

## Use this form to claim a Low Income Health Care Card and/or Foster Child Health Care Card.

### Low Income Health Care Card



This card gives you and the dependants listed on the card concessions on:

- prescription medicines through the Pharmaceutical Benefits Scheme, **and**
- some Australian Government, state and local government, and private organisation services.

To be eligible, you must:

- meet residence rules, **or**
- be a Special Category visa holder who is residing in Australia, **and**
- satisfy the Low Income Health Care Card income test.

For more information, go to [humanservices.gov.au/lic](https://humanservices.gov.au/lic) or read *Information you need to know about your claim for concession and health care cards (Ci010) (Information Booklet)*.

### Foster Child Health Care Card



This card gives a foster child in your care concessions on:

- prescription medicines through the Pharmaceutical Benefits Scheme, **and**
- some state and local government authority and private organisation services.

To be eligible, you must:

- meet residence rules, **and**
- have a foster child in your care or be caring for someone else's child.

For more information, go to [humanservices.gov.au/fosterchildcard](https://humanservices.gov.au/fosterchildcard) or read *Information you need to know about your claim for concession and health care cards (Ci010) (Information Booklet)*.

### What else you will need to provide

If you are making a claim, you must return this form and **all** other supporting documents at the same time you lodge your claim form. If you do not return all documents, your claim may not be accepted. The only exception will be if you are waiting for medical evidence or other documents from a third party.

### Online services



#### Completing this form online is faster and easier.

You can claim these Health Care Cards using your Centrelink online account through myGov.

If you do not have a myGov account, you can create one at [my.gov.au](https://my.gov.au) and link it to your Centrelink online account.

### For more information



If you need to speak to us, call **132 490**.

We can translate documents you need for your claim for free.

To speak to us in other languages, call **131 202**.

**Note:** Call charges may apply.

If you have a hearing or speech impairment, you can contact the **TTY service** Freecall™ **1800 810 586**. A TTY phone is required to use this service.

## Partner Permitted to Enquire

Giving your partner permission to enquire will save you and your partner time in the future. It will let your partner speak to us on your behalf if you want or need them to.

A partner permitted to enquire can:

- ask questions about your Centrelink payments and services
- advise us of your earnings and changes in your circumstances
- lodge a claim or review using information you have previously provided (if it has not changed),  
**and**
- view your partner's details online.

Your partner is required to only use the information we give them according to the limitations of the arrangement.

### Changing your arrangement

You can change your partner permitted to enquire arrangement at any time by calling us. Go to **[humanservices.gov.au/phoneus](https://humanservices.gov.au/phoneus)**

If you think your partner is misusing the arrangement, call **132 850** or visit one of our service centres.

If you are affected by family and domestic violence, call **132 850** Monday to Friday, 8 am to 5 pm, local time and ask to speak to a departmental social worker. For more information, go to **[humanservices.gov.au/domesticviolence](https://humanservices.gov.au/domesticviolence)** or call **000** if you are in immediate danger.



# Claim for a Health Care Card (SS050)

## Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ☐ ► **Go to 1** skip to the question number shown. You do not need to answer the questions in between.

**1** Are you **ONLY** using this form to claim a Foster Child Health Care Card?

No ☐ ► **Go to next question**

Yes ☐ ► **Go to 4**

**2** Do you (and/or your partner) have dependent children under the age of 19 in your care?

No ☐ ► **Go to 5**

Yes ☐ ► **Go to next question**

**3** If you are eligible for the maximum rate of Family Tax Benefit Part A, you will get a Health Care Card automatically. Any child under 19 years of age for whom you receive Family Tax Benefit will appear as a dependant on your Health Care Card. Dependants aged 16 to 18 must be undertaking secondary studies to be eligible to appear on your card.

Are you (or your partner) getting Family Tax Benefit?

No ☐ ► **You may NOT need to fill in this form.**

For more information or to claim online, go to [humanservices.gov.au/ftb](http://humanservices.gov.au/ftb)

► **Go to 5**

Yes ☐ ► **Go to next question**

**4** Are you (or your partner) getting the maximum rate of Family Tax Benefit Part A?

No ☐ ► **Go to next question**

Yes ☐ ► **STOP Do NOT complete this form.**

You will get a Health Care Card automatically with your Family Tax Benefit.

## About YOU

**5** Do you need an interpreter when dealing with us?

This includes an interpreter for people who have a hearing or speech impairment.

No ☐ ► **Go to 8**

Yes ☐ ► **Go to next question**

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

**7** What is your preferred written language?

**8** Your Centrelink Reference Number (if known)

 -  -  - 

**9** Your name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name



CLK0SS050 1907

**10** Have you been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No ☐ **Go to next question**

Yes ☐ **Give details below**

**1** Other name

Type of name (for example, name at birth)

**2** Other name

Type of name (for example, name before marriage)

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

**11** Your gender

Male ☐

Female ☐

**12** Your date of birth

**13** Your permanent address

Postcode

**14** Your postal address (if different to above)

Postcode

**15** 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 ☐

Mobile phone number

Work phone number

Email

**16** Read this before answering the following question.

This question is voluntary and will not affect your Health Care Card. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

Are you of Aboriginal or Torres Strait Islander Australian descent?

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

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

**17** Read this before answering the following question.

This question is voluntary and will not affect your Health Care Card. If you do answer, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

Are you of Australian South Sea Islander descent?

No ☐

Yes ☐

**18** Do you want to authorise another person or organisation to make enquiries, get payments and/or act on your behalf?

No ☐ **Go to next question**

Yes ☐



You will need to complete and return an **Authorising a person or organisation to enquire or act on your behalf** form (SS313).

If you do not have this form or want more information about nominee arrangements, go to **humanservices.gov.au/nominees**

19 What country are you currently living in?

The country of residence is where you normally live on a long term basis.

