

Review of care provided

Carer Payment and/or Carer Allowance

Caring for a person – 16 years or over (SA010)

Purpose of this form



Services Australia uses this form to review your Carer Payment and/or Carer Allowance to make sure your payment is correct. This review is to get information about the personal circumstances and medical condition of the person you care for.

A **Carer Payment and/or Carer Allowance Medical Report – For a person – 16 years or over (SA332(a))** form has been sent with this review and must be completed by the Treating Health Professional that treats the person you care for.

Online account



Many of our customers find it easier to update their details using their Centrelink online account or Express Plus Centrelink mobile app.

You need a myGov account to link and use your Centrelink online account or Express Plus Centrelink mobile app. If you do not have a myGov account, go to **my.gov.au** and create one. For help, go to **servicesaustralia.gov.au/onlineguides**

For more information

Go to **servicesaustralia.gov.au/carers** or visit one of our service centres.

Call us on **132 717**.



Information in your language

We can translate documents you need for your payment for free.

To speak to us in your language, call **131 202**.



Hearing and speech assistance

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

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

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

This form must be filled in by the person providing care

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ► **Go to 1** skip to the question number shown.

About you

1 Your Customer Reference Number (if known)

2 Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

4 Your phone number (including area code)

About the person you receive Carer Payment and/or Carer Allowance for

5 Provide details of the person you receive Carer Payment and/or Carer Allowance for

Customer Reference Number (if known)

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

Permanent address

Postcode



CLK0SA010 2503

Adult Disability Assessment Tool

For each statement on pages 3 and 4, tick the box that best describes how well the person you care for usually manages and/or behaves.

Tick one box for each question.

The person's abilities include what they can do when using their aids, appliances or special equipment items.

Where the person's disability or condition is episodic or is only apparent at certain times, the question should be answered for when the person is not experiencing an episode or flare-up of the disability/condition (a 'good day', not a 'bad day').

Help means any physical assistance, guidance or supervision. Help also includes prompting the person to do daily activities, (for example, you may need to prompt the person you care for to take medication, eat or dress themselves).

Without help means the person plans, initiates and completes activities without assistance or supervision.

Day to day care needs

6 Does the person you care for:

- 1 move around the house?** Without help a
may use a walking stick,
frame, wheelchair With help of 1 person b
With help of 2 people c
Is confined to bed d

- 2 fall over indoors or outdoors
(or from a wheelchair)?** Often a
Sometimes b
Never c

- 3 move to and from a bed,
chair or wheelchair or
walking aids?** Without help a
With some help b
With a lot of help c
Cannot do this d

- 4 have difficulty hearing others?
even with hearing aids** Always a
Often b
Sometimes c
Never d

- 5 have difficulty seeing clearly?
even with glasses** Always a
Often b
Sometimes c
Never d

- 6 need help or attention during
the night?** Always a
Often b
Sometimes c
Never d

- 7 have loss of bladder and/or
bowel control?
incontinence** Always a
Often b
Sometimes c
Never d

- 8 use continence aids or
equipment?
(for example, colostomy,
catheter, pads)** Without help a
With some help b
With a lot of help c
Does not use aids d

- 9 use the toilet?** Without help a
With some help b
With a lot of help c
Cannot use a toilet d

- 10 eat their food?
does not include meal
preparation** Without help a
With some help b
With a lot of help c
Cannot feed themselves d

- 11 shower or bathe themselves?** Without help a
With some help b
With a lot of help c
Cannot do this d

- 12 dress themselves?
(for example, buttons, zips)** Without help a
With some help b
With a lot of help c
Cannot do this d

- 13 look after their grooming?
(for example, shaving, caring
for hair, teeth)** Without help a
With some help b
With a lot of help c
Cannot do this d

- 14 take care of their
own medication?
(for example, takes the right
tablet at the right time)** Without help a
With some help b
With a lot of help c
Cannot do this d
Does not take medication e

- 15 take care of their
own treatment?
(for example, oxygen, wound
care, gastric feeding)** Without help a
With some help b
With a lot of help c
Cannot do this d
Does not have treatment e

Adult Disability Assessment Tool

Cognitive function

7 Does the person you care for:

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

Behaviour

8 Does the person you care for:

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

18 Are you receiving Carer Payment for the person at Question 5?

No Go to 22

Yes Go to next question

19 Do you provide constant care to the person you care for in their home?

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

This care may include supervision and monitoring. When answering this question it may be useful to check your answers for questions 6 to 8, which show the areas where the person you care for needs help.

No

Yes

20 Do you do any paid work?

No Go to next question

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

Do not include travel time.

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

21 Do we have current information about your (and your partner's) income and assets?

No

 You will need to complete and return an **Income and assets (SA369)** form. If you do not have this form, go to our website servicesaustralia.gov.au/forms

Yes Go to next question

Checklist

22 Which of the following forms are you providing with this form?

Income and assets (SA369) form
(if you answered No at question 21)

Carer Payment and/or Carer Allowance Medical Report – For a person – 16 years or over (SA332(a)) form

Make sure this form is completed by the health professional who treats the person you care for and return it to us.

Privacy notice

23 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

24 I declare that:

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

I understand that:

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

I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your signature (**only** required if returning by post or in person)



Returning this form

Return this form and any supporting documents:

- online** using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploadocs
- by post to
 - Services Australia
 - Carer Services
 - PO Box 7805
 - CANBERRA BC ACT 2610
- in person at one of our service centres.