiving any of these payments?**

- Do NOT include Pensioner Education Supplement (PES) or payments you receive on behalf of your children.
- Your eligibility for Carer Payment may depend on whether you (or your partner) are receiving other payments.

Full-time ABSTUDY, or a payment under the Student Financial Supplement Scheme?

No

Yes

A Commonwealth funded employment program payment (e.g. CDEP)?

No

Yes

A pension paid by the Department of Veterans' Affairs?

No

Yes  ► What is your Veterans' Affairs reference number?

An ABSTUDY Dependent Spouse Allowance?

No

Yes

**YOUR CURRENT PARTNER**

No

Yes

No

Yes

No

Yes  ► What is your Veterans' Affairs reference number?

No

Yes

**30 Have you ever claimed a social security/Centrelink payment, other than Family Tax Benefit?**

No  ► Go to **PART G** on page 18

Yes  ► What payment did you most recently claim or receive?


No  ► Go to **PART G** on page 18

Yes  ► What payment did you most recently claim or receive?

**Payment in the last 14 days**

**31 Have you or your partner claimed or received any of the following payments in the last 14 days?**

- Newstart Allowance
- Partner Allowance
- Mature Age Allowance
- Youth Allowance
- Sickness Allowance
- Disability Support Pension
- Special Benefit
- Age Pension
- Widow Allowance/Pension
- Wife Pension
- Parenting Payment:
  - single
  - partnered additional rate.

No  ► Go to **PART G** on page 18

Yes

PARTS G to J in this form collect information that you may have already given to Centrelink. Please answer the questions below to see if you can skip any PARTS.\*

\* **NOTE:** If you are not sure whether Centrelink has your current details, or you think that they might have changed, please complete those parts to avoid delays in processing your claim.

**Does Centrelink already have current information about your:**

• dependent children or students (if applicable)? No  Yes  ► You can skip **PART G**

• accommodation? No  Yes  ► You can skip **PART H**

• assets? No  Yes  ► You can skip **PART I**

• income? No  Yes  ► You can skip **PART J**



**PART G**

**About your dependent children or students**

**32 Do you have any dependent children under 16 or dependent students aged 16 to 21 years?**

Include students aged 16 and 17 years in receipt of Youth Allowance.

No  ► Go to **PART H** on page 19

Yes  ► Please tell us about your dependent children or students

	CHILD/STUDENT 1	CHILD/STUDENT 2	CHILD/STUDENT 3
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Address (if different to yours)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your relationship to this child	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you receive Family Tax Benefit for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Is this child from a previous relationship?	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>FA003</small>	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>FA003</small>	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>FA003</small>
Do you (or your partner) share the care of, or legal responsibility for this child with anyone else?	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>INT</small>	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>INT</small>	No <input type="checkbox"/> Yes <input type="checkbox"/> <small>INT</small>
Is this child in full-time education?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this child get any Commonwealth Government payments?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this child have any income from work or investments?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Total income from work and investments <input type="text" value="\$"/> per year	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Total income from work and investments <input type="text" value="\$"/> per year	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Total income from work and investments <input type="text" value="\$"/> per year

*If you need more space, please attach details on a separate sheet.*

**PART H****Accommodation**

**33 Which of the following best describes where you live?**

I live in the home that I or my partner own (this includes joint ownership and paying it off)

► Go to **Question 34** below

I pay rent, board, lodgings or other fees for the place in which I live

► Go to **Question 37** on page 20

I own the right to use part of someone else's house for life e.g. a granny flat to use for life

► Go to **PART I** on page 22  
INT We will need to ask you for more information. We will arrange to speak to you about this.

Other e.g. free accommodation, own my own home but live somewhere else, no fixed address

► Go to **Question 41** on page 21

**The home that you own or are paying off**

**34 Do you (and your partner) own your home jointly with anyone else?**

No

Yes  ► With whom?

Full name

Relationship to you

**35 Is your home on a block larger than 2 hectares (5 acres)?**

No

Yes  ► You will need to complete and attach a **Real Estate details** form (**Mod R**). If you do not have this form, contact Centrelink on **13 2717** or go to our website at **wwwcentrelink.gov.au**

**36 Is your home attached to business premises?**

No

Yes  ► You will need to complete and attach a **Business details** form (**Mod F**) and a **Real Estate details** form (**Mod R**). If you do not have these forms, contact Centrelink on **13 2717** or go to our website at **wwwcentrelink.gov.au**

►► Please go to **PART I** on page 22. You do not need to complete any more of **PART H**.

**PART H** continued • **Accommodation****Rent, board or lodgings**

**37 How much do you (and your partner) pay in rent, board, lodgings or other fees?**

\$  per week



Please attach a rent receipt or copy of the lease showing the address and the amount you (and your partner) pay.

**38 Do you (and your partner) share with anyone else?**

Sharing accommodation means that you have the right to share a bathroom, kitchen or a bedroom with one or more other people.

No

Yes

▶ What is the total rent?

\$  per week

How many people do you share with?

**39 Who do you pay for your accommodation?**

Name

Address

Postcode

Telephone (  )

**40 What kind of rent, board, lodging or other fees do you pay?**

Government rent (housing commission, housing trust)

▶ Go to **PART i** on page 22

Rent to a private landlord or real estate agent (for a house, flat, unit, caravan, mobile home or boat)

▶ Go to **PART i** on page 22

Ground rent or site fees for your caravan or mobile home in which you live at a caravan park

▶ Go to **PART i** on page 22

Fees for lodging in a boat in which you live

▶ Go to **PART i** on page 22

Fees for lodging in a boarding house, hotel or private accommodation ('lodging' means that no meals are provided)

▶ Go to **PART i** on page 22

Board and lodging (you get both accommodation and some regular meals for the rent you pay)

▶ How much of your payment is for:

meals?

\$  per week

lodgings?

\$  per week

Other  ▶ Please specify

▶▶ Please go to **PART i** on page 22. You do not need to complete any more of PART H.

**PART H** *continued* • **Accommodation****Other kinds of accommodation/living arrangements****41 Do you receive free accommodation?**No  ► What type of payment do you make for your accommodation?

Who do you pay? (full name)

How much do you pay? \$  per weekYes  ► Please tell us about any services you provide for your accommodation  
**42 Do you own your own home but live somewhere else?**No Yes  ► Please give details

## PART I

## Assets

►► **NOTE:** For detailed information about how Centrelink will assess your assets, read the booklet **Information you need to know about your claim for Carer Allowance and Carer Payment.**

43 What is your estimate of the current market value\* of your (and your partner's) household contents and personal effects?

\$

\* The **current market value** is what you would get if you sold it, **NOT** the **replacement** value or **insured** value.

Household contents include all furniture such as soft furnishings (e.g. curtains), electrical appliances other than fixtures such as stoves and built-in items, antiques and works of art. Personal effects include jewellery for personal use and hobby collections (e.g. stamps, coins).

44 Do you (and/or your partner) have any cash on hand other than for daily expenses?

No

Yes

► How much?

\$

Include money held at your home or another place such as a safety deposit box. Do NOT include money held in banks, building societies or credit unions, or money held for daily expenses.

45 Do you (and/or your partner) have any insurance policies that can be cashed in?

No

Yes

Do NOT include details of friendly society or insurance bonds in this question.