Australia ☐ Go to next question

Other ☐ Country of residence

20 Have you **EVER** travelled outside Australia, including short trips and holidays?

This question will help us to verify your Australian residence.

No ☐ Go to next question

Yes ☐ Give details below

Year you last entered Australia

Passport number

Country of issue

21 Are you an Australian citizen **who was born in Australia**?

No ☐ Go to next question

Yes ☐ Go to 29

22 What is your country of birth?

23 What is your country of citizenship?

Australia ☐ Date citizenship granted

Go to 29

Other ☐ Give details below

Country of citizenship

Date citizenship granted

24 What type of visa did you arrive on?

Permanent ☐ Go to next question

Temporary ☐ Go to next question

New Zealand passport (Special Category visa) ☐ Go to 26

Not sure ☐ Go to 26

25 Your visa details on arrival

Visa sub class

Date visa granted

26 Has your visa changed since you arrived in Australia?

No ☐ Go to next question

Yes ☐ Most recent visa details

Visa sub class

Date visa granted

27 Are you a refugee or former refugee?

No ☐

Yes ☐

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

No ☐

Yes ☐

29 Read this before answering the following question.

We need to know if you have lived in any countries other than Australia. 'Lived' means where you or your family made your home or spent a long period of time – it does not include places you visited for a holiday.

Have you **EVER** lived outside Australia for any period?

No ☐ Go to next question

Yes ☐ List **ALL** countries you have lived in since birth and the date you started living in each country.

**Include** when you started living in **AUSTRALIA**.

**Do NOT include** short trips or holidays.

Country	Date from
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

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



**39** Has your partner been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No ☐ **Go to next question**

Yes ☐ **Give details below**

**1** Other name

Type of name (for example, name at birth)

**2** Other name

Type of name (for example, name before marriage)

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

**40** Your partner's gender

Male ☐

Female ☐

**41** Your partner's date of birth

**42** Your partner's permanent address (if different to your address)

Postcode

**43** Your partner's postal address (if different to your address)

Postcode

**44** Read this before answering the following question.

If your partner provides an email address or mobile phone number, they may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to [humanservices.gov.au/em](http://humanservices.gov.au/em) or visit one of our service centres.

Your partner's contact details (if different to your details)

Home phone number

Is this a silent number? No ☐ Yes ☐

Mobile phone number

Work phone number

Email

**45** Read this before answering the following question.

This question is voluntary and will not affect your partner's Health Care Card. If they do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

Is your partner of Aboriginal or Torres Strait Islander Australian descent?

If they are of both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

**46** Read this before answering the following question.

This question is voluntary and will not affect your partner's Health Care Card. If they do answer, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

Is your partner of Australian South Sea Islander descent?

No ☐

Yes ☐

**47** Does your partner want to authorise another person or organisation to make enquiries, get payments and/or act on their behalf?

No ☐ **Go to next question**

Yes ☐



Your partner will need to complete and return an **Authorising a person or organisation to enquire or act on your behalf** form (SS313).

If you do not have this form or want more information about nominee arrangements, go to [humanservices.gov.au/nominees](http://humanservices.gov.au/nominees)

48 What country is your partner currently living in?

The country of residence is where they normally live on a long term basis.

Australia ☐ Go to next question

Other ☐ Country of residence

49 Has your partner **EVER** travelled outside Australia, including short trips and holidays?

This question will help us to verify their Australian residence.

No ☐ Go to next question

Not applicable – never ☐ Go to next question  
travelled to Australia

Yes ☐ Give details below

Year your partner last entered Australia

Passport number

Country of issue

50 Is your partner an Australian citizen **who was born in Australia**?

No ☐ Go to next question

Yes ☐ Go to 59

51 What is your partner's country of birth?

52 What is your partner's country of citizenship?

Australia ☐ Date citizenship granted

 Go to 59

Other ☐ Give details below

Country of citizenship

Date citizenship granted

53 Has your partner ever lived in Australia?

No ☐ Go to 60

Yes ☐ Go to next question

54 What type of visa did your partner arrive on?

Permanent ☐ Go to next question

Temporary ☐ Go to next question

New Zealand passport ☐ Go to 56  
(Special Category visa)

Not sure ☐ Go to 56

55 Your partner's visa details on arrival

Visa sub class

Date visa granted

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

No ☐ Go to next question

Yes ☐ Most recent visa details

Visa sub class

Date visa granted

57 Is your partner a refugee or former refugee?

No ☐

Yes ☐

58 Did either of your partner's parents arrive on a refugee or humanitarian visa?

No ☐

Yes ☐

59 Read this before answering the following question.

We need to know if your partner has lived in any countries other than Australia. 'Lived' means where your partner or their family made their home or spent a long period of time – it does not include places they visited for a holiday.

Has your partner **EVER** lived outside Australia for any period?

No ☐ Go to next question

Yes ☐ List **ALL** countries they have lived in since birth and the date they started living in each country.

**Include** when they started living in **AUSTRALIA**.

**Do NOT include** short trips or holidays.

Country	Date from
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

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



## Dependent children

**60** Do you (or your partner) have any dependent children under 19 years of age?

**Dependent child** means a child for whom you have legal responsibility, either alone or jointly with another person for the child's day-to-day care, welfare and development. For more information about dependents, read the information booklet, **Information you need to know about your claim for concession and health care cards (Ci010)**. If you do not have this booklet, go to [humanservices.gov.au/forms](https://humanservices.gov.au/forms). If the dependent child is 19 years of age or over, they can claim their own Low Income Health Care Card.

No ☐ **Go to 65**

Yes ☐ Give details below

If you have more than 2 dependent children, copy and provide this page for additional children before completing details for child 1.

