



Australian Government



Centrelink
giving you options

Claim for Carer Payment and/or Carer Allowance

Caring for a person 16 years or over

Purpose of this form

Centrelink provides two payments for people caring for a person 16 years or over:

- **Carer Allowance**—a supplementary payment which is free of the income and asset tests, and is not taxable, and
- **Carer Payment**—an income support payment that provides support to people who, because of the demands of their caring role, are unable to support themselves through substantial workforce participation.

Carer Allowance can be paid in addition to Carer Payment or any other Centrelink payment.

From the information you provide on this form and from the details provided by a health professional, Centrelink will assess your eligibility for Carer Allowance and/or Carer Payment.

For more information

Call Centrelink on **13 2717**, visit your local Centrelink Customer Service Centre or go to our website at www.centrelink.gov.au

To speak to Centrelink in languages other than English, call **13 1202**.

Note: Calls to '13' numbers from a standard phone service can be made from anywhere within Australia for the cost of a local call. Calls from public or 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 to use this service.

Interpreters and translations

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

What else you will need to provide

You will need to provide **proof of identity**. There is a complete list of acceptable documents in the **Information Booklet**.

This form tells you which **other documents** you need to provide to support your claim. Depending on your circumstances you may have to fill in **other forms**.

Filling in this form

Please use black or blue pen.

Mark boxes like this with a ✓ or X.

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.

Forms in your claim pack

In your claim pack, you should have the following:

- **Information you need to know about your claim for Carer Allowance and Carer Payment (Information Booklet)** form (Ci002)
- **Claim for Carer Allowance and/or Carer Payment** form (SA336)
- **Medical Report Carer Allowance and/or Carer Payment, Special Disability Trust beneficiary status** form (SA332(a)).

If you are claiming Carer Payment, you should also receive:

- **Income and Assets** form (SA369)

A separate claim pack must be used for each person you are claiming for. If you require additional forms, call us on **13 2717** or go to our website at www.centrelink.gov.au

What to do next

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

2 Medical Report for Carer Allowance and/or Carer Payment

Fill in your details and the details of the person you care for on the front of the **Medical Report Carer Allowance and/or Carer Payment, Special Disability Trust beneficiary status** form (SA332(a)). The person you care for, or that person's nominee, must sign the front of the assessment to authorise release of medical details.

3 Make an appointment with the health professional who treats the person you care for.

When you make the appointment please let the health professional know that you require them to complete the Medical Report. For a list of treating health professionals able to complete the assessment, refer to the **Information Booklet**.

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

The health professional may return the Medical Report to Centrelink or give it to you to return.

If you cannot get the Carer Allowance and/or the Carer Payment Medical Report completed quickly, lodge this form without the report. Your claim cannot be assessed without the report but, **if you are eligible, you will be paid from the date you contacted Centrelink to claim a payment if this form is returned within 14 days.**

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.

If you return required documents (and this form):

- by post – we will photocopy your documents, and return the originals to you by registered post.
- in person – we will photocopy your documents, and return the originals to you.

Return this form, all additional documents and any other forms you are required to complete to a **Centrelink Customer Service Centre 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 Centrelink for extra time.

About you – the Carer

- 1** Do you need an interpreter when dealing with Centrelink?
This includes an interpreter for people who have a hearing or speech impairment.
To speak to Centrelink in languages other than English, call **13 1202**.

No **Go to next question**

Yes **What is your preferred spoken language?**

What is your preferred written language?

- 2** Your name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 3** Have you ever used or been known by any other names?
e.g. name at birth, maiden name, previous married name,
Aboriginal or tribal name, alias, adoptive name, foster name.

No **Go to next question**

Yes **Give details below**

1 Other name

Type of name (e.g. maiden name)

2 Other name

Type of name (e.g. name at birth)

If you have more than 2 other names, attach a separate sheet with details.

- 4** Your sex

Male

Female

- 5** Your date of birth

- 6** Your permanent address

- 7** Your postal address (if different to above)

- 8** Your contact details

Home phone number ()

Is this a silent number? No Yes

In whose name is the phone account? My name

My partner's name

Another name

Mobile phone number

Is the mobile phone account in your
or your partner's name? No Yes

Fax number ()

Work phone number ()

Alternative phone number ()

Email

9 Please read this before answering the following questions

Questions 10 to 15 are optional and will not affect your payment. If you do answer, the information will help us to continue to improve our Electronic Messaging Services.