Name of insurance company		
<input type="text"/>		
Name(s) of policy holders	Date policy taken out	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Policy number	Premiums (per week/month)	Surrender value
<input type="text"/>	\$ <input type="text"/> per	\$ <input type="text"/>

If you need more space, please attach details on a separate sheet.

46 Do you (and/or your partner) own any motor vehicles, boats, caravans or trailers?

No

Yes

Do NOT include any boat or caravan if it is your principal home.

1 Make (e.g. Ford, Holden)		Model (e.g. Laser, Barina)		Year
<input type="text"/>		<input type="text"/>		<input type="text"/>
Your share	Partner's share	Current market value	Amount owed	
<input type="text"/> %	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	
2 Make (e.g. Ford, Holden)		Model (e.g. Laser, Barina)		Year
<input type="text"/>		<input type="text"/>		<input type="text"/>
Your share	Partner's share	Current market value	Amount owed	
<input type="text"/> %	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	

If you need more space, please attach details on a separate sheet.

47 Do you (and/or your partner) own (or partly own) real estate other than the home in which you live?

No

Yes

► How many properties do you own? (Do NOT include the home in which you live)

This includes properties in Australia and overseas.

You will need to complete and attach a **Real Estate details** form (**Mod R**). A separate form must be used for each property. If you do not have this form, contact Centrelink on **13 2717** or go to our website at **www.centrelink.gov.au**

48 Do you (and/or your partner) have any other assets?

No

Yes

e.g. • taxi plates  
• time share  
• investment collections  
• Home Equity Conversion Loan.

What is the asset?	Your share	Partner's share
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Repayment details (if applicable) e.g. organisation you pay, amount and frequency of repayments	Value of asset	
<input type="text"/>	\$ <input type="text"/>	

If you need more space, please attach details on a separate sheet.


## PART J

## Income and other financial information

►► **NOTE:** For detailed information about how Centrelink will assess your income and other financial information, read the booklet *Information you need to know about your claim for Carer Allowance and Carer Payment.*

**49 Please give details of bank, building society or credit union accounts held in your (and/or your partner's) name**

This includes money in church or charitable development funds, term deposits, joint accounts, accounts in any other name.

 Please attach recent financial statements for each account listed below.

<b>1</b>	Name of bank/building society/credit union <input type="text"/>	Branch name (and number (BSB) if known) <input type="text"/>
	Type of account (e.g. Flexi Rate) <input type="text"/>	Account number or term deposit number <input type="text"/>
	Account held in the name(s) of <input type="text"/>	Account balance (total) \$ <input type="text"/>
<b>2</b>	Name of bank/building society/credit union <input type="text"/>	Branch name (and number (BSB) if known) <input type="text"/>
	Type of account (e.g. Flexi Rate) <input type="text"/>	Account number or term deposit number <input type="text"/>
	Account held in the name(s) of <input type="text"/>	Account balance (total) \$ <input type="text"/>
<b>3</b>	Name of bank/building society/credit union <input type="text"/>	Branch name (and number (BSB) if known) <input type="text"/>
	Type of account (e.g. Flexi Rate) <input type="text"/>	Account number or term deposit number <input type="text"/>
	Account held in the name(s) of <input type="text"/>	Account balance (total) \$ <input type="text"/>

If you need more space, please attach details on a separate sheet.

**50 Do you (and/or your partner) have an income protection policy?**

No

Yes  INT



Please attach a copy of your Policy.  
We will arrange to speak to you about this.

**YOUR CURRENT PARTNER**

No

Yes  INT



Please attach a copy of your Policy.  
We will arrange to speak to you about this.

**51 Do you (and/or your partner) get any income from property you own or partly own?**

No

Yes  R

You will need to complete and attach a **Real Estate details** form (**Mod R**).  
If you do not have this form, contact Centrelink on **13 2717** or go to our website at **www.centrelink.gov.au**

**PART J continued • Income and other financial information**

**52 Are you (and/or your partner) currently employed?**  
Do NOT include self employment here.

**YOU**

No   
Yes  ► Give details below

Business name of employer

Australian Business Number (ABN)

Address

Postcode

Telephone (  )

Job description

Workplace  
*(if different from your employer's address)*


Personnel, service or clock-card number

Hours you work per week  per week

Hours you spend travelling to and from work each week  per week

Amount earned per week before tax and other deductions \$  per week

Is this your usual wage? No  Yes

 Please attach the most recent payslip(s).

*If you need more space, please attach details on a separate sheet.*

**YOUR CURRENT PARTNER**

No   
Yes  ► Give details below

Business name of employer

Australian Business Number (ABN)

Address

Postcode

Telephone (  )


Job description

Workplace  
*(if different from your employer's address)*

Personnel, service or clock-card number

Amount earned per week before tax and other deductions \$  per week


Is this your usual wage? No  Yes

 Please attach the most recent payslip(s).


*If you need more space, please attach details on a separate sheet.*

**53 Do you (and/or your partner) receive a fringe benefit provided by this employer?**  
*Fringe benefit means a benefit you receive as part of your earned income but not as a wage or salary. (e.g. use of a car as part of a salary package)*

No   
Yes  ►

 Please attach documents which indicate the type of fringe benefit and its value, and whether or not the amount provided is 'grossed-up' or 'non-grossed up'.

No   
Yes  ►

 Please attach documents which indicate the type of fringe benefit and its value, and whether or not the amount provided is 'grossed-up' or 'non-grossed up'.

**54 Are you currently undertaking any voluntary work, study or training?**

No   
Yes  ► Please list the hours per week spent on each activity

Voluntary work  per week      Study/Training  per week

How many hours per week do you spend travelling to each activity?

Voluntary work  per week      Study/Training  per week

**PART J continued • Income and other financial information**

**55 Do you (and/or your partner) receive income from any income stream products?**

An income stream product is a regular series of payments which may be made for a lifetime or a fixed period by:


- a financial institution
- a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF)
- an employer subject to Australian prudential regulations.

**Types of income streams include:**

- Allocated Pension/Annuity
- Immediate Annuity
- Superannuation Pension (non-defined benefit)
- Defined Benefit Superannuation Pension (e.g. ComSuper pension, State Super pension).
- Market-Linked Pension/Annuity.

No   
 Yes  Give details

**AND**

 For each income stream product other than defined benefit superannuation pension, attach the Centrelink/DVA schedule (from your product provider).  
 For defined benefit superannuation please attach a letter from your provider which details product reference number, commencement date, gross income amount, frequency of payments and undeducted purchase price.

Name of product provider/SMSF/SAF	Type of income stream	Product reference number	Your share	Partner's share
			%	%
			%	%
			%	%

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

**56 Do you (and/or your partner) receive money from any boarders or lodgers living with you?**

This includes boarders or lodgers who live with you or in accommodation at the property you live in (e.g. granny flat).

Do NOT include immediate family members (e.g. son, daughter, parent).

