

Application for Attendant Allowance

Attendant Allowance is an allowance to assist in meeting the costs of an attendant to help with such things as dressing, feeding, washing, attending to natural functions and meals on an ongoing basis. The allowance may be paid to some veterans suffering a severe **service-related** disability.

1. Attendant Allowance is paid only in addition to Disability pension, i.e. it **cannot** be granted if Disability pension is not in payment. Claims are frequently lodged by veterans who are either not in receipt of Disability pension, or do not have any accepted disabilities.
2. Attendant Allowance **cannot** be paid in addition to a Carer Payment from Centrelink.

The information sought on this form is required to assess your eligibility for a benefit under the *Veterans' Entitlements Act 1986* (VEA). The VEA requires that an application for Attendant Allowance be made on this form, approved by the Repatriation Commission.

Information contained in the form may be provided to Centrelink and the Australian Taxation Office for the purposes of matching information.

Giving false or misleading information is a serious offence.

If any details you give in this form change, you must tell the Department within 21 days.

The VEA provides that the Secretary of the Department of Veterans' Affairs may obtain information requested for the purposes of the legislation.



For more information please call the Department of Veterans' Affairs (from anywhere in Australia) on:

133 254

Callers from regional Australia can call:

1800 555 254

To contact your local Veterans' Affairs Network (VAN) Office please call:

1300 55 1918

If you wish to call DVA in another State please call:

1300 13 1945



The addresses of the Department of Veterans' Affairs offices are:

State Offices:

Sydney

Centennial Plaza Tower B
280 Elizabeth Street
GPO Box 3994
Sydney NSW 2001

Adelaide

Blackburn House
199 Grenfell Street
GPO Box 1652
Adelaide SA 5001

Melbourne

300 Latrobe Street
GPO Box 87A
Melbourne VIC 3001

Perth

AMP Building
140 St Georges Terrace
GPO Box F352
Perth WA 6001

Brisbane

AMP Place
10 Eagle Street
GPO Box 651
Brisbane QLD 4001

Hobart

21 Kirksway Place
Cnr Gladstone Street
GPO Box 481E
Hobart TAS 7001

Application for Attendant Allowance

1. DVA File number

2. Surname

3. Given names

4. Postal address

Postcode

5. Telephone Area code ()

6. Date of birth / /

7. What is the **service-related** injury or disease for which the allowance is being claimed?

Mark one box only

- 1 Blindness in both eyes
- 2 Blindness in both eyes together with total loss of speech or total deafness
- 3 Amputation of both arms
- 4 Amputation of both legs and one arm
- 5 Amputation of both legs at the hip
- 6 One leg amputated at the hip and the other in the upper third

▶ **If you marked one of these boxes, go to question 10**

- 7 A disease or injury affecting the brain and spinal cord system
- 8 A disease or injury similar in its effect or severity to one affecting the brain and spinal cord system
- 9 A leg, foot, hand or arm that has been rendered permanently and wholly useless

8. Please describe the condition

9. Are you capable of performing the following functions unaided:

Bathing?

Yes No ▶ Please state disability(ies) which prevent you doing this

Feeding?

Yes No ▶ Please state disability(ies) which prevent you doing this

Dressing?

Yes No ▶ Please state disability(ies) which prevent you doing this

Shaving?

Yes No ▶ Please state disability(ies) which prevent you doing this

10. Can you attend to natural functions (toilet) without assistance?

Yes No ▶ Please state disability(ies) which prevent you doing this

11. Are you being cared for in a hospital or other institution?

No Yes Are you paying a contribution towards your care?

No Yes

12. Provide the following details about your Local Medical Officer.

Name

Address

Postcode

Telephone

Area code ()

Other benefits or pensions

If you lodge a claim for any other pension, benefit or allowance while this claim is being processed, you MUST advise the Department of Veterans' Affairs.

13. Do you receive, or have you applied for, any benefit or pension (such as the old age pension) from Centrelink or any other source?

No Yes Provide details

Type of benefit or pension

Name of source

Date of claim

Reference no.

If insufficient space, please attach a separate sheet giving the required details.

14. Is the person who is to be your attendant, receiving or applied for, a Carer Payment from Centrelink?

No Yes - Provide details

Type of benefit or pension

Name of source

Date of claim

Reference no.

If insufficient space, please attach a separate sheet giving the required details.

15. Attendant's full name

16. Postal address

Postcode

17. Telephone

Home

Area code ()

Work

Area code ()

18. Declaration and consent

- I declare that the details I have given in this application are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this application.

I consent to:

- any necessary medical examination and tests related to this claim or its review;
- the Department supplying results of all such medical investigations to my local medical officer or medical specialist; and
- the release of medical, clinical or other information to the Department, by any medical practitioner, hospital, clinic, insurance company, Centrelink or other organisation, in relation to this application or its review.

YOUR SIGNATURE

If the veteran is unable to sign this form:

- sign the form on behalf of the veteran; and
- complete the Authority below for you to act on behalf of the veteran.

19. Authority to act on behalf of a veteran

The veteran may elect to have a friend or relative, or an ex-service organisation (or its representative) act on her or his behalf in relation to this claim. If so, this authority must be completed by that person.

I declare that I am authorised by

to act on her/his behalf in matters relating to this claim.

Your full name

Address

Postcode

Telephone

Home

Area code ()

Work

Area code ()

Signature