

When to use this form

Use this form if you are claiming Crisis Payment for an extreme circumstance or domestic violence.

Who should use this form

New and existing customers who have claimed and are eligible for payment of a social security pension or benefit, or ABSTUDY Living Allowance and who:

- are in severe financial hardship, **and**
- are forced to leave their home and establish a new one because of an extreme circumstance, such as domestic violence or an event such as house fire

OR

- are in severe financial hardship, **and**
- remain in their home after experiencing domestic violence where the family member responsible has left or been removed from the home.

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** and link it to your Centrelink online account. To make a claim online, access your Centrelink online account through myGov, then select 'Online Claims' from the menu.

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.

Return this form and any supporting documents to us **within 7 days** of the event occurring. If you cannot do this **within 7 days**, 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**
- in person – if you are unable to submit this form and any supporting documents online, you can provide them in person to one of our service centres.

Please keep these Notes (pages 1 and 2) for your information.

For more information

Go to humanservices.gov.au/crisispayment or call us on **132 850** 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.

Claim for Crisis Payment

extreme circumstance and domestic violence

1 Were you in Australia at the time the event occurred?

No  You may not be eligible for Crisis Payment. Call us on **132 850** if you want to discuss your eligibility.

Yes Go to next question

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 name (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. name at birth)

2 Other name

Type of name (e.g. maiden name)

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

4 Your gender

Male

Female

5 Your date of birth

 / /

6 Your permanent address

 Postcode

7 Your postal address (if different to above)

 Postcode

8 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

Is this a silent number? No Yes

Whose name is the phone account in? My name

My partner's name

Another name

Mobile phone number

Whose name is the mobile phone account in?

My name

My partner's name

Another name

Fax number

Work phone number

Alternative phone number

Home Internet Service Provider (ISP)

The ISP is the company that provides your internet access.

Whose name is the ISP account in? My name

My partner's name

Another name

Email

@


CLK0SU510 1512

9 What type of income support payment are you currently receiving or applying for (e.g. Newstart Allowance, Parenting Payment, Disability Support Pension)?

10 Your Centrelink Reference Number (if known)

 - - -

11 Have you left the home where you were living when the event occurred?

No **Go to next question**

Yes **Go to 14**

12 Was there an incident of domestic violence, and the family member responsible is no longer living in the home?

No **Go to 24**

Yes **Go to next question**

OFFICE USE ONLY — Refer to Social Worker

13 On what date did the family member leave the home?

 / / **Go to 20**

14 Did you leave the home because you experienced domestic violence?

No **Go to next question**

Yes **Go to 18**

OFFICE USE ONLY — Refer to Social Worker

15 Were you removed from the home by police or legally prevented from returning to the home due to an incident of domestic violence?

No **Go to next question**

Yes **Go to 18**

OFFICE USE ONLY — Refer to Social Worker

16 Did you leave the home because you have experienced an extreme circumstance which has made your home uninhabitable (e.g. house fire or flood)?

No **Go to 24**

Yes Give details below

17 Have you received any disaster relief from any other source?

No **Go to next question**

Yes Give details below

18 On what date did the event occur?

 / /

19 Have you established or do you intend to establish a new home?

No **Go to 24**

Yes Give details below (e.g. Lease agreement)

20 Are you able to give proof of the event that led you to claim Crisis Payment (e.g. fire, police or doctor's report)?

No **Go to next question**

Yes  Attach a copy of any reports.

21 Do you have any cash on hand?

No **Go to next question**

Yes How much?


 \$

22 Give details below of all accounts held by you in banks, building societies or credit unions.

Include savings accounts, cheque accounts, term deposits, joint accounts, accounts you hold in trust or under any other name, or money held in church or charitable development funds.

Accounts and term deposits outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars.

Do NOT include: shares, managed investments or an account used exclusively for funding from the National Disability Insurance Scheme.

 Attach proof of all account balances (e.g. ATM slip, statements, passbooks).

1 Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account \$

Currency if not AUD

Your share %

2 Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account \$

Currency if not AUD

Your share %

3 Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account \$

Currency if not AUD

Your share %

22 *Continued*

4 Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account \$

Currency if not AUD

Your share %

If you have more than 4 accounts, attach a separate sheet with details.

23 How would you like your payment to be made?

Electronic Benefits Transfer (EBT)

 Complete and attach an **Application for manual issue of Crisis and/or Anticipated Payment form (SU519)**. If you do not have this form or you require additional forms go to humanservices.gov.au/crisispayment or call us on **132 850**.

Direct credit Give account details below

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 the account is held

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

24 Which of the following forms, documents and other attachments are you providing with this form?

If you are not sure, check the question to see if you should attach the documents.

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

Proof of all account balances (e.g. ATM slip, statements, passbooks)
(if required at **question 22**)

Application for manual issue of Crisis and/or Anticipated Payment form (SU519)
(if required at **question 23**)

25 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.

26 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

/ /

OFFICE USE ONLY—Extreme Circumstance Assessment

Service Officer to complete

Has the extreme circumstance been assessed?

No

Yes

Has third party verification of the extreme circumstance been obtained?

No

Yes

Is a Crisis Payment to be:

Granted

Rejected

Service Officer

Name

Signature



Date

/ /

OFFICE USE ONLY—Domestic Violence Assessment

Social worker to complete

Has the customer's circumstances been assessed?

No

Yes

Has third party verification of the domestic violence been obtained?

No

Yes

Is a Crisis Payment to be:

Granted

Rejected

Social worker

Name

Signature



Date

/ /

Service Officer

Name

Signature



Date

/ /