You can now receive reminders and important information via Short Message Service (SMS) or email from Centrelink. You **MUST** read the *Terms and Conditions for SMS, email and Online Letters* in the **Information Booklet** before you complete the following questions.

10 Do you wish to receive reminders and important information via SMS or email from Centrelink?

This service is voluntary and you are able to withdraw from it at any time.

No **Go to next question**

Yes SMS contact number (if different to contact details)

OR

Email address (if different to contact details)

.....
@

11 Do you wish to view some of your Centrelink and Family Assistance Office letters via the Online Letters facility on the Centrelink website?

This service is voluntary and you are able to withdraw from it at any time.

No **Go to 13**

Yes **Go to next question**

12 What is your preferred method of notification?

Centrelink will notify you when you have a letter available for viewing in the Online Letters facility.

Tick ONE box only

SMS SMS contact number (if different to contact details)

Email Email address (if different to contact details)

.....
@

13 Did you answer 'No' to either question 10 or question 11?

No **Go to 16**

Yes **Go to next question**

14 What is the reason for not wanting to use this service?

The information will help us to continue to improve services.

Do not trust the internet

Do not have a mobile phone

Do not have the technology

Other **Give reason**

.....

15 Would you like to be reminded of this service in the future?

No **Go to next question**

Yes When would you like to be reminded?

in 6 months

in 12 months

16 Do you currently get another type of Centrelink payment or Family Tax Benefit?

No **Go to next question**

Yes Your Customer Reference Number

 Go to 31

17 Questions 17 and 18 are optional and will not affect your payment. If you do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.

Are you of Aboriginal or Torres Strait Islander origin?

If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

No

Yes – Aboriginal

Yes – Torres Strait Islander


18 Are you of Australian South Sea Islander origin?

No

Yes

19 Are you an Australian citizen **AND** born in Australia?

No

 You will need to provide proof of your residence status, e.g. **citizenship papers, passport or other documentation.**

Go to next question

Yes **Go to 29**

20 What is your country of birth?

21 When did you start living in Australia?

22 Are you an Australian citizen?

No Country of citizenship

▶ Go to next question

Yes Date of citizenship
 / / ▶ Go to 29

23 Did you start living in Australia before 1965?

No Go to next question

Yes Give the following details

Name of ship or airline on which you arrived

Name of place where you first arrived/disembarked

What was your name when you first arrived in Australia?

24 Did you arrive on a New Zealand passport?

No

Yes

25 What type of visa did you arrive on?

Permanent

Temporary

Unknown (e.g. arrived on mother's/father's passport)

26 Your visa details on arrival

Visa sub class Date visa granted / /

27 Has your visa changed since you arrived in Australia?

No Go to next question

Yes Current visa details

Visa sub class Date visa granted / /

28 Did either of your parents or partner arrive on a refugee or humanitarian visa?

No

Yes

29 Please read this before answering the question

'Permanently' means you normally live in Australia on a long-term basis. Holidays or short trips outside Australia would not affect this.

Do you live **permanently** in Australia?

No

Yes

30 Except for short trips or holidays, have you **EVER** lived outside Australia?

No Go to next question

Yes List **ALL** countries, **INCLUDING AUSTRALIA**, you have lived in **SINCE BIRTH**.

Include the period you have lived in Australia.

If you were born outside Australia, include the country where you were born.

Do NOT include short trips or holidays.

1 Country of residence

From / / To / /

2 Country of residence

From / / To / /

3 Country of residence

From / / To / /

4 Country of residence

From / / To / /

5 Country of residence

From / / To / /

If you have lived in more than 5 countries, attach a separate sheet with details.

- 31** What is your **CURRENT** marital status?
- Married **Go to 32**
- Partnered (de facto) **Go to 32**
- Separated (include de facto) **Go to 37**
- Divorced **Go to 37**
- Widowed **Go to 36**
- Never married or lived in the same home with a partner **Go to 58**

If none of the above describes your current marital status, please call us on **13 2717**.

- 32** When did you and your partner start living together?

 / /

- 33** Do you currently live in the same home as your partner?