**Go to 61 for Child 1**

### Child 1

**61** Child's family name

Child's first given name

Child's second given name


**62** Do you (or your partner) get Family Tax Benefit for this child?

No ☐ **Go to next question**

Yes ☐ **Go to 64 for Child 1**

**63** Does this child get an income support payment?

No ☐

 You will need to complete and return a **Details of your child's care arrangements** form (FA012).

If you do not have this form, go to [humanservices.gov.au/forms](https://humanservices.gov.au/forms)

**Go to next question**

Yes ☐ **Go to next question**

**64** Do you have another dependent child?

No ☐ **Go to 65**

Yes ☐ **Go to 61 for Child 2**

### Child 2

**61** Child's family name

Child's first given name

Child's second given name

**62** Do you (or your partner) get Family Tax Benefit for this child?

No ☐ **Go to next question**

Yes ☐ **Go to 64 for Child 2**

**63** Does this child get an income support payment?

No ☐

 You will need to complete and return a **Details of your child's care arrangements** form (FA012).

If you do not have this form, go to [humanservices.gov.au/forms](https://humanservices.gov.au/forms)


**Go to next question**

Yes ☐ **Go to next question**

**64** Do you have another dependent child?

No ☐ **Go to next question**

Yes ☐

 Provide details of each additional child.  
**Go to next question**

## Current CIRCUMSTANCES

**65** Are you (and/or your partner) a student or apprentice?

No ☐ **Go to 69**

Yes ☐ Give details below

Tick ALL that apply

	You	Your partner
Student – full-time	<input type="checkbox"/>	<input type="checkbox"/>
Student – part-time	<input type="checkbox"/>	<input type="checkbox"/>
Student/apprentice – secondary school	<input type="checkbox"/>	<input type="checkbox"/>
Student/apprentice – tertiary/technical school	<input type="checkbox"/>	<input type="checkbox"/>

**66** What course of study are you (and/or your partner) currently doing?

If you (and/or your partner) are aged 16 to 18 and doing secondary study, then you can qualify for a Health Care Card if you are not considered to be a child for Family Tax Benefit purposes.

**You** Course title (for example, Yr 11, Cert III)

**Your partner** Course title (for example, Yr 11, Cert III)

**67** Are you (and/or your partner) in receipt of any educational payments (for example, Student Financial Supplement Scheme, Veterans' Children Education Scheme, Military Rehabilitation and Compensation Act Education and Training Scheme or Australian Postgraduate Awards)?

No ☐

Yes ☐

**68** Are you (and/or your partner) being financially supported by your parent(s), guardian(s) or another person?

No ☐

Yes ☐

**69** What is your (and/or your partner's) current circumstance?

Tick ALL that apply

	You	Your partner
Employee – full-time	<input type="checkbox"/>	<input type="checkbox"/>
Employee – part-time	<input type="checkbox"/>	<input type="checkbox"/>
Employee – casual	<input type="checkbox"/>	<input type="checkbox"/>
Employed – on leave receiving Parental Leave Pay	<input type="checkbox"/>	<input type="checkbox"/>
Farmer	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed non-farmer	<input type="checkbox"/>	<input type="checkbox"/>
Religious worker	<input type="checkbox"/>	<input type="checkbox"/>
Not employed – receiving Parental Leave Pay	<input type="checkbox"/>	<input type="checkbox"/>
Self-funded retiree	<input type="checkbox"/>	<input type="checkbox"/>
Not employed	<input type="checkbox"/>	<input type="checkbox"/>
Other – give details below	<input type="checkbox"/>	<input type="checkbox"/>

**You**

**Your partner**

**70** What date did you (and/or your partner) last work?

**You**

 /  / 

**Your partner**

 /  / 

**71** Are you (and/or your partner) on unpaid leave?

No ☐ **Go to 73**

Yes ☐ **Go to next question**

**72** What date do you (and/or your partner) intend returning to work?

**You**

 /  / 

**Your partner**

 /  /

### 73 Read this before answering the following question.

If medical treatment has been received before you (and your partner) claim this card, your claim(s) may be able to be back-dated.

You must provide evidence of your (and/or your partner's) income for:

- the 8 weeks immediately before the date of medical treatment, **and**
- the entire period between the date of your medical treatment and the date you lodge this claim.

For more information, read the information booklet, **Information you need to know about your claim for concession and health care cards (Ci010)**. If you do not have this booklet, go to [humanservices.gov.au/forms](http://humanservices.gov.au/forms)

Do you (and/or your partner) want this claim back-dated due to medical treatment?

No ☐ ➔ *Go to next question*

Yes ☐ ➔



You will need to provide evidence of the date and type of medical treatment received, **and** evidence of your (and/or your partner's) income for 8 weeks immediately before the medical treatment.

### Parental leave income

**74** Did you (and/or your partner) receive Parental Leave Pay for any period in the last 8 weeks?

No ☐ ➔ *Go to 77*

Yes ☐ ➔ *Go to next question*

**75** Is the Parental Leave Pay provided by your (or your partner's) employer?

No ☐ ➔ *Go to 77*

Yes ☐ ➔ *Go to next question*

**76** Has the employer shown the Parental Leave Pay as a separate amount to your earned income on your (and/or your partner's) payslips?

No ☐

Yes ☐

### Employment related income

**77** Did you (and/or your partner) earn any income from employment in the last 8 weeks?

#### Do NOT include:

- income from self-employment
- any Parental Leave Pay, **or**
- Dad and Partner Pay.

**Note:** If you are a sub-contractor but are not sure if you should be declaring your income as a business or as an employee, call us to discuss.

No ☐ ➔ *Go to 79*

Yes ☐ ➔ Give details below

#### 1 Person working for this employer

You ☐ Your partner ☐

Employer's name

Address

Postcode

Phone number

#### 2 Person working for this employer

You ☐ Your partner ☐

Employer's name

Address

Postcode

Phone number

#### 3 Person working for this employer

You ☐ Your partner ☐

Employer's name

Address

Postcode

Phone number

If you (and/or your partner) currently get income from more than 3 jobs, provide a separate sheet with details.