No   
 Yes  Give details

<b>1</b> Name of boarder/lodger		Relationship to you (e.g. friend, nephew)
<input type="text"/>		<input type="text"/>
Number of meals you provide each day	Amount you receive for board/lodging each week	Date boarder or lodger started paying
<input type="text"/> each day	\$ <input type="text"/> per week	/ /
<b>2</b> Name of boarder/lodger		Relationship to you (e.g. friend, nephew)
<input type="text"/>		<input type="text"/>
Number of meals you provide each day	Amount you receive for board/lodging each week	Date boarder or lodger started paying
<input type="text"/> each day	\$ <input type="text"/> per week	/ /

*If you need more space, please attach details on a separate sheet.*

**57 In the last 12 months, have you (and/or your partner) received a lump sum payment not declared elsewhere on this form?**

No   
 Yes  Give details

<b>1</b> Type of lump sum		
<input type="text"/>		
Amount paid	Date paid	Paid to:
\$ <input type="text"/>	/ /	You <input type="checkbox"/> Your partner <input type="checkbox"/>
<b>2</b> Type of lump sum		
<input type="text"/>		
Amount paid	Date paid	Paid to:
\$ <input type="text"/>	/ /	You <input type="checkbox"/> Your partner <input type="checkbox"/>

*If you need more space, please attach details on a separate sheet.*



**PART J continued • Income and other financial information**

**58 Do you (and/or your partner) receive income from other sources?**

This includes income from:

- gratuities
- other government departments (e.g. Department of Veterans' Affairs payments)
- match or sporting payments
- payment in kind, such as non-monetary payments for services
- private annuities
- New Enterprise Incentive Scheme (NEIS)
- Community Development Employment Projects (CDEP)
- any other income you have not included elsewhere on this form.

<b>YOU</b>	
No	<input type="checkbox"/>
Yes	<input type="checkbox"/> ► Give details below
Type of income <input style="width: 100%;" type="text"/>	
Amount received before tax and other deductions (per week/month) \$ <input style="width: 80%;" type="text"/> per <input style="width: 10%;" type="text"/>	
Is part of amount for children? No <input type="checkbox"/>	
Yes	<input type="checkbox"/> ► How much \$ <input style="width: 80%;" type="text"/>
Paid by: Name <input style="width: 100%;" type="text"/>	
Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	
Postcode <input style="width: 100%;" type="text"/>	

*If you need more space, please attach details on a separate sheet.*

**YOUR CURRENT PARTNER**

No   
Yes  ► Give details below

Type of income <input style="width: 100%;" type="text"/>	
Amount received before tax and other deductions (per week/month) \$ <input style="width: 80%;" type="text"/> per <input style="width: 10%;" type="text"/>	
Is part of amount for children? No <input type="checkbox"/>	
Yes	<input type="checkbox"/> ► How much \$ <input style="width: 80%;" type="text"/>
Paid by: Name <input style="width: 100%;" type="text"/>	
Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	
Postcode <input style="width: 100%;" type="text"/>	

*If you need more space, please attach details on a separate sheet.*

**59 Do you (and/or your partner) receive, or have you (and/or your partner) ever received, compensation or damages?**

Please tick **Yes** if you intend to claim or expect to get compensation or damages.

No   
Yes  ► You will need to complete and attach a **Compensation and damages** form (**Mod C**). If you do not have this form, contact Centrelink on **13 2717** or go to our website at [www.centrelink.gov.au](http://www.centrelink.gov.au)

**60 Have you (and/or your partner) ever had an illness or injury for which you could claim compensation or damages?**

No   
Yes  ► You will need to complete and attach a **Compensation and damages** form (**Mod C**). If you do not have this form, contact Centrelink on **13 2717** or go to our website at [www.centrelink.gov.au](http://www.centrelink.gov.au)

**61 Do you (and/or your partner) have money on loan to anyone?**

All loans should be included, whether they are made to family members, other people, organisations or trusts. However do NOT include loans to get accommodation in a hostel or retirement village.

No	<input type="checkbox"/>
Yes	<input type="checkbox"/> ►
Date lent	Amount lent
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date lent	Amount lent
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Lent by:	
You <input type="checkbox"/>	Your partner <input type="checkbox"/>
You <input type="checkbox"/>	Your partner <input type="checkbox"/>

*If you need more space, please attach details on a separate sheet.*

**PART J continued • Income and other financial information**

**62 Do you (and/or your partner) have any bonds or debentures?**

No   
 Yes  Give details below

This includes Australian and overseas investments.  
 Do NOT include friendly society bonds or life insurance bonds. You will be asked about these later in the form.

**AND**  Please attach the latest statement for each investment listed below.


Type of investment	Current amount invested	Currency (if NOT Australian dollars)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of company	Percentage owned by:		
<input type="text"/>	You	Partner	
	<input type="text"/> %	<input type="text"/> %	

*If you need more space, please attach details on a separate sheet.*

**63 Do you (and/or your partner) own any shares, options, rights, convertible notes, warrants or other securities LISTED on an Australian or overseas stock exchange?**

No   
 Yes  Give details below

This includes shares traded in exempt stock markets.


**AND**  Please attach the latest statement detailing your share holding for each share listed below.

<b>1</b>	Name of company	Type of share/investment (e.g. ordinary share, option)	ASX code (if known)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country (if share is NOT listed on Australian stock exchange)	Number of shares or other securities	Percentage owned by: You Partner
	<input type="text"/>	<input type="text"/>	<input type="text"/> % <input type="text"/> %
<b>2</b>	Name of company	Type of share/investment (e.g. ordinary share, option)	ASX code (if known)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country (if share is NOT listed on Australian stock exchange)	Number of shares or other securities	Percentage owned by: You Partner
	<input type="text"/>	<input type="text"/>	<input type="text"/> % <input type="text"/> %

*If you need more space, please attach details on a separate sheet.*

**64 Do you (and/or your partner) own any shares, options, rights, issued in a PUBLIC company NOT listed on a stock exchange?**

No   
 Yes  Give details below

**AND**  Please attach the latest statement detailing your share holding for each share listed below.

<b>1</b>	Name of company	Type of shares		
	<input type="text"/>	<input type="text"/>		
	Number of shares	Current market value	Percentage owned by: You Partner	
	<input type="text"/>	<input type="text"/> \$	<input type="text"/> %	<input type="text"/> %
<b>2</b>	Name of company	Type of shares		
	<input type="text"/>	<input type="text"/>		
	Number of shares	Current market value	Percentage owned by: You Partner	
	<input type="text"/>	<input type="text"/> \$	<input type="text"/> %	<input type="text"/> %

*If you need more space, please attach details on a separate sheet.*

**PART J continued • Income and other financial information****65 Are you (and/or your partner), or have you (and/or your partner) been, involved in a private trust?**No Yes  PT

You will need to complete and attach a **Private Trust form (Mod PT)**.  
If you do not have this form, contact Centrelink on **13 2717** or go to our website at **www.centrelink.gov.au**

You may be, or have been:

- a trustee
- an appointor
- a beneficiary

or have:

- made a loan to a private trust
- made a gift of cash, assets, or private property to a private trust in the last 5 years
- relinquished control of a private trust since 1 January 2002
- a private annuity
- a life interest
- an interest in a deceased estate.