No **Go to next question**

Yes **Go to 39**

- 34** Why are you not living with your partner?

Partner's illness

Your illness

Partner in prison

Partner's employment

Other **Give details below**

- 35** Period not living with your partner

From / /

To / / **OR** indefinite **Go to 39**

- 36** Please give the following details about your deceased partner

Full name

Date of birth

 / /

Date of death

 / /

Go to 58

- 37** Do you live in the same home as your former partner?

No **Go to next question**

Yes **Go to 58**

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- 38** Please give the following details about your former partner

Full name

Date of birth

 / /

Date relationship ended

 / /

Current address (if known)

Postcode

Go to 58

- 39** Your partner's name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 40** Has your partner ever used or been known by any other names? e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name.

No **Go to next question**

Yes **Give details below**

1 Other name

Type of name (e.g. maiden name)

2 Other name

Type of name (e.g. name at birth)

If your partner has more than 2 other names, attach a separate sheet with details.

- 41** Your partner's sex

Male

Female

42 Your partner's date of birth

43 Does your partner currently get another type of Centrelink payment or Family Tax Benefit?

No Go to next question

Yes Your partner's Customer Reference Number

 Go to 58

44 Your partner's permanent address

45 Your partner's postal address (if different to above)

46 Do you give permission for your partner to discuss your payments with us?


You can change this authority at any time.

No

Yes

47 Is your partner an Australian citizen **AND** born in Australia?

No

 You will need to provide proof of your partner's residence status, e.g. **citizenship papers, passport or other documentation.**

Go to next question

Yes Go to 56

48 What is your partner's country of birth?

49 When did your partner start living in Australia?

50 Is your partner an Australian citizen?

No Country of citizenship

Go to next question

Yes Date of citizenship

 Go to 56

51 Did your partner start living in Australia before 1965?

No Go to next question

Yes Give the following details

Name of ship or airline on which your partner arrived

Name of place where your partner first arrived/disembarked

What was your partner's name when they first arrived in Australia?

52 Did your partner arrive on a New Zealand passport?

No

Yes

53 What type of visa did your partner arrive on?

Permanent

Temporary

Unknown (e.g. arrived on mother's/father's passport)

54 Your partner's visa details on arrival

Visa sub class

Date visa granted

55 Has your partner's visa changed since they arrived in Australia?

No Go to next question

Yes Current visa details

Visa sub class

Date visa granted

56 Please read this before answering the question

'Permanently' means your partner normally lives in Australia on a long-term basis. Holidays or short trips outside Australia would not affect this.

Does your partner live **permanently** in Australia?

No

Yes

57 Except for short trips or holidays, has your partner **EVER** lived outside Australia?

No Go to next question

Yes List **ALL** countries, **INCLUDING AUSTRALIA**, your partner has lived in **SINCE BIRTH**.

Include the period your partner has lived in Australia.

If your partner was born outside Australia, include the country where your partner was born.

Do NOT include short trips or holidays.

1 Country of residence

From / / To / /

2 Country of residence

From / / To / /

3 Country of residence

From / / To / /

4 Country of residence

From / / To / /

5 Country of residence

From / / To / /

If your partner has lived in more than 5 countries, attach a separate sheet with details.

58 Where do you want your payment made?

The bank, building society or credit union account must be in your name. A joint account is acceptable.

Name of bank, building society or credit union

Branch where your account is held

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

.....

About the person being cared for

59 Is the person you are caring for your partner?

No Go to next question

Yes Go to 77


60 Name of the person you are caring for

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

 Attach document(s) to confirm the identity of the person you care for e.g. birth certificate/extract, passport. For detailed information about proof of identity, read the **Information Booklet**.

61 Has the person ever used or been known by any other names? e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name.

No Go to next question

Yes Give details below

1 Other name

.....
Type of name (e.g. maiden name)

2 Other name

.....
Type of name (e.g. name at birth)

If the person has more than 2 other names, attach a separate sheet with details.