**78** Give details of income earned by you (and/or your partner) in the last 8 weeks.

GROSS income from employment **includes**:

- amounts voluntarily salary sacrificed (including superannuation)
- the value of employer provided fringe benefits.

**Do NOT include:**

- Parental Leave Pay
- Dad and Partner Pay.

#### You

GROSS amount earned **per week** (before tax and other deductions)

\$	Week 1
\$	Week 2
\$	Week 3
\$	Week 4
\$	Week 5
\$	Week 6
\$	Week 7
\$	Week 8

**Total** (Add weeks 1 to 8)

\$

**OR**

GROSS amount earned **per fortnight** (before tax and other deductions)

\$	Fortnight 1
\$	Fortnight 2
\$	Fortnight 3
\$	Fortnight 4

**Total** (Add fortnights 1 to 4)

\$

#### Your partner

GROSS amount earned **per week** (before tax and other deductions)

\$	Week 1
\$	Week 2
\$	Week 3
\$	Week 4
\$	Week 5
\$	Week 6
\$	Week 7
\$	Week 8

**Total** (Add weeks 1 to 8)

\$

**OR**

GROSS amount earned **per fortnight** (before tax and other deductions)

\$	Fortnight 1
\$	Fortnight 2
\$	Fortnight 3
\$	Fortnight 4

**Total** (Add fortnights 1 to 4)

\$



You will need to provide proof of your (and/or your partner's) earned income for this 8 weeks period. This may include:

payslips for the weeks worked, or  
a letter from the employer stating gross wages.

**Note:** Letters and payslips must have the employer's name and address on them. Bank statements do not provide sufficient proof of wages (earnings).

#### Business interests

**79** Are you (and/or your partner) involved in any type of business?

**Include:**

- farming
- self-employed
- sole trader
- partnership
- sub-contractor.

For more information, go to

**humanservices.gov.au/businesses**

No ☐ **Go to next question**

Yes ☐



You will need to complete and return a **Business details** form (**Mod F**). If the business owns real estate you will also need to complete and return a **Real estate details** form (**Mod R**) for each property.

If you do not have these forms, go to **humanservices.gov.au/forms**

**80** Read this before answering the following question.

You (and/or your partner) may be, or have been involved in a trust as:

- a trustee
- an appointor
- a beneficiary

**OR** have:

- made a loan to a private trust
- made a gift of cash, assets, or private property to a private trust in the last 5 years
- relinquished involvement in a private trust in the last 5 years
- a private annuity
- a life interest
- an interest in a deceased estate.

A private trust includes a non-complying Self Managed Superannuation Fund or a non-complying Small APRA Fund.

For more information, go to

**humanservices.gov.au/trustsandcompanies**

Are you or have you (and/or your partner) been involved in a private trust in any of the ways detailed above?

No ☐ **Go to 85**

Yes ☐ **Go to next question**

**81** Is the private trust now vested?

No ☐ **Go to 83**

Yes ☐



You will need to provide a copy of evidence of the vesting.

**Go to next question**

**82** Have you (and/or your partner) made any type of gift involving a private trust (either active or vested) in the last 5 years?

**Include:**

- forgiving a loan
- transfer of assets to or from a trust for less than their value
- forgoing distributions.

No ☐ **Go to 85**

Yes ☐ **Go to next question**

**83** Have you completed a **Private Trust** form (Mod PT) or a **Special Disability Trust** form (Mod SDT) in the last 5 years?

No ☐ **Go to next question**


Yes ☐ **Go to 85**

**84** Is the private trust a Special Disability Trust (SDT)?

No ☐

 You will need to complete and return a **Private Trust** form (Mod PT).  
If you do not have this form, go to **humanservices.gov.au/forms**

Yes ☐

 You will need to complete and return a **Special Disability Trust** form (Mod SDT).  
If you do not have this form, go to **humanservices.gov.au/forms**

**85** Read this before answering the following question.

You (or your partner) may be, or have been in the last 5 years:

- a director of a company
- a shareholder of a company

**OR** have:

- made a loan to a private company
- transferred shares in a private company
- made a gift of cash, assets or property to a private company.

For more information, go to **humanservices.gov.au/trustsandcompanies**

Are you or have you (and/or your partner) been involved with a private company in any of the ways detailed above?


No ☐ **Go to 89**

Yes ☐ **Go to next question**

**86** Is the private company now deregistered with the Australian Securities and Investments Commission (ASIC)?

No ☐ **Go to 88**

Yes ☐

 You will need to provide a copy of evidence of deregistration.  
▶ **Go to next question**

**87** Have you (and/or your partner) made any type of gift involving a private company (either registered or deregistered) in the last 5 years?

**Include:**


- forgiving a loan
- transfer of assets to or from a private company for less than their value
- forgoing distributions.

No ☐ **Go to 89**

Yes ☐ **Go to next question**

**88** Have you completed a **Private Company** form (Mod PC) in the last 5 years?

No ☐

 You will need to complete and return a **Private Company** form (Mod PC).  
If you do not have this form, go to **humanservices.gov.au/forms**  
▶ **Go to next question**

Yes ☐ **Go to next question**

## Compensation

### 89 Read this before answering the following question.

#### Compensation, insurance and damages include:

- workers' compensation
- motor vehicle
- criminal injuries/victims compensation
- sporting injury
- public liability
- medical negligence
- personal accident and sickness insurance
- income replacement insurance.

Have you (or your partner) ever:

- received
- claimed, **or**
- been able to claim


compensation, insurance and/or damages?

