When to use this form

Use this form to claim Carer Adjustment Payment. Carer Adjustment Payment is a one-off payment to assist families following a catastrophic event where a child under 7 years of age is diagnosed with a severe disability or severe medical condition. Examples of catastrophic events may include (but are not limited to):

- diagnosis of a severe medical condition such as childhood cancer
- childhood stroke
- car accident
- fire
- fall
- poisoning
- near drowning, or
- another type of accident.

**Note:** For the purpose of this payment you must be eligible for and receiving Carer Allowance for the child. Your claim for Carer Adjustment Payment must be lodged with the Australian Government Department of Human Services within 2 years from the date of diagnosis of a severe medical condition or severe disability.

Who is eligible for Carer Adjustment Payment

Families can apply for Carer Adjustment Payment following a catastrophic event where:

- the child, under 7 years of age, is diagnosed with a severe disability or severe medical condition, and
- the child has significant care requirements – i.e. requires full-time care from the carer for a minimum of 2 months following the event/diagnosis, and
- the child’s carer is eligible for and receiving Carer Allowance for the child, and
- the carer is not eligible for Carer Payment, and
- the carer and their partner are not eligible for an income support payment, and
- the carer is able to demonstrate a very strong need for financial support during the adjustment period after the event/diagnosis, and
- the claim is lodged within 2 years from the date of diagnosis of a severe medical condition or severe disability.

Assessing your claim

Every application is considered on a case-by-case basis and a decision on Carer Adjustment Payment claims will be made by a senior officer in the Department of Social Services (DSS).

How much will be paid

Carer Adjustment Payment is a one-off non-taxable payment available to families in exceptional circumstances. The amount payable depends on the family’s individual circumstances. Up to $10,000 is payable for each child in a single catastrophic event. This payment will be paid into the same account as your Carer Allowance payment.

Online Services

You can access your Centrelink online account through myGov. myGov is a simple and secure way to access a range of government services online with one username and password. You can create a myGov account at [my.gov.au](http://my.gov.au) and link it to your Centrelink online account.

Please lodge your claim as soon as possible

Please keep these Notes (pages 1 to 2) for your information.
**Definition of a partner**

For the Department of Human Services purposes a person is considered to be your partner if you and the person are living together, or usually live together, and are:

- married, or
- in a registered relationship (opposite-sex or same-sex), or
- in a de facto relationship (opposite-sex or same-sex).

We consider a person to be in a de facto relationship from the time they commence living with another person as a member of a couple.

We recognise all couples, opposite-sex and same-sex.


**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**

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

**Note:** Your claim will **NOT** be assessed if all questions are not answered.

You can return this form and any supporting documents:

- online – submit your documents online (excluding identity documents). For more information about how to access an online account or how to lodge documents online, go to [humanservices.gov.au/submitdocumentsonline](http://humanservices.gov.au/submitdocumentsonline)
- by post – return your documents by sending them to:
  
  Department of Human Services  
  Carer Services  
  Reply Paid 7805  
  CANBERRA BC ACT 2610

- 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**

For additional information, including Carer Adjustment Payment eligibility conditions, go to [humanservices.gov.au/careradjustment](http://humanservices.gov.au/careradjustment) 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.
1 Relevant information that we hold about you, your partner and the child (including this application and the child’s medical information), will need to be disclosed to certain third parties in order to determine your eligibility for Carer Adjustment Payment.

Do you (and your partner) give permission for this information to be disclosed to the Department of Social Services?

You

No [ ] STOP Without this permission, your claim for Carer Adjustment Payment cannot be assessed. Please call us on 132 717.

Yes [ ] Go to next question

Your partner (if applicable)

No [ ] STOP Without this permission, the person claiming cannot be assessed for Carer Adjustment Payment. Please call us on 132 717.

Yes [ ] Go to next question

2 Has the diagnosis of the medical condition that you are claiming for the child occurred within the last 2 years?

No [ ] STOP You are not eligible for Carer Adjustment Payment.