62 The person's sex

Male

Female

63 The person's date of birth

/ /

80 Do you provide care for the person while they are in hospital?
 e.g. • you are involved in the person's rehabilitation
 • you visit on a daily basis

No int ► Go to next question

Yes ► Give details about the care you provide

81 Will the person return to your care when they are discharged from hospital?

No int

Yes

82 Please read this before answering questions 82 to 84

Generally you only need to tell Centrelink about the time the person you care for is out of your care if it is for 24 hours or more. However, if you do not live with the person you care for or you share the care of the person, you need to tell Centrelink if you do not provide care on a day on which you normally would. The person may be out of your care for a number of reasons including:

- formal respite,
- hospitalisation of you or the person you care for, or
- visiting friends for the weekend.

Has the person left your care for any reason in the last 12 weeks?

No ► Go to next question

Yes ► Give details and the reason for each absence.

1	Absence from		Absence to
	/ /		/ /
Reason for absence			

2	Absence from		Absence to
	/ /		/ /
Reason for absence			

3	Absence from		Absence to
	/ /		/ /
Reason for absence			

If the person has been out of your care more than 3 times, attach a separate sheet with details.

83 Does the person stay regularly with another person or organisation for periods of 24 hours or more?

No

Yes int

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

No ► Go to next question

Yes ► Go to 88

Adult Disability Assessment Tool

For each statement on pages 11 and 12, tick the box that best describes how well the person you care for usually manages and/or behaves.

Please tick only one box for each statement.

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

Day to day care needs

85 Does the person you care for:

- 1 move around the house?**
may use walking stick, frame, wheelchair, etc.
- Without help a
With help of one person b
With help of two people c
Is confined to bed d
-
- 2 fall over indoors or outdoors (or from wheelchair)?**
- Often a
Sometimes b
Never c
-
- 3 move to and from bed, chair, wheelchair and 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?**
e.g. 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? e.g. buttons, zips etc.**
- Without help a
With some help b
With a lot of help c
Cannot do this d
-
- 13 look after their grooming? e.g. 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? e.g. 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? e.g. 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

86 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?
e.g. 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

87 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?
e.g. by biting, scratching skin, hitting or banging their head Never a
Sometimes b
Often c
- 8 have unusual, inappropriate or repetitive behaviours?
e.g. uncontrolled eating, spinning objects, hand flapping, rocking, calling out or saying the same thing over and over again Never a
Sometimes b
Often c

Carer Payment

88 Please read this before answering the question

You have now claimed Carer Allowance. The following section is about Carer Payment. Carer Payment provides income support to people who because of the demand of their caring role, are unable to support themselves through substantial workforce participation. If you currently get an income support payment from Centrelink (e.g. Parenting Payment or Newstart Allowance) or Department of Veterans' Affairs, you need to decide if you want to stay on that payment or transfer to Carer Payment. If you would like to talk to someone about your options, call us on **13 2717**.

Do you wish to claim Carer Payment as well as Carer Allowance?

No **Go to 124**

Yes **Go to next question**

89 Please read this before answering the question

Constant care means you provide **personal care** for a significant time each day (at least the equivalent of a normal working day), and because of your caring responsibilities you are unable to participate in substantial paid employment.

Personal care may include supervision and monitoring and when answering this question it may be useful to look back over your answers given in questions 85 to 87, which show the areas where the person you care for needs assistance.

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

No

Yes

90 Does the person you care for receive an income support payment from Centrelink or the Department of Veterans' Affairs?

e.g. Age Pension, Sickness Allowance, Disability Support Pension, War Widow's Pension

No The person you care for will need to complete another form. Centrelink will send them the **Carer Payment - Income and assets details of the person being cared for - 16 years or over** form (SA304(a)). **Go to next question**

Yes Give details below

1 Type of payment

Reference number

2 Type of payment

Reference number

If the person receives more than 2 payments, attach a separate sheet with details.

91 Does the person you care for have a dependent child(ren)?

No

Yes

int

92 Are you currently undertaking any paid or voluntary work, study or training?

No **Go to next question**

Yes List the hours you spend on each activity and how many hours you spend travelling to and from each activity.

	Hours per week	Travel time per week
Paid work	<input type="text"/>	<input type="text"/>
Voluntary work	<input type="text"/>	<input type="text"/>
Study	<input type="text"/>	<input type="text"/>
Training	<input type="text"/>	<input type="text"/>

93 Please read this before answering the question

If you are not sure whether Centrelink has your current income and assets details, or you think that they might have changed, please complete the **Income and Assets** form (SA369) to avoid delays in processing your claim.