No ☐ **Go to 91**

Yes ☐ **Go to next question**

### 90 Have you (or your partner) told us about this before?

No ☐

 You will need to complete and return a **Compensation and damages** form (**Mod C**). If you do not have this form, go to **humanservices.gov.au/forms**  
▶ **Go to next question**

Yes ☐ **Go to next question**

### 91 Do you (and/or your partner) receive payments from an income protection policy?

No ☐ **Go to next question**

Yes ☐

 Provide a copy of the policy document and the latest statement for this policy.


## Other money received

### 92 Do you (and/or your partner) receive any rental income?

**Do not include** income received from boarders who live with you, this should be provided at question 94.

No ☐ **Go to next question**

Yes ☐

 You will need to complete and return a **Real estate details** form (**Mod R**) for each property. You will also need to provide your most recent income tax return if you have not already done so. If you do not have this form, go to **humanservices.gov.au/forms**

### 93 Do you (and/or your partner) receive payments from **outside Australia**?

#### Include:


- pensions from other countries
- benefits
- allowances
- superannuation
- compensation, **and**
- war related payments.

**Note:** You must include details of pensions, allowances and other payments even if:

- they are not taxable in the country or payment, **and/or**
- you have arranged for your payment to be made to a third party.

No ☐ **Go to next question**

Yes ☐ **Give details below**

 Provide a copy of the document (for example, latest pension certificate – not a bank statement) from the issuing authority or agency which gives details including the amount in the foreign currency for each payment.

#### 1 Type of payment

Country which pays it?

Who pays it?

Date commenced (if known)

Paid to:

You ☐ Your partner ☐

Continued

**2** Type of payment

Country which pays it?

Who pays it?

Date commenced (if known)

 /  / 

Paid to:

You ☐

Your partner ☐

If you (and/or your partner) receive more than 2 payments from outside Australia, provide a separate sheet with details.

**94** Do you (and/or your partner) receive money from any boarders or lodgers living with you?

**Include** boarders or lodgers who live with you or in accommodation at the property you live in (for example, renting out a room, granny flat).

**Do NOT include** immediate family members (for example, child, parent or guardian).

No ☐ Go to next question

Yes ☐ Give details below

**1** Name of person

Relationship to you

Number of meals  
you provide each day

Amount paid per fortnight

 \$

Date started paying

 /  / 

Your share  %

Partner's share  %

**2** Name of person

Relationship to you

Number of meals  
you provide each day

Amount paid per fortnight

 \$

Date started paying

 /  / 

Your share  %

Partner's share  %

If you (and/or your partner) receive money from more than 2 people living with you, provide a separate sheet with details.

**95** In the last 14 months, have you (or your partner) received a lump sum payment, including leave, termination or redundancy payments, that you have not already told us about on this form?

**Do NOT include:**

- compensation
- insurance
- damages
- funding from the National Disability Insurance Scheme.

No ☐ Go to next question

Yes ☐ Give details below



Provide documentation which shows the amount received (for example, an employer separation certificate).

**1** Type of lump sum

Who paid it?

Amount paid

 \$

Date paid

 /  / 

Who received this lump  
sum payment?

You ☐

Your partner ☐

**2** Type of lump sum

Who paid it?

Amount paid

 \$

Date paid

 /  / 

Who received this lump  
sum payment?

You ☐

Your partner ☐

If you (and/or your partner) have received more than 2 lump sum payments, provide a separate sheet with details.

## Bank accounts

- 96** Give details of all accounts held by you (and/or your partner) 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
- 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
- an account used exclusively for funding from the National Disability Insurance Scheme.



Provide evidence from your financial institution that shows your current account balance, BSB number, account number and account holder name(s) for each account held. Copies can be provided.

**Note:** ATM slips are not acceptable.

<b>1</b>	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Current balance of account	<input type="text"/>
	Currency if not AUD	<input type="text"/>
	Your share <input type="text"/> %	Partner's share <input type="text"/> %

<b>2</b>	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Current balance of account	<input type="text"/>
	Currency if not AUD	<input type="text"/>
	Your share <input type="text"/> %	Partner's share <input type="text"/> %

*Continued*

<b>3</b>	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Current balance of account	<input type="text"/>
	Currency if not AUD	<input type="text"/>
	Your share <input type="text"/> %	Partner's share <input type="text"/> %

<b>4</b>	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Current balance of account	<input type="text"/>
	Currency if not AUD	<input type="text"/>
	Your share <input type="text"/> %	Partner's share <input type="text"/> %

<b>5</b>	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Current balance of account	<input type="text"/>
	Currency if not AUD	<input type="text"/>
	Your share <input type="text"/> %	Partner's share <input type="text"/> %

<b>6</b>	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Current balance of account	<input type="text"/>
	Currency if not AUD	<input type="text"/>
	Your share <input type="text"/> %	Partner's share <input type="text"/> %

If you (and/or your partner) have more than 6 accounts, provide a separate sheet with details.



## Superannuation

### 97 Read this before answering the following question.

Answer this question **ONLY** if you (and/or your partner) are age pension age, otherwise *Go to next question*

To work out if you (or your partner) are age pension age, use the table below.

Date of birth	Qualifying age at
1 July 1952 to 31 December 1953	65 years and 6 months
1 January 1954 to 30 June 1955	66 years
1 July 1955 to 31 December 1956	66 years and 6 months
From 1 January 1957	67 years

Do you (and/or your partner) have any money invested in superannuation in Australia where the fund is not paying a pension?

#### Include:

- superannuation funds such as:
  - retail
  - industry
  - corporate
  - employer
  - public sector
- retirement savings accounts
- Self Managed Superannuation Funds (SMSF) and Small APRA Funds (SAF) if the funds are complying.

**SPIN code** – is commonly used for fund managers to identify superannuation products.

No ☐ **Go to 98**

Yes ☐ Give details below



Provide a copy of the latest statements for superannuation funds and retirement savings accounts. If you have a SMSF or SAF, provide the financial statement including income tax return and member statement.