**66 Are you (and/or your partner), or have you (and/or your partner) been, involved in a private company?**No Yes  PC

You will need to complete and attach a **Private Company form (Mod PC)**.  
If you do not have this form, contact Centrelink on **13 2717** or go to our website at **www.centrelink.gov.au**

You may be, or have been:

- a director
- a shareholder

or have:

- made a loan to a private company
- transferred shares in a private company since 1 January 2002
- made a gift of cash, assets, or property to a private company in the last 5 years.

Do NOT include managed investments. You will be asked about these later in the form.

**67 Are you (and/or your partner) involved in any other type of business (this includes a farm) as:**

## • a sole trader?

No Yes  F, R

You will need to complete and attach a **Business details form (Mod F)** and a **Real Estate details form (Mod R)**. If you do not have these forms, contact Centrelink on **13 2717** or go to our website at **www.centrelink.gov.au**

## • a partnership?

No Yes  F, R

You will need to complete and attach a **Business details form (Mod F)** and a **Real Estate details form (Mod R)**. If you do not have these forms, contact Centrelink on **13 2717** or go to our website at **www.centrelink.gov.au**

## • a sub-contractor?

No Yes  F

You will need to complete and attach a **Business details form (Mod F)**. If you do not have this form, contact Centrelink on **13 2717** or go to our website at **www.centrelink.gov.au**

**PART J continued • Income and other financial information**


**68 Do you (and/or your partner) have any managed investments?**

No   
 Yes  Give details below

Managed investments include investment trusts, personal investment plans, life office and friendly society bonds.

Do NOT include any life insurance policies or superannuation and rollover investments.

APIR is a commonly used code for fund managers to identify individual financial products.

**AND**  Please attach documents which show details for each investment listed below.

<b>1</b> Name of company				
<input type="text"/>				
Name of product (e.g. ING investment trust)		Type of product/option (e.g. balanced, growth)		
<input type="text"/>		<input type="text"/>		
APIR code (if known)	Number (if applicable)	Current market value of investment	Percentage owned by:	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	You <input type="text"/> %	Partner <input type="text"/> %
<b>2</b> Name of company				
<input type="text"/>				
Name of product (e.g. ING investment trust)		Type of product/option (e.g. balanced, growth)		
<input type="text"/>		<input type="text"/>		
APIR code (if known)	Number (if applicable)	Current market value of investment	Percentage owned by:	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	You <input type="text"/> %	Partner <input type="text"/> %

*If you need more space, please attach details on a separate sheet.*


**69 Answer this question only if you are over Age Pension age. If you have a partner, your partner should answer this question only if over Age Pension age. Age Pension age for men is 65. For more information on the Age Pension age for women call Centrelink on 13 2717.**

No   
 Yes  Give details below

**Do you (and/or your partner) have any money invested in approved deposit funds, deferred annuities, or superannuation funds (where you do not receive a superannuation pension from the fund)?**

Include any money held in a Self Managed Superannuation Fund (SMSF) and Small APRA Fund (SAF) only if these are a complying fund.

These are funds in the accumulation phase from which payments are not being made.

**AND**  Please attach the latest statement for each fund listed below.

<b>1</b> Name of company				
<input type="text"/>				
Name of product (e.g. ING investment trust)		Type of product/option (e.g. balanced, growth)		
<input type="text"/>		<input type="text"/>		
APIR code (if known)	Number (if applicable)	Current market value of investment	Percentage owned by:	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	You <input type="text"/> %	Partner <input type="text"/> %
<b>2</b> Name of company				
<input type="text"/>				
Name of product (e.g. ING investment trust)		Type of product/option (e.g. balanced, growth)		
<input type="text"/>		<input type="text"/>		
APIR code (if known)	Number (if applicable)	Current market value of investment	Percentage owned by:	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	You <input type="text"/> %	Partner <input type="text"/> %

*If you need more space, please attach details on a separate sheet.*

**PART J continued • Income and other financial information**

**70 Do you (and/or your partner) have any money invested in, or do you receive income from, any other investments not declared elsewhere on this form?**

No   
 Yes  Give details below

Include all overseas investments not declared elsewhere on this form.

**AND**



Please attach documents which show details for each investment listed below.

<b>1</b>	Type of investment	Name of organisation/company	Current value of investment	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Income received in last 12 months	Currency (if NOT Australian dollars)	Percentage owned by: You      Partner	
	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
<b>2</b>	Type of investment	Name of organisation/company	Current value of investment	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Income received in last 12 months	Currency (if NOT Australian dollars)	Percentage owned by: You      Partner	
	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %

*If you need more space, please attach details on a separate sheet.*

**71 In the last five years, have you (and/or your partner) given away, sold for less than their value, or surrendered a right to, any cash, assets, property or income?**

No   
 Yes  Give details below

This includes forgiven loans and shares in private companies.

<b>1</b>	What you gave away or sold for less than its value (e.g. money, car, second home, land, farm)		Date given or sold	
	<input type="text"/>		<input type="text"/>	
	What it was worth	What you got for it	Gift made by:	
	\$ <input type="text"/>	<input type="text"/>	You <input type="checkbox"/>	Your partner <input type="checkbox"/>
<b>2</b>	What you gave away or sold for less than its value (e.g. money, car, second home, land, farm)		Date given or sold	
	<input type="text"/>		<input type="text"/>	
	What it was worth	What you got for it	Gift made by:	
	\$ <input type="text"/>	<input type="text"/>	You <input type="checkbox"/>	Your partner <input type="checkbox"/>

*If you need more space, please attach details on a separate sheet.*



**PART K** *continued* • **Tax details – Carer payment only****73 How much tax do you want taken out of your payment?**

Carer Payment (as with most other social security payments paid by Centrelink) is a taxable payment, but only when you OR the person you care for reach Age Pension age.

If your only income for this financial year is the payment you are now claiming, you will not have to pay tax. However you may have to pay tax if you receive any other income this financial year (such as salary or wages).

If you think you will have to pay tax this financial year you should contact the Australian Taxation Office.

A statement will be sent to you when your payment finishes or at the end of the financial year. If you need to lodge an income tax return, you must attach your statement to your tax return.

- No tax  
 \$5 per week  
 \$10 per week

OR

\$	per week
----	----------

**PART L****Statement****74 Please read the following statement and sign the form.**

If you are claiming Carer Payment and have a partner, both you and your partner **must** sign the form before Centrelink can assess any claim.

If you are claiming Carer Allowance only and have a partner, it is **not necessary** for your partner to sign the form.

**I declare that:**

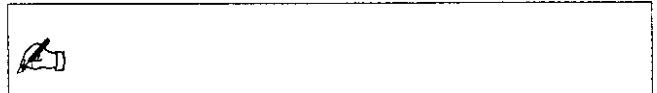
- the information contained in this form is complete and correct.
- I am aware of the privacy section in the booklet *Information you need to know about your claim for Carer Allowance and Carer Payment*.

**I understand that:**

- giving false or misleading information is a serious offence.
- personal information is protected by law and can be given to someone else only in very special circumstances where Commonwealth legislation requires, or where I give permission. Centrelink may disclose limited information (e.g. income and assets) about me to my partner and/or other parties when my circumstances affect their entitlement to payments and services.
- information relating to programs jointly administered by another department may be passed to that department.
- information collected on this form may be used for data-matching with other government agencies.
- Centrelink can make relevant enquiries to ensure I receive my correct entitlement.

