



Statement of Relationship - Couple living separately due to illness

About this form

The information sought on this form is used to determine whether you are a member of an illness separated couple or whether you are no longer in a married or de facto relationship for the purposes of assessing your income support payments.

Each member of the couple will be asked to complete a copy of this form.

Illness separated couple

A couple who are illness separated:

- must be unable to live together in their home; and
- the reason for not being able to live together is the illness or infirmity of either or both of them; and
- their living expenses are greater than if they were able to live together; and
- the inability to live together is likely to continue indefinitely.

In addition, although they may be living in separate accommodation, the two people must remain members of a couple. This means:

- if a legally married couple - remain legally married and continue to have a married relationship;
- if not married - continue to have a de facto relationship.

What is a married or de facto relationship?

In determining whether the couple continue to have a married or de facto relationship, section 11A of the *Veterans' Entitlements Act 1986* requires the Commission to consider all of the circumstances of the relationship, including the following:

- the financial aspects of the relationship;
- the nature of the household;
- the social aspects of the relationship;
- the nature of the people's commitment to each other.

Effect of illness separated couple determination

Single rate of pension

If you are assessed as being a member of an illness separated couple; service pension, rent assistance, pharmaceutical allowance and any other allowances you may be entitled to including utilities allowance, is payable at the single rate.

Joint income and assets are assessed

As you are still regarded as a couple, half of your combined income and assets continue to be included in each of your pension assessments, as they were when you were a couple living together. This means that your income and assets, if over the free areas, will reduce each of your pension rates equally, and can be disclosed to the other person.

Only one home can be exempted as the couple's principal home.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

PART A **Your personal details**

1 **Title** Mr Mrs Miss Ms Other

2 **Surname**

3 **Given name(s)**

4 **Residential address**

 POSTCODE

5 **Daytime contact number** []

6 **Date of birth** / /

7 **DVA File Number** (if known)

PART B **Your partner's personal details**

8 **Title** Mr Mrs Miss Ms Other

9 **Surname**

10 **Given name(s)**

11 **Residential address**

 POSTCODE

12 **Date of birth** / /

13 **DVA File Number** (if known)

PART C **Residential details**

14 **What is the reason you are unable to live with your partner?**

Your own illness or infirmity ▶ Please specify illness or infirmity

Your partner's illness or infirmity ▶ Please specify illness or infirmity

Breakdown of the relationship

Your/your partner's illness or infirmity, causing a breakdown of the relationship

Other ▶ Please specify

15 Describe the type of accommodation you and your partner live in:

YOUR ACCOMMODATION

private home/unit

aged care home

supported residential service

other care situation ▶ Please specify

Other ▶ Please specify

YOUR PARTNER'S ACCOMMODATION

private home/unit

aged care home

supported residential service

other care situation ▶ Please specify

Other ▶ Please specify

16 Are your living expenses greater, or likely to be greater, than if you were able to live together?

No

Yes

17 How long is the inability to live together likely to continue?

Temporarily ▶ When are you likely to be living together again?

Indefinitely

18 Do you share accommodation with anyone other than a member of your family?

No

Yes ▶ What is their name?

What is your relationship to this person?

Do you and this person live together as a de facto couple?

No

Yes ▶ Please go to **PART H Declaration** on page 6

PART D

The financial aspects of your relationship

19 Do you and your partner have any joint bank accounts or investments?

No

Yes ► Please give details

20 Do you and your partner have any joint ownership of any real estate or other major assets and/or any joint liabilities?

No

Yes ► Please give details

21 Have you and your partner taken steps to divide your shared financial arrangements?

No

Yes ► Please give details

22 Do you and your partner have any major financial commitments together?

No

Yes ► Please give details

23 Is your partner the beneficiary of any of the following:

your will	No <input type="checkbox"/>	Yes <input type="checkbox"/>
your life insurance	No <input type="checkbox"/>	Yes <input type="checkbox"/>
your superannuation	No <input type="checkbox"/>	Yes <input type="checkbox"/>

24 Are you the beneficiary of any of the following:

your partner's will	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>
your partner's life insurance	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>
your partner's superannuation	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't know <input type="checkbox"/>

25 Do you and your partner claim each other as a dependant for taxation purposes?

No Yes Don't know Not applicable

26 Do you and your partner share any day-to-day household expenses?

No

Yes ► Please give details

PART E**The nature of your households**

27 Do either of you carry out housework services at each other's homes?

No

Yes ► Who performs the services?

You Your partner Both

What kind of services?

28 Do you and your partner share any responsibility for providing care or support of children?

No

Yes

Not applicable

PART F**The social aspects of your relationship**

29 How often do you and your partner see each other?

Daily

Weekly

Monthly

Yearly

Infrequently

Never

30 Do you continue to present yourself as married to each other or in a de facto relationship?

No

Yes

31 Do your friends and regular associates view your relationship as a married or de facto relationship?

No

Yes

32 Do you and your partner engage in any joint social activities?

No

Yes ► Please tick all that apply

Family functions

Movies or dinner

Go to a local club

Bowls or other social activity

Holidays

Other - please specify

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33 How are the arrangements for your joint social activities made?

For example, do your friends, relatives and regular associates invite the two of you to functions as a couple?

34 Is there any sexual relationship between you and your partner?

No

Yes

Do not wish to disclose

PART G**The nature of your commitment to each other**

35 What is the length of your relationship?

yrs	mths
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36 Do you consider that the relationship is likely to continue indefinitely?

No Yes

37 How do you see your relationship?

A continuing and ongoing married or de facto relationship
A married or de facto relationship that has ended due to separation

38 Do you celebrate your wedding or other significant anniversary each year?

No Yes

39 Would each of you provide care, support or help for the other in any of the following circumstances?

No
Yes ► Please tick all that apply

- Illness
- Personal crisis
- Financial problems
- Family disputes

40 Please describe your relationship with your partner in your own words

 Please provide written references including contact details from two people not related to you, such as the family doctor, religious minister or pharmacist, confirming that you and your partner are members of a couple.

PART H**Declaration**

I declare the information contained in this form to be true and correct.
I am aware there are penalties for giving false or misleading information.

SIGNATURE

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Date

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