

Application for Health Care for Mental Health Condition(s)

Use this form to apply for health care if you require treatment for a mental health condition. Alternatively, complete the online form available at www.dva.gov.au/nlhc, email NLHC@dva.gov.au or telephone **1800 555 254**. All current and former members of the Australian Defence Force who have any period of continuous full time service are eligible for treatment of these health conditions.

Reservists with Border Protection Service, Disaster Relief Service or those who witnessed or were involved in a Serious Training Accident are also eligible to receive treatment for a mental health condition.

If you have been provided with a DVA Health Card – Specific Conditions (White Card) upon transition from the Australian Defence Force, you may already be eligible to receive treatment for any mental health condition. If you are unsure of your eligibilities, email NLHC@dva.gov.au or telephone **1800 555 254**.

This form is not a claim for liability. If you would like to make a claim for liability please read Factsheet DPO1 - Overview of Disability Pensions and Allowances and Factsheet MCSO1 - Overview of the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA) which describe the eligibility rules under the Veterans' Entitlements Act 1986 (VEA) and the DRCA Respectively, for those with service prior to 1 July 2004. Please read Factsheet MRCO1 - Overview of the Military Rehabilitation and Compensation Act 2004 (MRCA), for those with service from 1 July 2004.

DVA will use the information on this form to assess your eligibility for this treatment. If we do not have documents that provide your identity, you may have to provide them to us with this form. If you are unsure about this you should contact DVA to ask us. Contact information is provided at the end of this form. If you need to know what documents will prove your identity you should call us or go to http://factsheets.dva.gov.au/factsheets/ and read "Proof of Identity Requirements" Factsheet DVA06.

| | PART A Your details (plea | se write in BLOCK letters) |
|----|--|--|
| 1: | Title | Mr Mrs Other |
| 2: | Surname | |
| 3: | Given name(s) | |
| 4: | Date of birth (dd/mm/yyyy) | |
| 5: | Address (including postcode) | POSTCODE POSTCODE |
| 6: | Postal address (if different from above) | POSTCODE |
| 7: | Contact details | Home telephone Work telephone |
| | | |
| | | Mobile telephone E-mail address |
| 8: | DVA File number (if applicable) | |
| 9: | Banking details | Provide your banking details here to add/change your payment destination Bank name BSB |
| | (e.g. for payment of Veterans Supplement if eligible) | |

| | PART A Your details (plea | ase write in BLOCK letters) cont | |
|-----|--|--|--|
| 10: | Account details | Account in the name of Account number | |
| | | | |
| | | | |
| 11: | Account branch/location | | |
| 12: | Are you: | A current or former member of the Australian Defence Force with at least one day of permanent or continuous full-time service? | |
| | | No Yes ▶ Please complete PART B and PART D only | |
| | | A current or former reservist with: Border Protection Service; Disaster Relief Service; or a reservist who was a witness to or involved in a Serious Training Accident? | |
| | | No Yes ▶ Please complete PART C and PART D | |
| | | If you did not answer " Yes " to either of the above questions, please be aware that there are other treatment options available to you, including treatment under your Medicare card. You may also be eligible for counselling services under the Veterans and Veterans Families Counselling Service - WCS (1800 011 046) | |
| | PART B Details of service in the Australian Forces (Permanent Forces and Reservists with Continuous Full-time Service) | | |
| 13: | Name on enlistment (if different from name above) | | |
| 14: | Unit or Branch of service | | |
| 15: | PMKeyS or Service number | | |
| 16: | Date enlisted | | |
| 17: | Date discharged (if applicable) | / / | |
| 18: | Place of overseas service (if applicable) | | |
| | | in the Australian Forces (reservists with Border Protection Service, ervice, or those involved in a Serious Training Accident) | |
| 19: | Name on enlistment (if different from name above) | | |
| 20: | PMKeyS or Service number | | |
| 21: | Date enlisted | / / | |
| 22: | Date discharged (if applicable) | / / | |
| 23: | Select which of the following apply to you: | BORDER PROTECTION SERVICE Date of Border Protection Service (closest approximate date) / Details of Border Protection Service (e.g. name of operation, location) | |
| | | | |

PART C Details of service in the Australian Forces (reservists with Border Protection Service, Disaster Relief Service, or those involved in a Serious Training Accident) cont...

| DISASTER RELIEF SERVICE | |
|---|--|
| Date of Disaster Service (closest approxima | ate date) |
| / / | |
| Details of Disaster Relief Service (e.g. name | e of operation, location) |
| | |
| | |
| | |
| | |
| | |
| INVOLVED IN A SERIOUS TRAINING ACCIDE Accident may involve) | ENT (See Facsheet HSV109 - Non-Liability Health Care for more information on what a Serious Training |
| Date of Serious Training Accident (closest a | pproximate date) |
| / / | |
| Details of Serious Training Accident (e.g. loc | cation, names of those involved, type(s) of injury and whether you were injured or a witness to an injury |
| Social of conouc naming restaunt (orginal | radion, harmon of alloce involved, typo(b) of injury and involved you have injured of a interest to air injury |
| | |
| | |
| | |
| | |
| PART D Declaration a | and Authorisation to release personal information |
| | |
| | tal health condition funded by the Department of Veterans' Affairs. |
| knowledge. | IRT A of the application and that the answers given by me are true and correct to the best of my |
| I authorise the Department of Veterans' Affa | airs (DVA) to collect: |
| my service details from the Department | t of Defence; and |
| | vant to determining whether I am diagnosed with a mental health condition from any medical practitions insurance company, Centrelink, the Department of Defence or other organisation, as required. |
| I consent to the release of my personal informedical records. | ormation by the above third parties and understand that this form may be used by DVA to access my |
| | at the time of my application, DVA will need to advise the Department of Defence about my application are arrangements and I consent to this occurring. |
| | Privacy notice |
| · · · · · · · · · · · · · · · · · · · | aw, including the <i>Privacy Act 1988</i> . Your personal information may be collected by the Department of vernment programs for war veterans, members of the Australian Defence Force, members of the Australian |
| Read more: How DVA manages personal in | formation. |
| Signature of veteran | |
| | Date |
| | |
| To contact DVA, please telephone 1800 555 OR address your correspondence to: | 254 |

D9213 p.3 of 3

GPO Box 9998 Brisbane QLD 4001

Department of Veterans' Affairs