**Your Signature**


Date

**Your current partner's Signature**


Date



## PART M

## Your checklist

**75 Use this checklist to remind you which documents you need to attach**

If you are unsure, check the questions to see if you should attach the documents.

You must provide **original** documents, not photocopies.

		YOU	PARTNER
<b>All claims</b>	Proof of identity. Please ensure that you provide sufficient documents to confirm your identity and the identity of the person(s) you care for.  Acceptable documents are listed in the booklet <i>Information you need to know about your claim for Carer Allowance and Carer Payment.</i>	<input type="checkbox"/>	
Question 11	If the person(s) you care for is an Australian resident, please attach documents which confirm their Australian residence.	<input type="checkbox"/>	
Question 24	If you are an Australian resident, please attach documents which confirm your Australian residence.	<input type="checkbox"/>	

**For Carer Payment only:**

Question 37	If you pay rent, board or lodgings, please attach a rent receipt or other document which shows the address and the amount you pay.	<input type="checkbox"/>	<input type="checkbox"/>
Question 49	If you have money in a bank, building society or credit union, please attach a recent financial statement.	<input type="checkbox"/>	<input type="checkbox"/>
Question 50	If you have income protection, please attach a copy of your policy.	<input type="checkbox"/>	<input type="checkbox"/>
Question 52	If you are currently working, please attach a recent payslip.	<input type="checkbox"/>	<input type="checkbox"/>
Question 53	If you received any fringe benefits, please attach documents which confirm your fringe benefit details.	<input type="checkbox"/>	<input type="checkbox"/>
Question 55	If you receive income from an income stream, please attach your latest schedules and/or letters for each income stream product you currently hold.	<input type="checkbox"/>	<input type="checkbox"/>
Question 62	Recent statements, schedules, certificates or advices, for any investments you may have.	<input type="checkbox"/>	<input type="checkbox"/>
68		<input type="checkbox"/>	<input type="checkbox"/>
69		<input type="checkbox"/>	<input type="checkbox"/>
70		<input type="checkbox"/>	<input type="checkbox"/>
Question 63	If you own shares options, rights, convertible notes, warrants or other securities, please attach the latest statement detailing your share holding.	<input type="checkbox"/>	<input type="checkbox"/>
Question 64	If you own shares, options, rights, issued in a PUBLIC company, please attach the latest statement detailing your share holding.	<input type="checkbox"/>	<input type="checkbox"/>

**All claims**

<b>All claims</b>	Please check you have signed the form.	<input type="checkbox"/>	<input type="checkbox"/>
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**Other forms** Which other forms have you been asked to complete?

- None
- Details of your child support (FA003)
- Compensation and damages (Mod C)
- Business details (Mod F)
- Real estate details (Mod R)
- Private Trust (Mod PT)
- Private Company (Mod PC)
- Carer Payment income and assets (SA304(a))
- Carer Allowance Questionnaire (SA381)

## What to do now

### Returning your claim

#### 1 Please provide documents that Centrelink has asked you for.

Before we can pay you, we need you to show us documents that confirm your identity. You will also need to provide documents that confirm the identity of your partner (if you have one) and of the person(s) you care for. For a full list of documents you can provide as proof of identity, refer to the information booklet.

#### Use the checklist to remind you of extra documents you need to provide Centrelink.

If you cannot provide all of the documents immediately, do not delay returning this form. Please supply any remaining documents as soon as possible. For additional forms, contact Centrelink on **13 2717** or go to our website at [www.centrelink.gov.au](http://www.centrelink.gov.au)

#### 2 Fill in your details and the details of the person you care for on the front of the *Health Professional Assessment* form (SA332a). The person you care for, or that person's nominee must sign the front of the assessment to authorise release of medical details.

A separate form must be used for each person you are claiming for. If you do not have this form or you require additional forms, contact Centrelink on **13 2717** or go to our website at [www.centrelink.gov.au](http://www.centrelink.gov.au)

#### 3 Phone the health professional who treats the person you care for to make an appointment.

When you make the appointment please let the treating health professional know that you require him/her to complete the Health Professional Assessment. For a list of treating health professionals able to complete your assessment, refer to the information booklet.

If you have additional medical reports about the person you care for, please take them to the doctor or treating health professional. Please do not send or take them to Centrelink.

#### 4 Return your form to your local Centrelink Customer Service Centre as soon as possible.

Centrelink Customer Service Centre addresses are listed in your telephone book.

The treating health professional may return the Health Professional Assessment to Centrelink or give it to you to return.

**NOTE:** Return this form as soon as possible. If you phoned Centrelink to request this claim pack, return the claim within 14 days and Centrelink will treat your claim as being lodged on the day you requested the claim pack.

If you cannot get the Health Professional Assessment completed quickly, lodge this form without the assessment. Your claim cannot be assessed without the Health Professional Assessment but, if you are eligible, you will be paid from the date you phoned Centrelink to claim a payment if this form is returned within 14 days.

### Enquiries about your claim –

#### Carer Allowance, Carer Payment

If you have any questions about your claim please call **13 2717** to talk to a Centrelink Customer Service Officer.

**NOTE:** Calls to '13' numbers can be made from anywhere in Australia for the cost of a local call. Calls to 1800 numbers are free of charge. Calls from public pay phones or mobile phones will be charged at a higher rate.

### What happens then

#### Once you have returned your claim

Centrelink will contact you if more information is needed and to advise you the outcome of your claim.

## Health Professional Assessment

Complete the front page of this form. Then make an appointment for the person you care for and give this form to the health professional to complete.

**STEP 1 Carer's personal details—  
 person providing care**

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
Address	<input type="text"/>
	Postcode
Centrelink Reference Number (if known)	<input type="text"/>

**STEP 2 Details of person being  
 cared for**

Family name	<input type="text"/>
Given name(s)	<input type="text"/>
Address	<input type="text"/>
	Postcode
Centrelink or Veterans' Affairs Reference Number (if known)	<input type="text"/>

**STEP 3 Authorisation for release of  
 medical details by the person  
 being cared for**

- I give permission for relevant medical details and clinical notes about me to be released to Centrelink.
- I understand that the assessment will be used to assist in assessing a claim for Carer Payment and/or Carer Allowance by my current and future carer(s) and may need to be released to my carer(s) by Centrelink.

**Signature of person being  
 cared for (or their nominee)**

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

**STEP 4 Assessment completion**

**Give this form to the health professional, who treats the person you care for, to complete. You will need to complete and return the separate claim for Carer Payment and/or Carer Allowance.**

The health professional will probably need to examine the person you care for in order to complete this assessment. It is best if you ask the health professional or their receptionist if the person being cared for needs to attend the appointment. You should also tell them you will need a form completed at the appointment.

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## Instructions for the health professional

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### **About Carer Payment**

Carer Payment is paid under the social security law to eligible people who personally provide constant care for an adult with a disability on a daily basis in that person's home or in hospital.

### **About Carer Allowance**

Carer Allowance is a non-taxable income supplement paid under the social security law to eligible people who provide care for an adult with a disability at home who experiences a substantial functional impairment as a result of his/her disability.

The person providing care may be eligible for both payments.