#### 1 Name of institution/fund manager or SPIN code

Name of fund

Product reference number

Date of joining/investment

 /  / 

Current market value

Owned by

 \$

You ☐ Your partner ☐

Continued

#### 2 Name of institution/fund manager or SPIN code

Name of fund

Product reference number

Date of joining/investment

 /  / 

Current market value

Owned by

 \$

You ☐ Your partner ☐

If you (and/or your partner) have more than 2 superannuation investments, provide a separate sheet with details.

### 98 Read this before answering the following question.

An **income stream product** is a regular series of payments which may be made for a lifetime or a fixed period by:

- a financial institution
- a retirement savings account
- a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF).

#### Types of income streams include:

- account-based pension (also known as allocated pension)
- market-linked pension (also known as term allocated pension)
- lifetime income stream
- pooled lifetime income stream
- life expectancy income stream
- term income stream
- defined benefit pension (for example, public sector and private sector defined benefit pensions).

Do you (and/or your partner) receive income from any Australian income stream products?

No ☐ **Go to next question**

Yes ☐ Give details on the next page



For each income stream product, you (and/or your partner) will need to provide:

- a Centrelink/DVA schedule or similar schedule, **or**
- a **Details of income stream product** form (SA330).

The schedule or form must be completed by:

- your product provider
- the trustee of the SMSF or SAF, **or**
- the SMSF administrator.

If you do not have this form, go to **humanservices.gov.au/forms**

Continued

<b>1</b> Name of product provider/SMSF/SAF	
Type of income stream	
Product reference number	Commencement date
	/ /
Owned by: You <input type="checkbox"/> Your partner <input type="checkbox"/>	

<b>2</b> Name of product provider/SMSF/SAF	
Type of income stream	
Product reference number	Commencement date
	/ /
Owned by: You <input type="checkbox"/> Your partner <input type="checkbox"/>	

If you (and/or your partner) have more than 2 income stream products, provide a separate sheet with details.

## Financial assets

**99** Do you (and/or your partner) own any shares, options, rights, convertible notes or other securities **LISTED** on a stock/securities exchange in and/or outside Australia?

**Include:**

- futures
- options
- derivatives
- rights
- convertible notes.

**Do NOT include** managed investments.

No ☐ ➔ Go to next question

Yes ☐ ➔ Give details below



Provide a copy of the latest statement detailing the shareholding in each company.

<b>1</b> Name of the public company or ASX code	
Number of shares held	Country if not Australia
Your share	Partner's share
%	%

<b>2</b> Name of the public company or ASX code	
Number of shares held	Country if not Australia
Your share	Partner's share
%	%

<b>3</b> Name of the public company or ASX code	
Number of shares held	Country if not Australia
Your share	Partner's share
%	%

<b>4</b> Name of the public company or ASX code	
Number of shares held	Country if not Australia
Your share	Partner's share
%	%


If you (and/or your partner) have more than 4 shareholdings, provide a separate sheet with details.

**100** Do you (and/or your partner) own any shares, options or rights in PUBLIC companies, **NOT listed** on a stock exchange?

**Do NOT include** managed investments.

No ☐ Go to next question

Yes ☐ Give details below

 Provide a copy of the latest statement or document that shows the number of shares held.

**1** Name of public company

Type of shares Number of shares

Current market value	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

**2** Name of public company

Type of shares Number of shares

Current market value	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

**3** Name of public company

Type of shares Number of shares

Current market value	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

If you (and/or your partner) have more than 3 shareholdings, provide a separate sheet with details.

**101** Do you (and/or your partner) have any managed investments in and/or outside Australia?

**Include:**

- investment trusts
- personal investment plans
- life insurance bonds
- friendly society bonds.


**Do NOT include:**

- conventional life insurance policies
- funeral bonds
- superannuation or rollover investments.

**APIR code** – is commonly used for fund managers to identify individual financial products.

No ☐ Go to next question

Yes ☐ Give details below

 Provide a copy of the document which gives current details for each investment (for example, certificate with number of units or account balance).

**1** Name of company

Name of product and product option

Number of units held  
(if applicable)

APIR code (if known)

Value of the investment

Currency if not AUD

Your share  %

Partner's share  %

**2** Name of company

Name of product and product option

Number of units held  
(if applicable)

APIR code (if known)

Value of the investment

Currency if not AUD

Your share  %

Partner's share  %

If you (and/or your partner) have more than 2 managed investments, provide a separate sheet with details.

**102** Do you (and/or your partner) have any bonds or debentures in and/or outside Australia?


Bonds refer to government and semi-government bonds.

**Do NOT include:**

- friendly society bonds
- funeral bonds
- life insurance bonds
- accommodation bonds for residing in an aged care facility.

No ☐ Go to next question

Yes ☐ Give details below

 Provide a copy of the document which gives details for each bond or debenture.

**1** Name of company

Type of investment

Current amount invested

Currency if not AUD

Your share  %

Partner's share  %

**2** Name of company

Type of investment

Current amount invested

Currency if not AUD

Your share  %

Partner's share  %

**3** Name of company

Type of investment

Current amount invested

Currency if not AUD

Your share  %

Partner's share  %

If you (and/or your partner) have more than 3 bonds or debentures, provide a separate sheet with details.

**Loans and gifts**


**103** Have you (and/or your partner) lent money to another person or organisation?

**Include** all loans, whether they are made to family members, other people or organisations or trusts.

**Do NOT include** loans to secure accommodation in retirement villages or aged care.

No ☐ Go to next question

Yes ☐ Give details below

 Provide a copy of the document which gives details for each loan (if available).