Yes [ ] Go to next question

3 Do you currently receive Carer Allowance for the child for whom you are claiming Carer Adjustment Payment?

No [ ] STOP To be eligible for Carer Adjustment Payment, you must be receiving Carer Allowance for this child. If you have not claimed Carer Allowance call us on 132 717.

Yes [ ] Your Centrelink Reference Number (if known) [ ]

4 Note: The person providing care and receiving Carer Allowance for the child should complete and sign this form.

Your name

Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other [ ]

Family name

First given name

Second given name

5 Your gender

Male [ ] Female [ ]

6 Your date of birth

/ / 

7 Your permanent address

Postcode

8 Your postal address (if different to above)

Postcode

9 Please read this before answering the following question.

If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to humanservices.gov.au/em or visit one of our service centres.

Your contact details

Home phone number [ ]

Mobile phone number

Work phone number [ ]

Email [ ]

@
The following questions are being asked to establish whether you or your partner may be eligible for an income support payment such as Carer Payment or Parenting Payment. Generally we will be able to establish whether you may be entitled to an income support payment from your responses below. If we need further information we will contact you after you have lodged your claim.

10 Please read this before answering the following questions.

11 What is your CURRENT relationship status?

Married

Registered relationship
(opposite-sex or same-sex relationship registered under state or territory law)

Partnered
(living together in an opposite-sex or same-sex relationship, including de facto)

Separated
( previously lived with an opposite-sex or same-sex partner, including in a marriage, registered or de facto relationship)

Divorced

Widowed
(previously partnered with an opposite-sex or same-sex partner, including in a marriage, registered or de facto relationship)

Never married or lived with a partner

12 What is your date of marriage or relationship registration?

/ / 

13 When did you and your partner start living together as a member of a couple?

/ /

14 Did you stop living together as a couple after the event/diagnosis occurred?

No 

Yes 

15 Have you separated from your partner since the event/diagnosis?

No 

Yes 

16 Period not living with your partner since the event/diagnosis

From 

To 

OR indefinite

17 Your partner’s name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

18 Your partner’s gender

Male

Female

19 Do you (and/or your partner) receive an income support payment (e.g. Carer Payment, Parenting Payment, Disability Support Pension, Newstart Allowance or a payment from the Department of Veterans’ Affairs)?

No

Yes 

You may not be eligible for Carer Adjustment Payment or may only be eligible for a partial payment.

Go to next question

20 What income support payment do you and/or your partner receive?

Type of payment

Reference number

Family Tax Benefit and Carer Allowance are not income support payments.
21 Name of child
   Family name

   First given name

   Second given name

22 Date of birth
   / / /

23 Child’s gender
   Male
   Female

24 Are you (and/or your partner) self-employed?
   No  Go to next question
   Yes  Give details below

   You
   Gross amount currently earned per fortnight $
   Gross amount earned per fortnight at time of event/diagnosis $

   Your partner
   Gross amount currently earned per fortnight $
   Gross amount earned per fortnight at time of event/diagnosis $

25 Do you (and/or your partner) have income from work other than self-employment?
   No  Go to next question
   Yes  Give details of your (and/or your partner’s) employment

   Your current details
   Name of your employer
   Gross amount currently earned per fortnight $
   Gross amount earned per fortnight immediately before event/diagnosis $

   Your partner’s current details
   Name of your partner’s employer (if applicable)
   Gross amount currently earned per fortnight $
   Gross amount earned per fortnight immediately before event/diagnosis $

26 Do you (and/or your partner) have any other income per fortnight?
   Do NOT include an account used exclusively for funding from the National Disability Insurance Scheme.
   No  Go to next question
   Yes  Give details below

   Type of income
   Earned per fortnight
   You   Your partner
   Bank accounts  $   $
   Investment property 1  $   $
   Investment property 2  $   $
   Private trust  $   $
   Company trust  $   $
   Term deposits  $   $
   Managed investments  $   $
   Other  $   $

   TOTAL  $   $

If you need more space, attach a separate sheet with details.
27 Do you (and/or your partner) have any assets?