### **Why a Health Professional Assessment is needed**

The Health Professional Assessment is needed to determine if the applicant meets the legislative requirements to be eligible for Carer Payment and/or Carer Allowance. The information required for this purpose is:

- whether the person being cared for has a severe disability or chronic illness; and
- whether, as a result of that disability or illness, the person needs personal care and attention or constant supervision on a daily basis; and
- whether the person is likely to need personal care and attention or constant supervision permanently or for an extended period (as a guide, more than 6 months unless the person is in the terminal phase of a terminal illness and not expected to live for more than 3 months).

For Carer Payment and Carer Allowance purposes, 'personal care and attention' refers specifically to the assistance required with routine personal activities such as eating, dressing, hygiene or mobility, but not assistance with everyday domestic tasks such as housekeeping, gardening, shopping etc. The care would be required frequently each day and the carer will generally be unable to undertake full-time or substantial employment.

### **Assessing the level of disability**

Centrelink will use the information provided by you in this assessment (along with information from the applicant) to determine the person's ability to function independently.

This form is also used to assess cognitive impairment of the person being cared for. This is an oral test.

### **Who CAN complete this assessment**

This assessment must be completed by a medical practitioner, registered nurse, occupational therapist, physiotherapist, member of an Aged Care Assessment Team or an Aboriginal health worker (in a geographically remote area) currently involved in the treatment of the person.

### **Who CANNOT complete this assessment**

This assessment cannot be completed by:

- the person claiming a payment;
- an immediate family member of the person claiming a payment; or
- an immediate family member of the person being cared for.

### **Please return this completed form to Centrelink, or give it to the carer to return.**

**Fees**—If this form is completed by a doctor, the time taken to complete this form may be claimed under a Medicare item when included as part of a consultation.

### About the person being cared for

1 Does the patient have physical, intellectual or psychiatric disabilities?  
 physical  intellectual  psychiatric

2 Did the disability/medical condition for which this person requires additional care commence more than 6 months ago?  
 No  Date commenced  /  /   
 Yes

3 Are the current care needs attributable to an acute event?  
 No   
 Yes  Date of event  /  /

4 Does the disability/medical condition result in the need for constant care on a daily basis to carry out routine personal activities?  
 No   
 Yes

5 Does the disability/medical condition result in the need for constant care on a daily basis because the person requiring care may be at risk to themselves or to another?  
 No   
 Yes

6 Does the disability/medical condition result in the need for constant care on a daily basis from more than one person?  
 No   
 Yes

7 Which of the following best describes this person's condition?

permanent

Is the person's overall condition likely to improve?

No

Yes

Go to **Question 8** on page 4

temporary

For how long do you expect this person's condition to continue?

12 months or more  Go to **Question 8** on page 4

6 - 11 months  Go to **Question 8** on page 4

less than 6 months  You do not have to complete any more medical details about this person.

Go to **Question 12** on page 8

terminal

Is the person in a terminal phase of a terminal illness and not expected to live for more than 3 months?

No

Yes

Go to **Question 8** on page 4

What is this person's main condition?


Please provide the name and contact details of the legally qualified medical practitioner who can certify this persons condition

Name

Professional qualifications

Contact telephone

 (  ) 

Go to **Question 12** on page 8

**8 Please tick any condition(s) which you believe significantly contributes to the person's disability:**

**a Cardiovascular**

- Hypertension  OCS
- Ischaemic heart disease  CAD
- Myocardial infarction  MYI
- Peripheral vascular disease  PVD
- Other (please specify)

**b Musculo-Skeletal**

- Fracture  FRC
- Joint replacement  OAR
- Osteoarthritis  OST
- Osteoporosis  OSO
- Rheumatoid arthritis  RHM
- Malignancy of the musculo-skeletal system  BON
- Other (please specify)

**c Neurological**

- Behavioural disorder – Autism  AUT
- Behavioural disorder – Attention Deficit Disorder  ADD
- Behavioural disorder – other (please specify)
- Cerebral palsy  CER
- Cerebrovascular accident – aphasia  CLS
- Cerebrovascular accident – hemiplegia  HPP
- Dementia – Alzheimer's disease  ALZ
- Dementia – other  SEN
- Epilepsy – grand mal  EGM
- Epilepsy – myoclonic  EMY
- Epilepsy – petit mal  EAS
- Head injury, acquired brain injury  TBI
- Intellectual disability/mental retardation  UQ
- Motor neurone disease  MND
- Multiple sclerosis  MSC
- Paralysis – Paraplegia  PRP
- Paralysis – Quadriplegia  QPP
- Parkinson's disease  PAR
- Spina bifida  SPB
- Malignancy of the neurological system  BRN
- Huntington's chorea  HUN
- Other (please specify)

(continued) Please tick any condition(s) which you believe significantly contributes to the person's disability:

**d Psychiatric**

- Anxiety disorders  ANX
- Mood disorders (including depression)  OPN
- Schizophrenia  SCH
- Other (please specify)

**e Respiratory**

- Asthma  AST
- Chronic airways disease - chronic bronchitis  BRO
- Chronic airways disease - emphysema  EMP
- Chronic airways disease - other (please specify)
- Malignancy of the respiratory system  LNG
- Other (please specify)

**f Sensory**

- Blindness  BLB
- Blindness - cataracts  CAT
- Blindness - glaucoma  GLA
- Deaf - blindness  DFB
- Deafness or hearing disorder  CHL
- Other (please specify)

**g Other diseases/disorders**

- Alcohol dependence  ALC
- Autoimmune disease (e.g. SLE)  LPS
- Blood disorder - haemophilia  HAE
- Blood disorder - leukaemia  ALK
- Cystic fibrosis  CYS
- Diabetes mellitus - insulin dependent  IDD
- Diabetes mellitus - non-insulin dependent  NID
- Drug dependence  DRG
- HIV/AIDS  HV4
- Malignancy (please specify)
- Renal failure  KID
- Other disorder not listed (please specify)

Please give the codes for the two conditions at Question 8 (e.g. BRO) you believe most contribute to the person's level of disability:

--	--	--	--	--	--

If a code does not appear next to the appropriate condition, please initial the condition.

## Personal activities for daily living

**Personal activities for daily living**—This is an assessment of personal activities of daily living. For each function, please indicate which best describes the person receiving the care.

The information under each function should be used as a record of what the person does, NOT a record of what the person could do.

The main aim is to establish the degree of independence from any help, physical or verbal, however minor and for whatever reason.

The need for supervision renders the person NOT independent.

A person's performance should be established using the best available evidence. Asking the person, friends/relatives and nurses will be the usual source, but direct observation and common sense are also important. However, direct testing is not needed.

Usually the performance over the preceding 24–48 hours is important, but occasionally longer periods will be relevant.

Middle categories imply that the person supplies more than 50% of the effort.

Use of aids to be independent is allowed.