**1** Who did you lend the money to?

Date lent

Amount lent

Current balance on loan

Lent by you

Lent by your partner

**2** Who did you lend the money to?

Date lent

Amount lent

Current balance on loan

Lent by you

Lent by your partner

If you (and/or your partner) have more than 2 loans, provide a separate sheet with details.

**104** In the last 5 years, have you (and/or your partner) given away, sold for less than their market value or surrendered a right to any cash, assets, property or income?

**Include:**

- forgiven loans
- shares in private companies
- transfer of business or farm ownership.

No ☐ Go to next question

Yes ☐ Give details below

**1** What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

Date given or sold	What it was worth
<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	\$ <input type="text"/>

What you got for it	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

**2** What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

Date given or sold	What it was worth
<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	\$ <input type="text"/>

What you got for it	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

**3** What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

Date given or sold	What it was worth
<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>	\$ <input type="text"/>

What you got for it	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

If you (and/or your partner) have given away or sold for less than its market value more than 3 items, provide a separate sheet with details.

**Other income**

**105** Do you (and/or your partner) receive any payments that you have not already told us about on this form?

**Include:**

- Department of Veterans' Affairs (DVA) payments
- New Enterprise Incentive Scheme (NEIS) Allowance
- gratuities
- match or sporting payments
- non-monetary payments for services
- scholarships, educational assistance or allowance
- any other income.

**Do NOT include:**

- funding from the National Disability Insurance Scheme
- Parental Leave Pay
- Dad and Partner Pay.

No ☐ Go to next question

Yes ☐ Give details below



Provide a copy of the most recent statement/certificate that gives details for each type of payment.

**1** Type of payment

Who pays it?

Amount per fortnight	Date commenced (if known)
\$ <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Your share <input type="text"/> %	Partner's share <input type="text"/> %

**2** Type of payment

Who pays it?

Amount per fortnight	Date commenced (if known)
\$ <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Your share <input type="text"/> %	Partner's share <input type="text"/> %

**3** Type of payment

Who pays it?

Amount per fortnight	Date commenced (if known)
\$ <input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Your share <input type="text"/> %	Partner's share <input type="text"/> %

If you (and/or your partner) receive more than 3 types of payments, provide a separate sheet with details.

**106** Do you have any foster children for whom you wish to claim a Health Care Card?

No ☐ **Go to 120**

Yes ☐ **Go to 108**

**107** If medical treatment has been received before you claim this card, your claim may be able to be back-dated.

For more information, read the information booklet, **Information you need to know about your claim for concession card and healthcare cards (Ci010)**. If you do not have this booklet, go to [humanservices.gov.au/forms](http://humanservices.gov.au/forms)

Do you want this claim back-dated due to medical treatment?

No ☐ **Go to next question**

Yes ☐



You will need to provide evidence of the date and type of medical treatment received.

**Go to next question**

**108** Provide details of foster children in your care for whom you wish to claim a Health Care Card

If you have more than 2 foster children, copy and provide this page for additional children before completing details for child 1.

If you want to claim Family Tax Benefit as well as a Health Care Card for a foster child, you may not need to complete this form, go to [humanservices.gov.au/families](http://humanservices.gov.au/families)

### Foster child 1

**109** Full name

**110** Gender

Male ☐

Female ☐

**111** Date of birth

**112** What is this child's country of birth?

**113** Has this child **EVER** travelled outside Australia, including short trips and holidays?

This question will help us to verify their Australian residence.

No ☐ **Go to next question**

Not applicable – never travelled to Australia ☐ **Go to next question**

Yes ☐ **Give details below**

Year child last entered Australia

Passport number

Country of issue

**114** Relationship to you (for example, niece, grandchild, unrelated)

**115** Date this child entered your care

**116** How long will this child be in your care?

**117** Who cared for this child before you (if known)?

This information helps us to confirm your foster child's identity.

Full name

Address

Postcode

**118** Are you getting Family Tax Benefit for this child?

No ☐



Provide legal or other documents to show that you have the day-to-day care and responsibility for the foster child.

**Go to next question**

Yes ☐ **Go to next question**

**119** Do you want to claim a Health Care Card for another foster child?

No ☐ **Go to 120 on page 24**

Yes ☐ **Go to next question**

## Foster child 2

**109** Full name

---

**110** Gender

Male ☐

Female ☐

**111** Date of birth

 /  / 

**112** What is this child's country of birth?

**113** Has this child **EVER** travelled outside Australia, including short trips and holidays?

This question will help us to verify their Australian residence.

No ☐ ► *Go to next question*

Not applicable – never travelled to Australia ☐ ► *Go to next question*

Yes ☐ ► *Give details below*

Year child last entered Australia

Passport number

Country of issue

**114** Relationship to you (for example, niece, grandchild, unrelated)

**115** Date this child entered your care

 /  / 

**116** How long will this child be in your care?

**117** Who cared for this child before you (if known)?

This information helps us to confirm your foster child's identity.

Full name

---

Address

---


  

---

 Postcode

**118** Are you getting Family Tax Benefit for this child?

No ☐ ►


 Provide legal or other documents to show that you have the day-to-day care and responsibility for the foster child.  
► *Go to next question*

Yes ☐ ► *Go to next question*

**119** Do you want to claim a Health Care Card for another foster child?

No ☐ ► *Go to next question*

Yes ☐ ►

 Provide details of each additional foster child.  
► *Go to next question*

## Checklist

### 120 Which of the following forms and documents are you (and/or your partner) providing with this form?

Where you are asked to supply identity documents, provide original documents. If you post documents to us, we will return them to you by registered mail.

For other documents, you must provide copies. These copies will not be returned.

