

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 you care for. 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 you provide care for.

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

For more information

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

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

TTY service Freecall™ **1800 810 586**. A TTY phone is required for this service.

Interpreters and translations

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

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 you have answered all the questions you need to answer and that you have signed and dated this form.

Return this form, all additional documents and any other forms you are required to complete to one of our Service Centres **within 14 days** to ensure you are paid from the earliest date possible.

If you cannot return all the forms or documents **within 14 days**, contact us for extra time.

Important requirements

When you do not live with the person you care for, 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 you care for, 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 being cared for, 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.



Carer Allowance Questionnaire

Carer not living with the person being cared for

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

- - -

4 Your contact phone number

()

5 Details about the **person you care for**

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 you care for?

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

()



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

days each week

- 11 Is the person you care for 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 you care for with mobility?

Mobility refers to supervising, prompting or helping the person you care for to be able to move about.

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 you care for with personal hygiene?

Personal hygiene refers to helping the person you care for 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 you care for with assistance with eating and drinking?

Assistance with eating and drinking refers to helping the person you care for 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 you care for with communication?

Communication refers to helping the person you care for 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 you care for with treatment?

Treatment refers to helping the person you care for to 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 you care for with safety and behaviour?

Safety and behaviour refers to supervising the person you care for 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

Centrelink, Medicare, Child Support and CRS Australia are services within the Australian Government Department of Human Services (Human Services).

Your personal information is protected by law, including the *Privacy Act 1988*. Your information is collected for Social Security, Family Assistance, Medicare, Child Support and CRS purposes. This information may be required by the powers provided within each service's legislation or voluntarily given by you when you apply for services or payments.

Your information will be used for the assessment and administration of payments and services. Your information may also be used within Human Services, where you have provided consent or it is required or authorised by law. Human Services may disclose your information to Commonwealth Departments, other persons, bodies or agencies **ONLY** where you have provided consent or it is required or authorised by law.

You can get more information about privacy by going to our website humanservices.gov.au/privacy or requesting a copy of the full privacy policy at one of our Service Centres.

21 **Statement**

I declare that:

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

I understand that:

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

Your signature



Date

/ /