Source: *Modified Barthel ADL Index, Standardised Assessment Scales for Elderly People. The Royal College of Physicians of London and the British Geriatric Society, 1992.*

### Section A—Day to day needs

*It is in the customer's best interests that ALL parts of Question 9 (1–10) are answered.*

**9 Day to day needs**—for each function, please tick the box which best describes the person receiving care:

- |  |  |
|--|--|
| <p><b>1 Bowels</b><br/>Assess preceding week. If needs enema, then incontinent.</p>  | <p>Incontinent (or needs to be given enema) <input type="checkbox"/> a</p> <p>Occasional accident (once a week) <input type="checkbox"/> b</p> <p>Continent <input type="checkbox"/> c</p>   |
| <p><b>2 Bladder</b><br/>Assess preceding week. Occasional = less than once a day. A catheterised person who can completely manage the catheter alone is registered as 'continent'.</p>   | <p>Incontinent or catheterised and unable to manage <input type="checkbox"/> a</p> <p>Occasional accident (once a week) <input type="checkbox"/> b</p> <p>Continent <input type="checkbox"/> c</p>   |
| <p><b>3 Grooming</b><br/>Assess preceding 24–48 hours. Refers to personal hygiene: cleaning teeth, fitting false teeth, doing hair, shaving, washing face. Implements can be provided by helper.</p>   | <p>Needs help with personal care: face, hair, teeth <input type="checkbox"/> a</p> <p>Independent (implements provided) <input type="checkbox"/> b</p>   |
| <p><b>4 Toilet use</b><br/>Should be able to reach toilet/commode, undress sufficiently, clean self, dress and leave. With help = can wipe self, and could do some other of the above.</p>   | <p>Dependent <input type="checkbox"/> a</p> <p>Needs some help but can do some things alone <input type="checkbox"/> b</p> <p>Independent (on and off, wiping, dressing) <input type="checkbox"/> c</p>  |
| <p><b>5 Feeding</b><br/>Able to eat any normal food (not only soft food). Food cooked and served by others, but not cut up. Help = food cut up, person feeds self.</p>   | <p>Unable <input type="checkbox"/> a</p> <p>Needs help in cutting, spreading butter etc. <input type="checkbox"/> b</p> <p>Independent (food provided within reach) <input type="checkbox"/> c</p>   |
| <p><b>6 Transfer</b><br/>From bed to chair and back. Unable = no sitting balance (unable to sit), two people to lift. Major help = one strong/skilled or two normal people. Can sit up. Minor help = one person easily, or needs any supervision for safety.</p> | <p>Unable – no sitting balance <input type="checkbox"/> a</p> <p>Major help (physical, one or two people), can sit <input type="checkbox"/> b</p> <p>Minor help (verbal or physical) <input type="checkbox"/> c</p> <p>Independent <input type="checkbox"/> d</p>  |
| <p><b>7 Mobility</b><br/>Refers to mobility about house or indoors. May use aid. If in wheelchair, must negotiate corners/doors unaided. Help = by one untrained person, including supervision, moral support.</p>   | <p>Immobile <input type="checkbox"/> a</p> <p>Wheelchair independent, including corners etc. (i.e. uses wheelchair without assistance) <input type="checkbox"/> b</p> <p>Walks with help of one person (verbal or physical) <input type="checkbox"/> c</p> <p>Independent <input type="checkbox"/> d</p> |



(continued) **Day to day needs—for each function, please tick the box which best describes the person receiving care:**

- |    |  |  |
|----|--|--|
| 8  | <b>Dressing</b><br>Should be able to select and put on all clothes, which may be adapted. Half = requires help with buttons, zips etc. but can put on some garments alone.   | Dependent <input type="checkbox"/> a   |
|    |  | Needs help but can do about half unaided <input type="checkbox"/> b          |
|    |  | Independent (including buttons, zips, laces etc.) <input type="checkbox"/> c |
| 9  | <b>Stairs</b><br>To be independent, must be able to carry any walking aid used.  | Unable <input type="checkbox"/> a  |
|    |  | Needs help (verbal, physical, carrying aid) <input type="checkbox"/> b       |
|    |  | Independent up and down <input type="checkbox"/> c                           |
| 10 | <b>Bathing</b><br>Usually the most difficult activity.<br>Bath: Independent = must get in and out unsupervised and wash self.<br>Shower: Independent = unsupervised/unaided. | Dependent <input type="checkbox"/> a   |
|    |  | Independent <input type="checkbox"/> b                                       |

### Section B—Cognitive function

#### 10 Cognitive function

- |  |  |   |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
|--|--|---|--|---------|-----------|-------------------------------------|----------------------------|----------------------------|----------------------|--|--|--|--|--|--|----------------------------|----------------------------|--|----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|--------------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|
| 1  | <b>In your opinion, is the person cognitively impaired?</b>  | No <input type="checkbox"/> ► Go to <b>Question 11</b>  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
|  |  | Yes <input type="checkbox"/>  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| 2  | <b>This is an assessment of cognitive function. Ask the person receiving the care for the following information:</b><br>Please answer all parts of the AMT.<br>Memory phrase may be repeated up to three times to ensure the person has heard it correctly. All other questions may only be asked once, without further prompting.<br><i>The Abbreviated Mental Test (AMT - 7): 'Its use and validity' Jitapunkel s, Pillary I, Ebrahim S. Age and Ageing 1991; 20:332-336</i> | <table border="0"> <tr> <td style="vertical-align: top;"><b>The Abbreviated Mental Test (AMT)</b></td> <td style="text-align: center;">Correct</td> <td style="text-align: center;">Incorrect</td> </tr> <tr> <td>• Time of day (to the nearest hour)</td> <td style="text-align: center;"><input type="checkbox"/> a</td> <td style="text-align: center;"><input type="checkbox"/> a</td> </tr> <tr> <td colspan="3"><b>Memory phrase</b></td> </tr> <tr> <td colspan="3">Repeat this phrase after me and remember it for later—42 West Street</td> </tr> <tr> <td>• Name of institution or suburb where the person lives</td> <td style="text-align: center;"><input type="checkbox"/> b</td> <td style="text-align: center;"><input type="checkbox"/> b</td> </tr> <tr> <td>• Recognition of two persons in the room (doctor, nurse, carer etc.)</td> <td style="text-align: center;"><input type="checkbox"/> c</td> <td style="text-align: center;"><input type="checkbox"/> c</td> </tr> <tr> <td>• Date of birth (day, month, year)</td> <td style="text-align: center;"><input type="checkbox"/> d</td> <td style="text-align: center;"><input type="checkbox"/> d</td> </tr> <tr> <td>• Name of present Prime Minister of Australia</td> <td style="text-align: center;"><input type="checkbox"/> e</td> <td style="text-align: center;"><input type="checkbox"/> e</td> </tr> <tr> <td>• Count backwards from 20 to 1</td> <td style="text-align: center;"><input type="checkbox"/> f</td> <td style="text-align: center;"><input type="checkbox"/> f</td> </tr> <tr> <td>• Ask the person to repeat the <b>Memory phrase</b></td> <td style="text-align: center;"><input type="checkbox"/> g</td> <td style="text-align: center;"><input type="checkbox"/> g</td> </tr> </table> | <b>The Abbreviated Mental Test (AMT)</b> | Correct | Incorrect | • Time of day (to the nearest hour) | <input type="checkbox"/> a | <input type="checkbox"/> a | <b>Memory phrase</b> |  |  | Repeat this phrase after me and remember it for later—42 West Street |  |  | • Name of institution or suburb where the person lives | <input type="checkbox"/> b | <input type="checkbox"/> b | • Recognition of two persons in the room (doctor, nurse, carer etc.) | <input type="checkbox"/> c | <input type="checkbox"/> c | • Date of birth (day, month, year) | <input type="checkbox"/> d | <input type="checkbox"/> d | • Name of present Prime Minister of Australia | <input type="checkbox"/> e | <input type="checkbox"/> e | • Count backwards from 20 to 1 | <input type="checkbox"/> f | <input type="checkbox"/> f | • Ask the person to repeat the <b>Memory phrase</b> | <input type="checkbox"/> g | <input type="checkbox"/> g |
| <b>The Abbreviated Mental Test (AMT)</b>                             | Correct  | Incorrect   |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| • Time of day (to the nearest hour)                                  | <input type="checkbox"/> a   | <input type="checkbox"/> a  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| <b>Memory phrase</b>   |  |   |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| Repeat this phrase after me and remember it for later—42 West Street |  |   |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| • Name of institution or suburb where the person lives               | <input type="checkbox"/> b   | <input type="checkbox"/> b  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| • Recognition of two persons in the room (doctor, nurse, carer etc.) | <input type="checkbox"/> c   | <input type="checkbox"/> c  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| • Date of birth (day, month, year)                                   | <input type="checkbox"/> d   | <input type="checkbox"/> d  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| • Name of present Prime Minister of Australia                        | <input type="checkbox"/> e   | <input type="checkbox"/> e  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| • Count backwards from 20 to 1                                       | <input type="checkbox"/> f   | <input type="checkbox"/> f  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| • Ask the person to repeat the <b>Memory phrase</b>                  | <input type="checkbox"/> g   | <input type="checkbox"/> g  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |
| 3  | <b>Unable to administer Abbreviated Mental Test (AMT - 7)?</b>   | <input type="checkbox"/> ► • Person unable to communicate <input type="checkbox"/> a<br>• Person refused to participate <input type="checkbox"/> b  |  |         |           |                                     |                            |                            |                      |  |  |  |  |  |  |                            |                            |  |                            |                            |                                    |                            |                            |   |                            |                            |                                |                            |                            |   |                            |                            |