<b>Foster Child Health Care Card</b>	
If you are not sure, check the question to see if you should provide the documents.	
<b>Tick all that apply</b>	
Identity documents for yourself  If you have not previously provided identity documents, you will need to confirm your identity as part of this claim. For more information, go to <a href="https://humanservices.gov.au/identity">humanservices.gov.au/identity</a>	<input type="checkbox"/>
Identity documents for your foster child(ren)  You will need to confirm the identity of your foster child(ren) as part of this claim. For more information, go to <a href="https://humanservices.gov.au/identity">humanservices.gov.au/identity</a>	<input type="checkbox"/>
<b>Authorising a person or organisation to enquire or act on your behalf</b> form (SS313) (If you answered Yes at <b>question 18</b> )	<input type="checkbox"/>
Document(s) which show date and type of medical treatment (If you answered Yes at <b>question 107</b> )	<input type="checkbox"/>
Proof of responsibility of the foster child(ren) (If you answered No at <b>question 118</b> )	<input type="checkbox"/>
Details of additional foster child(ren) (If you answered Yes at <b>question 119</b> on page 23)	<input type="checkbox"/>

<b>Low Income Health Care Card</b>	
If you are not sure, check the question to see if you should provide the documents.	
<b>Tick all that apply</b>	
Identity documents for yourself  If you (and/or your partner) have not previously provided identity documents, you will need to confirm your identity as part of this claim. For more information, go to <a href="https://humanservices.gov.au/identity">humanservices.gov.au/identity</a>	<input type="checkbox"/>
Identity documents for your partner	<input type="checkbox"/>
<b>Authorising a person or organisation to enquire or act on your behalf</b> form (SS313) (If you answered Yes at <b>question 18</b> and/or <b>47</b> )	<input type="checkbox"/>
<b>Details of your child's care arrangements</b> form (FA012) (If you answered No at <b>question 63</b> )	<input type="checkbox"/>
Details of each additional dependent child (If you answered Yes at <b>question 64</b> )	<input type="checkbox"/>
Document(s) which show date and type of medical treatment and evidence of income 8 weeks before the medical treatment (If you answered Yes at <b>question 73</b> )	<input type="checkbox"/>
Payslip(s) for the last 8 weeks or a letter from each employer (If you answered <b>question 78</b> )	<input type="checkbox"/>
<b>Business details</b> form (Mod F) and <b>Real estate details</b> form (Mod R) (If you answered Yes at <b>question 79</b> )	<input type="checkbox"/>
Evidence of the vesting (If you answered Yes at <b>question 81</b> )	<input type="checkbox"/>
<b>Private Trust</b> form (Mod PT) (If you answered No at <b>question 84</b> )	<input type="checkbox"/>
<b>Special Disability Trust</b> form (Mod SDT) (If you answered Yes at <b>question 84</b> )	<input type="checkbox"/>
A copy of evidence of deregistration (If you answered Yes at <b>question 86</b> )	<input type="checkbox"/>
<b>Private Company</b> form (Mod PC) (If you answered No at <b>question 88</b> )	<input type="checkbox"/>
<b>Compensation and damages</b> form (Mod C) (If you answered No at <b>question 90</b> )	<input type="checkbox"/>
Policy document(s) and the latest statement for this policy (If you answered Yes at <b>question 91</b> )	<input type="checkbox"/>
<b>Real estate details</b> form (Mod R) and most recent income tax return if required (If you answered Yes at <b>question 92</b> )	<input type="checkbox"/>

Continued ►



A document (for example, latest pension certificate – not a bank statement) from the issuing authority or agency which gives details including the amount in the foreign currency for each payment (If you answered Yes at <b>question 93</b> )	<input type="checkbox"/>
Document(s) which show amount of lump sum payment received (If you answered Yes at <b>question 95</b> )	<input type="checkbox"/>
Documents showing balances for bank, building society and credit union accounts (If required at <b>question 96</b> )	<input type="checkbox"/>
The latest statements for superannuation funds and retirement savings accounts or, financial statement including income tax return and member statement for SMSFs and SAFs (If you answered Yes at <b>question 97</b> )	<input type="checkbox"/>
A Centrelink/DVA schedule or similar schedule or a <b>Details of income stream product</b> form (SA330) (If you answered Yes at <b>question 98</b> )	<input type="checkbox"/>
The latest statement for each shareholding LISTED on a stock/securities exchange (If you answered Yes at <b>question 99</b> )	<input type="checkbox"/>
The latest statement for each shareholding NOT Listed on a stock exchange (If you answered Yes at <b>question 100</b> )	<input type="checkbox"/>
Managed investment certificates or similar documents (If you answered Yes at <b>question 101</b> )	<input type="checkbox"/>
Investment documents for each bond or debenture (If you answered Yes at <b>question 102</b> )	<input type="checkbox"/>
Money on loan documents (if available) (If you answered Yes at <b>question 103</b> )	<input type="checkbox"/>
Most recent statement/certificate that gives details for each type of payment (If you answered Yes at <b>question 105</b> )	<input type="checkbox"/>

**121 YOUR PARTNER needs to complete this question**

Do you give permission for your partner to speak with us on your behalf?

For more information, read page 2.

No ☐

Yes ☐

**Privacy notice****122 You (and your partner) need to read this****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 where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy)

**Declaration****123 I/We declare that:**

- the information I/we have provided in this claim is complete and correct.

**I/We understand that:**

- I/we must return **all** supporting documents at the same time as I/we lodge this claim form. If I/we do not return all documents, my/our claim may not be accepted. The only exception will be if I am/we are waiting for medical evidence or other documents from a third party.
- the Australian Government Department of Human Services can make relevant enquiries to make sure that I/we receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your signature



Date

 /  / 

Partner's signature



Date

 /  / 
**Returning your form**

You can return this form and any supporting documents:

- online** (excluding identity documents) using your Centrelink online account. For more information, go to [humanservices.gov.au/submitdocumentsonline](http://humanservices.gov.au/submitdocumentsonline)
- by post to:**  
Department of Human services  
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- in person** at one of our service centres.