Does Centrelink already have current information about your (and your partner's) income and assets?

No



You will need to complete and attach an **Income and Assets** form (SA369). If you do not have this form, call us on **13 2717** or go to our website at www.centrelink.gov.au

Yes **Go to next question**

94 Do you have any dependent children under 18 years of age or full-time students under 22 years of age?

No ► Go to next question

Yes ► Give the following details of each child

If you have more than 2 dependent children, attach a separate sheet with details.

Child 1

Family name

First given name

Second given name

Has this child ever been known by any other names?

No Yes ► List the other names

Date of birth

 / /

Male Female

Which of the following best describes your relationship to this child?

Natural parent or **legal** adoptive parent

Step parent

Foster carer

Other ► Specify

Does this child currently live with you?

No Yes

Do you (and/or your partner) share the care of this child with another person? **Do not include** school/day care arrangements.

No Yes ► What is the percentage of your (or your partner's) care of this child?

 %

Does this child receive a payment from any Commonwealth, State or Territory Government?

No Yes ► Give details

Answer these questions if this child is 5 years or older


Is this child in full-time education?

No Yes

Does this child have any income?

No Yes ► Amount \$ per week

Do you receive Family Tax Benefit for **this** child?

No Yes  Attach proof of birth (e.g. **birth certificate**) for this child if you have not previously provided it to Centrelink.

Child 2

Family name

First given name

Second given name

Has this child ever been known by any other names?

No Yes ► List the other names

Date of birth

 / /

Male Female

Which of the following best describes your relationship to this child?

Natural parent or **legal** adoptive parent

Step parent

Foster carer

Other ► Specify

Does this child currently live with you?

No Yes

Do you (and/or your partner) share the care of this child with another person? **Do not include** school/day care arrangements.

No Yes ► What is the percentage of your (or your partner's) care of this child?

 %

Does this child receive a payment from any Commonwealth, State or Territory Government?

No Yes ► Give details

Answer these questions if this child is 5 years or older


Is this child in full-time education?

No Yes

Does this child have any income?

No Yes ► Amount \$ per week

Do you receive Family Tax Benefit for **this** child?

No Yes  Attach proof of birth (e.g. **birth certificate**) for this child if you have not previously provided it to Centrelink.

95 Does Centrelink already have current information about your (and your partner's) accommodation?

No **Go to next question**

Yes **Go to 120**

96 Do you (and/or your partner) own a home but live elsewhere?

No **Go to next question**

Yes What is the reason you live away from the home you own?

Travelling away from your home

Being cared for away from your home

Caring for someone away from your home

Living away from home to study

Other Specify below

97 Which of the following best describes where you live?

In a home which is owned by a private company or a private trust that you have an interest in **Go to 120**

In a home you (and/or your partner) own or you own jointly with another person, this can include:

- paying it off (mortgage)
- a caravan, transportable home or boat **Go to 98**

In a retirement village **Go to 102**

In accommodation which you (and/or your partner) have the right to use for life **Go to 105**

In public housing (e.g housing owned by the Housing Commission. This does not include paying rent to a Community Housing organisation) **Go to 99**

In a place where you (and/or your partner) pay private rent (this includes site or mooring fees) **Go to 110**

In a boarding house/hostel/private hotel **Go to 112**

No rent paid **Go to 120**

Other (e.g. this could be a place where you (and/or your partner) do not have a fixed address) Specify below

Go to 110

98 Do you pay site, ground or mooring fees for the home you own (this could be for a caravan, transportable home or boat)?

No **Do not answer questions 99 to 119. Go to 120**

Yes **Go to 110**

99 Are you (and/or your partner) the primary tenant?

That is, your (and/or your partner's) name is on the rental contract (lease) with the public housing authority.

No **Go to next question**

Yes **Do not answer questions 100 to 119. Go to 120**

100 Does the primary tenant pay rent at the market rate?

No **Go to next question**

Yes **Go to 111**

Unsure **Go to next question**

101 Do you (and/or your partner) live with the primary tenant AND your (and/or your partner's) income has been taken into account by the public housing authority when calculating the rent?