Include money in bank accounts.
Do NOT include an account used exclusively for funding from the National Disability Insurance Scheme.

No ☐ Go to next question
Yes ☐ Give details below

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>Value of asset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You</td>
</tr>
<tr>
<td>Bank accounts</td>
<td>$</td>
</tr>
<tr>
<td>Investment property 1</td>
<td>$</td>
</tr>
<tr>
<td>Investment property 2</td>
<td>$</td>
</tr>
<tr>
<td>Private trust</td>
<td>$</td>
</tr>
<tr>
<td>Company trust</td>
<td>$</td>
</tr>
<tr>
<td>Term deposits</td>
<td>$</td>
</tr>
<tr>
<td>Managed investments</td>
<td>$</td>
</tr>
<tr>
<td>Shares</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL $ $

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

Note: You must provide copies of the latest bank statements for your investment properties, bank accounts and term deposits or your claim may not be assessed.

28 Please list your (and/or your partner’s) general fortnightly expenses.

<table>
<thead>
<tr>
<th>General expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You</td>
</tr>
<tr>
<td>Rent</td>
<td>$</td>
</tr>
<tr>
<td>Mortgage – principle home</td>
<td>$</td>
</tr>
<tr>
<td>Mortgage – investment property 1</td>
<td>$</td>
</tr>
<tr>
<td>Mortgage – investment property 2</td>
<td>$</td>
</tr>
<tr>
<td>Personal loans</td>
<td>$</td>
</tr>
<tr>
<td>Credit cards</td>
<td>$</td>
</tr>
<tr>
<td>School fees</td>
<td>$</td>
</tr>
<tr>
<td>Child care fees</td>
<td>$</td>
</tr>
<tr>
<td>Car loans</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL $ $

If you need more space, attach a separate sheet with details.
29 Do you (and/or your partner) have an investment property?

No [ ] Go to next question
Yes [ ] Give details below

1 Type of property
   (e.g. house, townhouse, apartment, commercial)

Address of property

------------------------------------------------------------------
Postcode

Size of property
   (e.g. 3 bedroom/ensuite/double garage/granny flat)

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

Purchase price

Date of purchase

$ / /

Current market value

Amount owed

$ $

2 Type of property
   (e.g. house, townhouse, apartment, commercial)

Address of property

------------------------------------------------------------------
Postcode

Size of property
   (e.g. 3 bedroom/ensuite/double garage/granny flat)

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

Purchase price

Date of purchase

$ / /

Current market value

Amount owed

$ $

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

Note: You must provide copies of the latest bank statements or your claim may not be assessed.

30 Has there been a change to your (and/or your partner’s) income as a result of this child’s severe disability or severe medical condition?

No [ ] Go to 34
Yes [ ] Give details below

31 Have you (and/or your partner) given up work?

No [ ] Go to next question
Yes [ ] Give details below

32 Have you (and/or your partner) reduced your hours/days at work?

No [ ] Go to next question
Yes [ ] Give details below

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

34
33 Have you (and/or your partner) lost income from giving up or reducing work hours?
No ➔ Go to next question
Yes ➔ Give details below

34 Do you (and/or your partner) have any other dependent children (do not include the child you are claiming for on this form) under 16 years of age, or a full-time student studying to Year 12 or equivalent under 20 years of age?
No ➔ Go to 36
Yes ➔ How many dependent children?
   Children's ages

35 Does more than 1 child in the family under 7 years of age have a severe disability or severe medical condition as a result of this catastrophic event?
No ➔ Go to next question
Yes ➔ You will need to complete a separate claim for each child. To get this form, go to humanservices.gov.au/careradjustment or call us on 132 717.

