



Carer Allowance Questionnaire

Carer not living with the person
for whom care is being provided

Purpose of this form

This form asks questions about the **personal care** you provide for a person aged 16 years or over who **you do not live with**.

Personal care refers specifically to the help you provide with the basic activities of daily living. These activities must relate to the bodily functions or to sustaining the life of the person for whom you provide care. This includes supervising and/or prompting them to undertake these activities.

Personal care includes activities such as:

- mobility
- personal hygiene
- assistance with eating and drinking
- communication
- treatment
- safety and behaviour.

Personal care does not include activities such as:

- shopping
- banking
- housework.

The activities you are claiming Carer Allowance for must relate to the disability or medical condition of the person for whom you provide care.

There may be many other important activities you do, however, the activities you are claiming for must relate to **personal care**.

Important requirements

When you do not live with the person for whom you provide care, there are important requirements you will need to meet.

You should only complete this form if the following apply to you:

- you must be providing **personal care everyday**, and
- this must total at least **20 hours** per week, and
- you must be providing this care in either your home or the home of the person for whom you provide care, i.e. in a **private home** (this excludes situations where the care receiver is living in an institution or hospital), and
- you must not be receiving wages (the relevant minimum wage or above) for providing this care.

Two carers, who do not live with the person for whom care is being provided, can share one payment of Carer Allowance if together they are providing daily care which amounts to at least 20 hours **personal care** per week. If you think this may apply to you call us on **132 717** for more information.

Filling in this form

- **Please use black or blue pen.**
- Print in BLOCK LETTERS.
- Mark boxes like this ☐ with a ✓ or ✗.
- Where you see a box like this ☐ **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form(s)

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents to us within **14 days** so we can process your application or claim. If you cannot do this within **14 days**, contact us for extra time. If extra time is required, you must contact us at the earliest possible date to make an arrangement.

You can return this form and any supporting documents:

- online – submit your documents online. For more information about how to access an Online Account or how to lodge documents online, go to **humanservices.gov.au/submitdocumentsonline**
- by post.
- in person – if you are unable to submit this form and any supporting documents online or by post, you can provide them in person to one of our Service Centres.

For more information

Go to our website **humanservices.gov.au/carerallowance** or call us on **132 717** or visit one of our Service Centres.

If you need a **translation** of any documents for our business, we can arrange this for you free of charge.

To speak to us in languages other than English, call **131 202**.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ **1800 810 586**. A TTY phone is required to use this service.



Carer Allowance Questionnaire

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- 1** Your name
(the person providing **personal care**)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

- 2** Your date of birth

 / /

- 3** Your Centrelink Reference Number

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- 4** Your contact phone number

 ()

- 5** Details about the **person for whom you provide care**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

Date of birth

 / /

Centrelink Reference Number

 - - -

- 6** Do you provide **personal care** in your home or the home of the person for whom you provide care?

No ☐ ➔ **Go to 20**

Yes ☐ ➔ **Go to next question**

- 7** Do you receive relevant minimum wages or above for providing this care?

Please note: If you are receiving relevant minimum wages or above for providing this care you will not be eligible for Carer Allowance.

If you require further information, call us on **132 717**.

No ☐ ➔ **Go to next question**

Yes ☐ ➔ **Go to 20**

- 8** Does someone else also provide **personal care** for this person on a regular basis?

No ☐ ➔ **Go to 10**

Yes ☐ ➔ **Go to next question**

- 9** Details of the other person who provides **personal care** on a regular basis.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

Address

 Postcode

Contact phone number

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- 10 How many days each week do you provide **personal care** to the person for whom you provide care?

days each week

- 11 Is the person for whom you provide care in the final phase of a terminal illness and not expected to live for more than 3 months?

No ☐ ► **Go to 13**

Yes ☐ ► **Go to next question**

- 12 How many hours of **personal care** do you provide?

hours per week ► **Go to 20**

- 13 Please read this before answering the following questions.

The following questions ask how much time you spend providing care in a typical week.

We acknowledge that it can be difficult to estimate the hours spent providing **personal care**.

There are six categories of **personal care** to which you may allocate time. It may help to think about the total time you spend caring each week, and then the time you spend on activities in each category. If an activity fits into several categories, **it is important that you only record the information under one category**.

If you are caring for a person with a non physical disability or medical condition such as mental illness, acquired brain impairment, intellectual impairment or Alzheimer's disease, you may find it useful to think about the different **personal care** activities you need to prompt or supervise this person to do.

- 14 How many hours do you spend each week helping the person for whom you provide care with mobility around the home or indoors?

Mobility refers to supervising, prompting or helping the person to be able to move about the home or indoors.

Include:

- supervising the person to ensure that they do not fall
- moving around the house
- moving to and from bed, chair, wheelchair and walking aids
- moving up and down stairs.

Do NOT include:

- driving them to do their shopping or banking
- travelling to their house to provide care.

hours per week

- 15 How many hours do you spend each week helping the person for whom you provide care with personal hygiene?

Personal hygiene refers to helping the person to maintain their **personal care** and hygiene.

Include:

- supervising and/or prompting to ensure they bathe/shower
- bathing/showering, grooming and dressing
- cleaning teeth and/or fitting false teeth
- using the toilet and/or using continence aids.

Do NOT include:

- washing or ironing their clothes
- general housework.

hours per week

- 16 How many hours do you spend each week helping the person for whom you provide care with assistance with eating and drinking?

Assistance with eating and drinking refers to helping the person to eat their meals and/or drink.

Include:

- supervising and/or prompting to ensure they eat or drink
- mashing and juicing food
- feeding food to them
- ensuring they do not choke when eating.

Do NOT include:

- meal preparation or cooking
- shopping for food
- spending time with them while they eat their meal
- washing the dishes and cleaning up after meals.

hours per week

- 17 How many hours do you spend each week helping the person for whom you provide care with communication?

Communication refers to helping the person to communicate their needs to you and other people or organisations, or helping them to interpret or understand information, because of their disability or medical condition.

Include:

- explaining or relaying information and messages
- reading and signing documents
- helping them to use equipment, such as a hearing aid.

Do NOT include:

- reading a book or newspaper aloud to them
- spending time watching television with them
- arranging social outings.

hours per week

18 How many hours do you spend each week helping the person for whom you provide care with treatment?

Treatment refers to helping the person take medication, participate in therapy, or have treatment.

Include:

- arranging medication to be taken at the correct time
- helping to give or administering treatment (including changing dressings)
- massaging limbs or helping with therapeutic exercises
- operating and monitoring medical apparatus
- prompting or supervising them to take medication.

Do NOT include:

- waiting while treatment is being provided.

hours per week

19 How many hours do you spend each week helping the person for whom you provide care with safety and behaviour?

Safety and behaviour refers to supervising the person to ensure their safety, the safety of others, and/or to prevent inappropriate behaviour.

Include:

- not letting them wander
- removing them from dangerous situations
- preventing them from damaging property
- preventing them from injuring themselves or others
- monitoring behaviour to ensure their safety
- supervising and preventing aggressive behaviour
- preventing inappropriate behaviour
- reassuring and calming them if they are distressed.

Do NOT include:

- repairing or replacing damaged property.

hours per week

20 IMPORTANT INFORMATION

Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

21 Statement

I declare that:

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

I understand that:

- giving false or misleading information is a serious offence.
- the Australian Government Department of Human Services can make relevant enquiries to make sure I receive the correct entitlement.

Your signature



Date

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