### Section C—Behaviour

#### 11 Behaviour—for each statement, please tick the box which best describes the person's usual state Does the person:

- |   |                                   |   |
|---|-----------------------------------|---|
| 1 | <b>Show signs of depression?</b>  | Never <input type="checkbox"/> a            |
|   |                                   | Sometimes <input type="checkbox"/> b        |
|   |                                   | Most of the time <input type="checkbox"/> c |
| 2 | <b>Show signs of memory loss?</b> | Never <input type="checkbox"/> a            |
|   |                                   | Sometimes <input type="checkbox"/> b        |
|   |                                   | Most of the time <input type="checkbox"/> c |

(continued) Behaviour—for each statement, please tick the box which best describes the person's usual state

Does the person:

3 Withdraw from social contact?

Never

 a

Sometimes

 b

Most of the time

 c

4 Display aggression towards self or others?

Never

 a

Sometimes

 b

Often

 c

5 Display disinhibited behaviour?

Never

 a

Sometimes

 b

Often

 c

### Your professional details

12 Is there any information in this assessment, which, if released to the person requiring care, might be prejudicial to their physical or mental well-being?

No

Yes

Identify the information and state why it should not be released directly to the person requiring care

The Freedom of Information Act 1982 provides for the disclosure of medical or psychiatric information directly to the person requiring care. If there is any information in your assessment which, if released to the person, may harm his/her physical or mental well-being, please identify and briefly state below why it should not be released directly to this person. Similarly, please specify any other special circumstances which should be taken into account when deciding on the release of your assessment.


13 Health professional's details and signature

Please print in BLOCK LETTERS or use stamp.

Name

Qualifications

Address

Postcode

Contact phone number

Signature

Date

 / /

Stamp (optional)

RETURNING THIS ASSESSMENT

Please give this completed assessment to Centrelink or give it to the carer to return.

## Senate Select Committee on Mental Health

Adelaide 27th September, 2005.

### National Network of Private Psychiatric Sector Consumers & Carers: Submission 189

We would like to thank this Committee for the opportunity to appear before you today. For this opening statement, I am speaking also on behalf of my colleague, Ruth Carson. It is important to state that I have been a consumer of private mental health services since the late 80's, with major mental illness that I struggle with every day. Ruth's experience is in a caring capacity for someone close to her, who has used mental health services for a major mental illness.

We represents Australians who contribute to health funds, and others who receive their treatment and care for mental illness delivered within private sector settings, including psychiatrists in private practice. We are the authoritative voice for consumers and carers concerning the policies and practices of provider and funder organisations in **private** mental health.

We are funded by the Australian Medical Association, the Royal Australian and New Zealand College of Psychiatrists, beyondblue, the Australian Private Hospitals Association and the Australian Health Insurance Association. You will note that despite **three formal requests**, all of which were declined, we are not funded by the Australian Government.

We now have data to present to this Committee today, that shows emphatically that the private mental health sector does not treat the so-called, '**worried well**'. People with serious mental health conditions are treated by services in private sector settings.

Whilst there is a sustainable and affordable private health sector, the reliance on publicly provided services remains as it is. There are a number of issues around the provision and particularly funding of mental health services, **including legislation**, that are problematic. If left unchanged, we believe, will in time impact on the whole of health. We appeared before the House of Representatives Standing Committee on Health and Ageing, Inquiry into Health Funding last week, and raised a number of these concerns.

We have made eight recommendations in our Submission that we believe need to be taken further. It is interesting to note that whilst the National Network is raising these issues, several span both the private and public mental health sectors.

**If there are any areas that this Committee has the power to change, the following would make a fundamental positive difference to those most dis-empowered in our community, and those that care for them.**

- Our **Recommendation 2** – That in regard to the **Carer Allowance**, changes are made immediately to alter the criteria for the eligibility of carers of someone with a mental illness, and the manifestly inadequate amount paid, currently just \$92.40 per fortnight.
- Our **Recommendation 3** – That the **Guidelines** that determine the benefits paid by health funds to private psychiatric hospitals, as outlined within these Guidelines for care across the continuum, be strengthened, including legislative change, to make compliance for both hospitals and health funds, mandatory.
- Our **Recommendation 4** – That immediate change is made to the Pharmaceutical Benefits Schedule to enable psychiatrists in private practice to prescribe **atypical anti-psychotic** medication for the treatment of disorders other than Schizophrenia and Bipolar 1 disorder.

and

- Our **Recommendation 8** – That the **eight**, State and Territory Mental Health Acts, be **replaced by one National Mental Health Act**, as matter of urgency, and remove impediments such as those that prevent involuntary admissions to appropriate settings in the private sector.

To substantiate our recommendations, we have put together information for your deliberations, which we would like to make available to you today.

We welcome this opportunity of raising with you, the issues of concern for people directly involved in the receipt of mental health services, and those that care for them, in private sector settings.

It represents a critical opportunity to us, to ensure that those who will be most affected by the findings of this Committee, that is consumers and their family carers, have direct input into it.

Thank you.

Janne McMahon

Chair, National Network

C/- Secretariat: Tel: 02 6270 5438 Fax: 02 6273 5337 Email: [ptaylor@spgpps.com.au](mailto:ptaylor@spgpps.com.au)