



The Department of Veterans' Affairs (DVA) can reimburse the reasonable cost of Attendant Care Services to eligible clients who have an incapacitating compensable condition accepted under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) or under the *Military Rehabilitation and Compensation Act 2004* (MRCA), which make it difficult for them to manage their own personal care outside of a hospital, respite care or similar institutional setting.

Attendant care services are services that are required for the client's essential and regular personal care in a home setting and may include assistance with personal hygiene (bathing and toileting), grooming, dressing, feeding, and depending on the client's requirements, assistance with living as full a life as possible after a severe injury. The amount of compensation payable for attendant care services is capped by a statutory limit.

Medical information and evidence regarding the practical implications of your condition(s) are essential for DVA to make a determination about your eligibility. It is therefore important that both you and your healthcare provider give a reasonable amount of detail when answering the questions on this form.

Before filling in this form, please read the [Attendant Care services page](#) on the DVA website. This contains information that will assist you and your Doctor in answering the following questions. The form is in two parts:

- the first part is to be completed by you, the client; and
- the second part must be completed by your treating doctor.

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 programmes 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.](#)

Client details (to be completed by you)

1. Surname	<input type="text"/>	
2. Given name(s)	<input type="text"/>	
3. Date of birth	<input type="text" value="/ /"/>	
4. DVA Client No.	<input type="text"/>	
5. Home address	<input type="text"/>	POSTCODE
	<input type="text"/>	<input type="text"/>
6. Home phone	<input type="text" value="[]"/>	
7. Work phone	<input type="text" value="[]"/>	
8. Mobile	<input type="text"/>	
9. E-mail	<input type="text"/>	
10. Please list your compensable condition(s)	<input type="text"/>	
	<input type="text"/>	

Treating doctor to complete

11. Please describe the attendant care services that your client requires. Please include clinical reasoning as to why the services are required (attach a separate sheet if you require more space)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

12. Do you believe the need for attendant care is solely due to the client's compensable condition(s)?	No <input type="checkbox"/>
	Yes <input type="checkbox"/> ► Please confirm conditions with client
	Are there any other contributing factors that need to be considered in the provision of attendant care services?
	No <input type="checkbox"/>
	Yes <input type="checkbox"/> ► Please specify
	<input type="text"/>
	<input type="text"/>

For assistance phone DVA on **1800 555 254**.
Please write in block letters using a blue or black pen (not pencil).

Details of treating doctor

18. Name

19. Provider number

20. Address

POSTCODE

21. Telephone number

22. Signature

Date

Once complete, please scan and email this document to: HHS@dva.gov.au

Otherwise post the completed form to:

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

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

Please write in block letters using a blue or black pen (not pencil).