



Application for Clothing Allowance

Clothing allowance

Clothing allowance is an allowance paid to an eligible veteran to help offset the cost of wear and tear or modifications to clothing as a result of an accepted disability, or the treatment of an accepted disability.

There are different rates of payment depending on the nature of the disability and the extent of the veteran's handicap.

The allowance is generally paid on a fortnightly basis for a condition that is permanent. A lump sum payment can be paid in other circumstances; however a new application must be lodged after one year if the disability continues to damage clothing. The maximum lump sum payment is equivalent to 26 fortnightly payments.

Assistance from ex-service organisations

Ex-service organisations (ESO) are able to assist you in completing this form.

You can use the advocacy register at <https://www.advocateregister.org.au/> to search for an ESO or find an advocate in your area.

For more information, visit www.dva.gov.au/advocacy-representation-advice.

Completing this form

This form is in 2 parts and asks for details about:

PART A – your nominated representative, if any; such as name and contact details.

PART B – your disability which causes wear and tear or damage to your clothing and if necessary, the extent of that damage.

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.

Go to www.dva.gov.au/privacy to find out more about how DVA manages personal information.

Giving false or misleading information is a serious offence.

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

How to contact DVA

Please call **1800 VETERAN (1800 838 372)** during business hours.

You can also contact us by mail. Please address your correspondence to:

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

PART A**Representative's details**

To be completed only if you wish to nominate a representative to act for you in matters relating to this application

- 1 Do you wish to nominate a representative or organisation to act for you in matters relating to this application?**

No ☐ ► Go to **Question 3**

Yes ☐ ► Full name of nominated representative

Organisation (*if applicable*)

Address

 POSTCODE

Telephone

Home

 ()

Work

 ()

Facsimile

 ()

E-mail address

- 2 Is the representative trained under the Advocacy Training and Development Program (ATDP)?**

No ☐

Yes ☐ ► To what level?

PART B**Veteran's details**

To be completed by the veteran

- 3 DVA file number (*if known*)**

- 4 Your surname**

- 5 Your given names**

- 6 Postal address**

 POSTCODE

- 7 Telephone number(s)**

Home

 ()

Work

 ()

Mobile

Facsimile

 ()

E-mail address

8 Which category best describes your accepted disability?

(Please tick one or more boxes)

NOTE: amputation of a foot is taken to be amputation of the leg; and amputation of a hand is taken to be amputation of the arm.

A	Both legs amputated	<input type="checkbox"/> ► Go to Question 9
B	One leg amputated, causing hip disarticulation*	<input type="checkbox"/> ► Go to Question 9
C	One leg amputated	<input type="checkbox"/> ► Go to Question 9
D	Both arms amputated	<input type="checkbox"/> ► Go to Question 9
E	One arm amputated	<input type="checkbox"/> ► Go to Question 9
F	Blinded in both eyes	<input type="checkbox"/> ► Go to Declaration and consent on the next page
G	A condition that causes exceptional wear and tear, or exceptional damage to clothing	<input type="checkbox"/> ► Go to Question 12

*Hip disarticulation means amputation at the hip joint.

9 Do you use crutches?

No ☐ ► Go to **Declaration and consent** on the next page
Yes ☐

10 Do you use any other artificial aid?

No ☐ ► Go to **Declaration and consent** on the next page
Yes ☐ ► Please describe

11 Do you use crutches and the artificial aid at the same time?

No ☐
Yes ☐ ► Please describe and how often

12 What is the accepted disability (or disabilities) that causes wear and tear or damage to your clothing?

13 Describe the nature of the damage to clothing caused by this disability or its treatment (e.g. stained clothing due to ointment for a skin condition).

14 Do you expect this damage to clothing caused by this disability or its treatment to continue indefinitely?

No ☐ ► For how much longer?
 ► Go to **Declaration and consent** on the next page
 Yes ☐ ► Go to **Declaration and consent** on the next page

Declaration and consent

NO REPRESENTATIVE APPOINTED

Please complete if you do not have a representative appointed in PART A.

I declare that the details I have given in this form are complete and correct.

I am aware that giving false or misleading information is a serious offence.

I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information, or to use such information already in its possession, needed to process, determine or review this application.

I consent to 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



Date

/ /

REPRESENTATIVE APPOINTED

Please complete if you have a representative appointed in PART A.

I declare that the details I have given in this form are complete and correct.

I am aware that giving false or misleading information is a serious offence.

I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information, or to use such information already in its possession, needed to process, determine or review this application.

I authorise the nominated representative or organisation to act for me in respect of this application and any reviews in respect of this or subsequent decisions. This authorisation will continue until I:

- revoke the authorisation; or
- nominate another representative or organisation to act for me.

I consent to 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



Date

/ /

PHYSICAL OR MENTAL INCAPACITY

If the veteran is unable to sign due to physical or mental incapacity, please sign on behalf of the veteran at either

'NO REPRESENTATIVE APPOINTED' or 'REPRESENTATIVE APPOINTED' above and provide the following details.



Please attach a copy of the document that gives you legal authority to act on behalf of the veteran, unless this has already been provided to the Department.

Your full name

Address

POSTCODE

Telephone

Home

Work

I declare that I am authorised to act on behalf of the veteran in matters relating to this application. (Tick one box below).

- ☐ I have attached a copy of the authority document or a medical certificate attesting to this incapacity.

Type of document

- ☐ I have provided DVA with a copy of

YOUR SIGNATURE



Date

/ /