No **Do not answer questions 102 to 119. Go to 120**

Yes **Go to 111**

102 What date did you (and/or your partner) move into the retirement village?

/ /


103 Did you (and/or your partner) pay an entry contribution?

Your entry contribution may have been a donation, a loan or some type of payment which may be repayable to you in whole or in part, if you leave. An entry contribution does not include gifts or loans above the amount you had to pay for the right to your accommodation.

No **Go to next question**

Yes How much entry contribution did you pay?

\$

 Attach documents to verify the details of your entry contribution (e.g. your contract).

104 Did you (and/or your partner) make a gift and/or loan in addition to the entry contribution?

No **Go to 111**

Yes How much was the gift?

\$

How much was the loan?

\$

Go to 111

105 Did you (and/or your partner) pay a sum of money and/or transfer assets to another person in return for this accommodation for life?

No **Go to next question**

Yes **Go to 107**

106 Tick which option describes how you (and/or your partner) obtained a life interest in a home without any exchange of money or transfer of assets:

Inherited the life interest **Go to 120**

Have a formal agreement documenting your right to accommodation for life **Go to 120**

Have an informal arrangement with children to live at their home and pay rent **Go to 110**

Informal arrangement, no rent paid **Go to 120**

Other Specify below

Go to 110

107 What date did you (and/or your partner) make this payment/transfer?

<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>

108 Details of the payment/transfer

How much did you (and/or your partner) pay?

\$ <input style="width: 150px;" type="text"/>

AND/OR

What assets were transferred?

--

Market value of assets transferred?

\$ <input style="width: 150px;" type="text"/>

109 Details of the person or organisation that the payment/transfer made to

Full name (of the person or organisation)

--

Address

--

Postcode

--

110 What type of accommodation do you (and your partner) live in?

Private house or townhouse/unit/flat

Community housing

Defence housing **Go to next question**

Caravan/cabin/mobile home

Boat

Boarding house/hostel/private hotel **Go to 112**

Other Specify below

--

Go to next question

111 Do you (and your partner) share your accommodation with other people?

Sharing your accommodation means that you have the right to use a kitchen, bedroom or bathroom with one or more persons. This includes ALL family members, people who regularly stay at your accommodation and people who work away from home, e.g. truck drivers, miners, flight attendants, fishermen, members of the armed forces.

No **Go to next question**

Yes Give details below of people who share your accommodation.

1	Person's name <input style="width: 80%;" type="text"/>	Age <input style="width: 10%;" type="text"/>
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Your relationship to this person <input style="width: 100%;" type="text"/>
	When did they first stay <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	Their share of the rent/lodgings <input style="width: 100%;" type="text"/>
		\$ <input style="width: 100%;" type="text"/>
	How often do they pay? <input style="width: 100%;" type="text"/>	

2	Person's name <input style="width: 80%;" type="text"/>	Age <input style="width: 10%;" type="text"/>
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Your relationship to this person <input style="width: 100%;" type="text"/>
	When did they first stay <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	Their share of the rent/lodgings <input style="width: 100%;" type="text"/>
		\$ <input style="width: 100%;" type="text"/>
	How often do they pay? <input style="width: 100%;" type="text"/>	

3	Person's name <input style="width: 80%;" type="text"/>	Age <input style="width: 10%;" type="text"/>
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Your relationship to this person <input style="width: 100%;" type="text"/>
	When did they first stay <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	Their share of the rent/lodgings <input style="width: 100%;" type="text"/>
		\$ <input style="width: 100%;" type="text"/>
	How often do they pay? <input style="width: 100%;" type="text"/>	

4	Person's name <input style="width: 80%;" type="text"/>	Age <input style="width: 10%;" type="text"/>
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Your relationship to this person <input style="width: 100%;" type="text"/>
	When did they first stay <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	Their share of the rent/lodgings <input style="width: 100%;" type="text"/>
		\$ <input style="width: 100%;" type="text"/>
	How often do they pay? <input style="width: 100%;" type="text"/>	

If you share with more than 4 people, attach a separate sheet with details.

112 Do you (and/or your partner) pay board and/or lodgings?

Board means you (and/or your partner) are provided with some regular meals.

Lodgings means no meals are provided to you (and/or your partner).

