

Child Disability Allowance medical certificate



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Health practitioner to complete

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid recognition of the extra care and attention needed for that child.

The child needs to be assessed as needing constant care and attention for at least 12 months because of a serious disability. They also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

This medical certificate should be completed by the health practitioner who provides the ongoing care of the child or young person.

For more information go to workandincome.govt.nz and search on *Child Disability Allowance*.

This information is required under the Social Security Act 2018

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

Client number

 | |

Child or young person's details

1

What is the child's or young person's full name?

First and middle names

Surname or family name

2

What date was the child born?

Day Month Year

3

Who is the main caregiver of the child or young person?

First and middle names

Surname or family name

Disability or medical condition information

4

What are the main clinical conditions affecting this child or young person?

Diagnosis	Is this covered by ACC?
1. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes



HOW TO ANSWER Q4:

Please list the diagnoses in order of their impact on the child or young person.

5 **INFORMATION FOR Q5:**
Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

6 **INFORMATION NOTE FOR A:**
Bodily function includes activities such as toileting and eating.

7 **INFORMATION NOTE FOR B:**
Attention and supervision needs to be focused on functions such as activities of daily living, mobility, learning, behaviour and/or health needs.

8 **INFORMATION NOTE FOR C:**
Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

9 **HOW TO ANSWER Q9:**
If the child or young person has a chronic or severe condition, it would help Work and Income determine appropriate assistance if you could attach a copy of a recent report or referral letter.

10 **HOW TO ANSWER Q10:**
Where the need for constant care and attention is likely to reduce over time, a review should be undertaken at regular intervals.

5 Does the child or young person or young person have a serious disability?

No **Go to question 9**

Yes **Go to question 6**

6 Due to that serious disability, do they need constant care and attention as follows?

A. Frequent attention from another person in connection with bodily functions which is required as a consequence of the disability, and is in excess of that normally required by a child or young person of the same age?

No Yes

OR

B. Attention and supervision substantially in excess of that normally required by a child or young person of the same age and sex?

No Yes

OR

C. Regular supervision from another person in order to avoid **substantial** danger to themselves or others?

No Yes

7 Are they likely to require such care and attention for more than 12 months?

No **Go to question 9** Yes

8 Is the child or young person currently in hospital?

No Yes **Which hospital are they in?**

9 Would you like the Ministry of Social Development to contact you about the child's or young person's diagnosis or disability?

No Yes

Please provide any other relevant information that could help us work out the child's or young person's eligibility for the Child Disability Allowance.

10 When should the child's or young person's disability next be reassessed for entitlement to the Child Disability Allowance? (select one)

1 year 2 years 5 years Never **OR** At what age?

Health practitioner's details

Please print your details below.

HPI number |

Health practitioner's full name

Practice name and address

Telephone number ()

Health practitioner's signature

Date

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