

Request for Provision of Attendant Care Services by a Partner, Relative or Friend



Australian Government
Department of Veterans' Affairs

This form is to confirm that exceptional circumstances exist requiring a partner, relative or friend to provide Attendant Care Services to an approved client with the Department of Veterans' Affairs (DVA). This form is only to be completed following a request from the client to DVA to consider exceptional circumstances.

What are Attendant Care Services?

Attendant Care Services can include assistance with personal hygiene (bathing and toileting), grooming, dressing, feeding, and depending on requirements, assistance with living as full a life as possible after severe injury.

Attendant care services are generally provided to meet an ongoing need as recommended by a treating doctor.

If you are seeking to claim for Attendant Care Services, please refer to Form D1351 available here:

<https://www.dva.gov.au/sites/default/files/dvaforms/D1351.pdf>

Who can provide Attendant Care Services?

DVA encourages the use of service providers who are experienced in providing attendant or personal care services to people with disabilities. Using professionally qualified providers helps to ensure that clients are receiving high quality care in line with industry standards. The use of professionally qualified providers may also reduce the risk of carer burnout for family members or friends.

When can a partner, relative or friend provide Attendant Care Services?

Approval may be given for a partner or relative to provide attendant care services, where there is evidence that exceptional circumstances apply. Where a partner or relative is the carer, an annual review of attendant care services is required. A partner or relative should only provide simple services, such as assistance with feeding or drinking, or dressing.

Who can recommend a partner, relative or friend provide Attendant Care Services?

The recommendation for a partner, relative or friend to provide Attendant Care Services must be made by a treating doctor. It is preferable that the treating doctor has an on-going professional relationship with the client, and an understanding of their domestic circumstances including past and present Attendant Care Service arrangements. Supporting medical and other relevant documentary evidence can be supplied by the assessing doctor, to support their recommendation.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by 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. To read more visit:

<http://www.dva.gov.au/site-information/privacy/privacy-notice-%E2%80%93-financial-and-health-information>

For assistance please phone DVA on **1800 555 254**

Please write in BLOCK letters using a blue or black pen if you are not filling onscreen

Questions 8 – 20 of this form are to be completed by a treating doctor ONLY

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| Part A | Client Details |
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Can be filled by the client prior to appointment

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|-------------------|---|
| 1: Surname | <input style="width: 100%;" type="text"/> |
| 2: Given name(s) | <input style="width: 100%;" type="text"/> |
| 3: DVA client No. | <input style="width: 60%;" type="text"/> |

POTENTIAL CARER DETAILS (can be filled by the client prior to appointment)

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| 4: Surname | <input style="width: 100%;" type="text"/> | |
| 5: Given name(s) | <input style="width: 100%;" type="text"/> | |
| 6: Relationship to client | <input style="width: 100%;" type="text"/> | |
| 7: Contact details | Telephone number | Mobile number |
| | <input style="width: 60%;" type="text"/> | <input style="width: 60%;" type="text"/> |
| | Email | |
| <input style="width: 100%;" type="text"/> | | |

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| Part B | Exceptional Circumstances Care Provision Details |
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To be filled in by the treating doctor ONLY

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| 8: What type of Attendant Care Services may the potential carer provide to the client (e.g. feeding, drinking, dressing)? | <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> |
| 9: What circumstances exist that support the potential carer, in providing these services to the client (e.g. the clients accepted mental health conditions causes distress when people from outside the home provide these services)? | <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> |

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Part B

Exceptional Circumstances Care Provision Details *cont...*

10: Only simple services should be provided by the potential carer. If you have nominated services that are clinical in nature, what skills and experience does the potential carer have that ensure the provision of an acceptable standard of care to the client?

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WELLBEING OF THE POTENTIAL CARER

11: What stressors does the potential carer envisage that they will encounter in providing Attendant Care Services?

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12: If the potential carer does not have the capacity to deal with the stress of providing Attendant Care Services, please specify your reason

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13: Are there any other issues you would like to note regarding the potential carer providing Attendant Care Services?

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LENGTH OF CARE

14: Do you envisage in the future that the client could transition to having all of their Attendant Care Services provided by an external, professionally qualified carer?

No

Yes ► Please specify a feasible timeframe

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LENGTH OF CARE *cont...*

15: Generally, an exceptional circumstances determination for the provision of attendant care services by a partner, relative or friend is subject to an annual review (i.e. in 12 months from now). Do you believe the review should occur prior to this?

No

Yes ► Please specify why

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Part C**Recommendation**

16: Based on the above evidence and your discussion with the potential carer and client, do you recommend that the potential carer provide attendant care services to the client?

No ► Please specify your reason

Yes

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TREATING DOCTOR DETAILS

17: Name

18: DVA Provider No.

19: Qualification

20: Contact details

Telephone number

Mobile number

Email

Once complete, please email this document to HHS@dva.gov.au by clicking on the email button below.

Otherwise post the completed form to:

**Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001**

For assistance please phone DVA on **1800 555 254**

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