

# Disability Allowance review



MINISTRY OF SOCIAL DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

To continue to qualify for the Disability Allowance, the disability must be likely to continue for at least six months.

We may be able to help with costs such as ongoing visits to the doctor, medicines, medical alarms and travel.

Your doctor or specialist will need to complete the Disability Certificate.

Client number

This number can be found on your Community Services Card or SuperGold Card.

## Tell us about you

1

### What is your full name?

First and middle names

Surname or family name

2

### What date were you born?

Day Month Year

3

### Where do you live?

Flat/House number Street name

Suburb

Town/City

#### HOW TO ANSWER Q3:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

4

### Is your mailing address different from where you live?

No

Yes



Tell us your mailing address

  

#### HOW TO ANSWER Q4:

Mailing address can include a PO Box, rural delivery details, or C/O address.

5

### How else can we contact you?

Tick the best way for us to first contact you

Home phone	( )	
Mobile phone	( )	
Other phone	( )	
Email		

#### HOW TO ANSWER Q5:

Please only give us contact details you would like us to use.

**ATTACHMENT FOR Q6:**  
You need to provide a Disability Allowance medical certificate for each person you apply for.

6

**Who is this Disability Allowance review for?**

You  Your partner  Your dependent child

↓ **Tell us the name of the child the review is for**

First and middle names  Surname or family name

7

**Does the person get payments from private medical insurance for any health-related needs?**

No  Yes ↓ **Please write the details below**

What costs are covered?	How much is paid?
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$

8

**Is this health condition covered by ACC or War Disablement Pension?**

No  Yes **If 'yes', you may not be entitled to a Disability Allowance**

**Describe your extra costs**

9

**What extra health-related costs do you have as a result of the disability?**

Type of cost	Cost	How often (such as weekly, monthly, yearly)
<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"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

**HOW TO ANSWER Q9:**  
Extra costs must be directly related to the health condition and verified as essential by a health practitioner. Costs can include medical and prescription costs, medical alarms, lawn mowing, extra power/gas, transport and special equipment.

**ATTACHMENT FOR Q9:**  
You'll need to show proof of these costs.

**If you have the ongoing cost of a medical alarm included in your Disability Allowance, you'll need to complete a self-assessment form.**

**Signature page**

**By signing this form, I confirm that:**

- I understand if there are changes in my circumstances, I must let Work and Income know.
- The information I have provided is true and complete.

Client's name (print)

Client's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

# Disability Allowance review medical certificate



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Registered Medical Practitioner to complete

The Disability Allowance is available for reimbursement of additional costs arising from a Disability where the following criteria are met:

1. The person has a disability which is likely to continue for not less than six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
  - the person requires ongoing support to undertake the normal functions of life, or
  - the person requires ongoing supervision or treatment by a registered health professional.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence in the body of organisms capable of causing illness.

For more information go to [workandincome.govt.nz](http://workandincome.govt.nz) and search on *Disability Allowance*.

## Client details

1

Client number    |    |

2

Client's name First names  Surname

## Disability details

3

Does the person have a disability that meets the Disability Allowance criteria?

Yes



Please provide the details below

No

Go to Registered Medical Practitioner Verification

4

What is the nature of the person's disability?



Please tick the major disabilities or specify below

*Psychological or psychiatric conditions*

Stress (160)

Depression (161)

Bipolar disorder (162)

Schizophrenia (163)

Other psychological/psychiatric (165)

*Nervous system disorders*

Epilepsy (120)

Multiple sclerosis (121)

Parkinson's disease (122)

Muscular dystrophy (123)

Other nervous system disorders (124)

*Cardio-vascular disorders*

Heart disease (130)

Stroke (131)

Other cardio-vascular (132)

*Immune system disorders*

HIV / Aids (140)

Other immune system disorders (141)

*Metabolic and endocrine disorders*

Diabetes (150)

Other metabolic or endocrine disorders (151)

*Substance abuse*

Alcohol (170)

Drug (171)

Other substance abuse (172)

*Sensory disorders*

Blindness (180)

Other visual / eye (181)

Hearing / ear (182)

Other sensory disorders (183)

*Accident*

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

*Other disorders*

- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

5

**Please indicate the expected duration of the disability:**

- Less than 6 months **There may be no entitlement to Disability Allowance**
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years
- Permanent (never reassess)

**Verification of doctor or specialist visits**

6

**Please list the type, cost and how often visits to doctors or specialists are necessary and result from the stated disability:**

Type of consultation	Cost	How often (eg daily weekly, monthly)	Registered Medical Practitioner's initials
	\$		
	\$		
	\$		

**Items / services / treatments / pharmaceuticals**

7

**Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:**

Item / service / treatment / pharmaceutical	Registered Medical Practitioner's initials

**Registered Medical Practitioner's verification**

**Please print your details below.**

HPI number   |

Medical Practitioner's full name

Practice name and address

  
  


Telephone number (  )

Medical Practitioner's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

This information is required under the Social Security Act 1964.

**Privacy Act:** The person has been advised and understands that this information is required for benefit assessment purposes.