36 What is the child's diagnosis?

37 On what date was this child diagnosed with a severe disability or severe medical condition?

38 What therapies has your child received (or is currently receiving) since diagnosis?

39 Was your child receiving therapies before being diagnosed?
No ➔ Go to next question
Yes ➔ Give details below

Therapies provided

<table>
<thead>
<tr>
<th>Dates provided</th>
</tr>
</thead>
</table>

If you need more space, attach a separate sheet with details.
40 Did this child require hospitalisation?
   No □ Go to 45
   Yes □ Go to next question

41 How long did/does this child require hospitalisation?
   Less than 1 month □
   1–6 months □
   7–12 months □
   More than 12 months □

42 Were/are you (and/or your partner) able to work while this child was/is in hospital?
   You
   No □
   Yes □
   Your partner (if applicable)
   No □
   Yes □

43 What arrangements did/do you have for your other children while you cared for this child in hospital?
   Not applicable □ Go to next question

   Type of care
   Cost per week
   In care of relatives □ $
   Child Care □ $
   Nanny □ $
   Other arrangements □ $

44 What costs do you anticipate for your other children while this child is hospitalised?

   .................................................................
   .................................................................
   .................................................................

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

45 Will this child require any treatments or hospitalisation in the near future?
   No □ Go to next question
   Yes □ Give details below

   .................................................................
   .................................................................
   .................................................................
   .................................................................
   .................................................................
   .................................................................
   .................................................................
   .................................................................

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

46 What other expenses ONLY associated with this child’s medical condition will you or have you incurred?

   Type of expense
   Have
   Will have (estimated in next 6 months)
   Petrol □ $
   $
   Food □ $
   $
   Medications □ $
   $
   Treatments □ $
   $
   Parking □ $
   $
   New car □ $
   $
   Appointments □ $
   $
   Wheelchair or new equipment □ $
   $
   Speech therapy □ $
   $
   Physiotherapy □ $
   $
   Occupational therapy □ $
   $
   Other □ $
   $

   TOTAL □ $
   $

   If you need more space, attach a separate sheet with details.
47 How will Carer Adjustment Payment help you (e.g. purchasing new equipment, paying a debt, covering medical costs)?

___________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

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

48 Is there anything else you would like taken into account, including disruption to family life and what adjustments you have had to make, as a result of this child’s severe disability or severe medical condition, specifically in relation to financial need?

No Go to 49

Yes Give details below

Details could include:
- the nature of the care provided, and where it is being provided (e.g. home/hospital)
- your ability to work
- care arrangements for other children in the family (if relevant)
- additional out-of-pocket expenses that you have/will incur
- how this payment will help you
- any other relevant matters.

You will need to provide documents which will support your claim for Carer Adjustment Payment (e.g. bank statements, doctor’s report, letters from your employer regarding changed working arrangements and accounts for costs incurred).

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

49 Are you applying for or receiving any other government (state or territory or Commonwealth) assistance in support of this child’s disability or medical condition?

No Go to 53

Yes Give details below

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

50 Are you accessing the Helping Children with Autism (HCWA) package?

No

Yes

51 Are you accessing the Better Start for Children with Disability initiative?

No

Yes

52 Are you accessing the National Disability Insurance Scheme?

No

Yes

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

- A copy of your (and/or your partner’s) personal and business tax returns for the last 2 years (if required at question 24)
- Copies of the latest bank statements for your investment properties, bank accounts and term deposits (if you answered Yes at question 27)
- Copies of the latest bank statements (if you answered Yes at question 29)
- Documents which will support your claim for Carer Adjustment Payment (if you answered Yes at question 48)

You will need to provide documents which will support your claim for Carer Adjustment Payment (e.g. bank statements, doctor’s report, letters from your employer regarding changed working arrangements and accounts for costs incurred).

If you need more space, attach a separate sheet with details.
I/We declare that:
• the information I/we have provided in this form is complete and correct.

I/We understand that:
• giving false or misleading information is a serious offence.
• I/we must tell the Australian Government Department of Human Services of any changes to this information within 14 days.
• the Australian Government Department of Human Services and the Department of Social Services can make relevant enquiries to make sure I/we receive the correct entitlement.

Your signature

Date

/ / 

Your partner’s signature

Date

/ / 

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.