No Go to 114

Yes Go to next question

113 Can you separate the amounts you (and/or your partner) pay for board and/or lodgings?

No Total board and lodgings charged per day, week, fortnight, 4 weeks or calendar month

\$ _____ per

Yes Amount paid for board (meals) per day, week, fortnight, 4 weeks or calendar month

\$ _____ per

Amount paid for lodgings (accommodation only) per day, week, fortnight, 4 weeks or calendar month

\$ _____ per

Go to 115

114 How much do **you** (and/or **your partner**) pay per day, week, fortnight, 4 weeks or calendar month?
e.g. rent, maintenance or site fees.

This would be the total you (and/or your partner) pay for the property minus any subsidy/rebate or contribution from another person or organisation.

\$ _____ per

115 When did you (and/or your partner) start paying this amount?

____ / ____ / ____

116 Have you indicated that you (and your partner) live in a boarding house, hostel, private hotel, hospital or disability housing?

No Go to next question

Yes Go to 118

117 What is the **total amount** of rent charged for the property per day, week, fortnight, 4 weeks or calendar month?

\$ _____ per

118 Details of your landlord, authorised agent or person you (and/or your partner) pay rent to

Full name

Address

Postcode

119 Do you (and/or your partner) have a current lease or tenancy agreement with written evidence of the **CURRENT** amount of rent, fees, lodgings or board and lodgings you (and/or your partner) pay?

No Go to next question

Yes



Attach a full copy of your signed lease or tenancy agreement.

120 Please read this before answering the questions about tax

You are not breaking the law if you do not give us your tax file number, but if you do not provide it, or authorise us to get it from the Australian Taxation Office, you may not be paid.

Have you (and your partner) given us your tax file number before?

No Go to next question

Not sure Go to next question

Yes Go to 122

121 Do you (and your partner) have a tax file number?

You

No Please call us on **13 2717**.

Yes Your tax file number

____ - ____ - ____

Your partner

No Please call us on **13 2717**.

Yes Your tax file number

____ - ____ - ____

122 Please read this before answering questions 122 and 123

Carer Payment is a taxable payment, but only when you or the person you are caring for are over Age Pension age.

If your only income for this financial year is the payment you are now claiming, you may not have to pay any tax.

However, you may have to pay tax if you get any other income this financial year, such as salary or wages.

If you think you will have to pay tax this year, you can ask us to deduct tax instalments from your payment. You can change this at any time.

If you are not sure how much tax to have taken out of your payment, contact the **Australian Taxation Office**.

Are you or the person you are caring for over Age Pension age?

No Go to 124

Yes Go to next question

123 Do you want tax taken out of your payment?

No Go to next question

Yes Enter the amount **OR** percentage of tax you want taken out per fortnight.

Amount
(must be in whole dollars)

\$ _____ .00 per fortnight

Percentage (%)
of taxable payment

OR _____ % per fortnight

124 Do you want another person or organisation to enquire or act on your behalf when dealing with us?

No Go to next question

Yes



You will need to complete and attach an **Authorising a person or organisation to enquire or act on your behalf** form (SS313). If you do not have this form, call us on **13 2717** or go to our website at **www.centrelink.gov.au**

125 Have you made an appointment with the person's health professional to complete the Medical Report?

No Please lodge this claim form at your local Centrelink Customer Service Centre and contact the person's health professional for an appointment.

Yes Go to next question

126 Which of the following forms, documents and other attachments are you (and/or your partner) providing with this form?

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

Where you are asked to supply documents, please attach original documents.

Proof of identity of the person you care for
(you must provide this – see **question 60**)

Proof of residence status
(if you answered No at **questions 19, 47 and 68**)

Carer Allowance Questionnaire form (SA381)
(if you answered No at **question 78**)

Income and Assets form (SA369)
(if you answered No at **question 93**)

Dependent children proof of birth
(if required for **question 94**)

Proof of entry contribution
(if you answered Yes at **question 103**)

Signed lease or tenancy agreement
(if you answered Yes at **question 119**)

Authorising a person or organisation to enquire or act on your behalf form (SS313)
(if you answered Yes at **question 124**)

127 Statement

I declare that:

- the information provided in this form is complete and correct.
- I have received the **Information Booklet** which includes the privacy notice.

I understand that:

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

Your signature

Date

Partner's signature

Date