

How to apply

Step 1

Read the Cardholder Terms and Conditions (page 12) and the ACT Companion Card Cardholder Handbook before completing this application form.

Step 2

All applicants must complete Part A (Items 1–6) of the application form.

Please complete this application form in **BLOCK LETTERS** using blue or black pen.

Step 3

Have a **health professional or service provider** complete Part B of the application form.

Your health professional or service provider must be able to verify that the information contained in your application form is correct and sign the back of the two passport photos that you must submit with your application.

Information about what type of health professional or service provider can fill out Part B of your form is provided on page 8. We recommend that you take the Cardholder Handbook with you when you meet with your preferred health professional or service provider.

Step 4

Photographs

Submit two identical high quality colour passport-sized photographs with your application. The photos must be no more than six months old. Your photograph will be printed on your Companion Card.

The back of EACH photograph must contain the:

- name of the person in the photograph
- signature of the *same* health professional/service provider who signs Item 7 of your application.

Step 5

Return the completed application form and verified photos to:

ACT Companion Card Program, Disability ACT
GPO Box 158 CANBERRA ACT 2601

Please allow approximately 20 working days for processing (may increase during peak periods).

- Please keep a photocopy of your completed application form for future reference.
- Incomplete applications (including those without signatures or signed photographs) cannot be processed

Further information

For more information or assistance in completing this form contact:

ACT Companion Card program

Phone: (02) 6207 1086

TTY: (02) 6205 0888

Email: companioncard@act.gov.au

www.companioncard.act.gov.au



Companion Card eligibility criteria

A Companion Card is only issued to an applicant who can demonstrate that he or she:

- is a lawful Australian resident living in the ACT; **and**
- has a permanent disability; **and**
- because of the impact of the disability, is unable to participate at most community venues or activities without attendant care support; **and**
- needs, or is likely to need, lifelong attendant care support.

Attendant care support includes significant assistance with mobility, communication, self-care or learning/decision making, where the use of aids, equipment or alternative strategies does not enable the person to carry out these tasks independently. The Companion Card is not provided to people who only require reassurance, social company or encouragement.

If your need for attendant care support is not permanent — that is, lifelong or likely to be lifelong — you are not eligible for a Companion Card. Do not proceed with an application.

Please note: Not all people with a disability are eligible for a Companion Card.

Sometimes a person may require a companion but not be eligible to receive a Companion Card.

Examples include a person who is:

- experiencing a temporary disability
- unlikely to require lifelong attendant care support
- affected by the inaccessibility of a particular venue

Assessment of applications

The Companion Card program will assess each application against all of the four eligibility criteria for the program.

If more information is needed to determine eligibility, the ACT Companion Card program may:

- contact the applicant (or authorised contact) to ask for additional information
- follow up with an enquiry to the service provider or health professional who verified the application

All persons applying for a Companion Card will be notified of the outcome of the application in writing.

Please note that completion of an application form does not guarantee a Companion Card will be issued.

Privacy

The Department of Disability, Housing and Community Services (DHCS) has responsibility for delivering the ACT Companion Card program. All information collected throughout your application process will be handled in accordance with the privacy principles contained in the *Privacy Act 1988* (Commonwealth).

The information you provide will be treated confidentially and used to assess your entitlement to a Companion Card, for statistical purposes and, where consent is given, for evaluation purposes.

De-identified information may be released for statistical purposes and to ensure national consistency in the administration of the program.

If an applicant consents to participate in the evaluation of Companion Card program, individual contact information may be disclosed to authorised agents (for example, a university) to contact the cardholder to request their participation in research, evaluation or review of the program.

Personal information will not be disclosed to any other third party without your consent, unless required by law or for other authorised purposes in accordance with the privacy principles contained in the *Privacy Act 1988* (Commonwealth).

Item 1
The Companion Card will only be issued in the name of the person with the disability
1a Please indicate your Australian residency status
Please tick one:

- | | |
|---|---|
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> New Zealand Citizen who arrived in Australia prior to 26 February 2001 |
| <input type="checkbox"/> Permanent Australian Resident | <input type="checkbox"/> Member of a family on a Work or Study Visa issued by the Australian Government |
| <input type="checkbox"/> Global Humanitarian Visa holder | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Temporary Protection Visa holder (including a Bridging Visa where a Temporary Protection Visa has expired) | <input type="checkbox"/> |
| <input type="checkbox"/> Resolution of Status Visa holder | <input type="checkbox"/> |

1b Please provide your contact details

Title Mr Mrs Ms Miss Other

Family name

First name (as it is on official documentation such as a birth certificate)

Date of birth **Gender** Female Male

Residential address

 Postcode

Postal address (if different)

 Postcode

Daytime contact numbers

Telephone

TTY (if available)

Email (if available)

Preferred method of contact for enquiries

Telephone TTY Email Authorised contact (see below)

1c Authorised contact person for Companion Card (optional)

Only complete this section if you wish to authorise a person to be your contact for all Companion Card matters.

Title Mr Mrs Ms Miss Other

Full name

Relationship to applicant

Daytime contact number(s)

Email (if available)

Item 2

Describing your disability

2a Please indicate which of the following best describes your disability and provide the details for each disability.

We have provided some examples of diagnoses or conditions to assist you to complete this item. (You may tick more than one box)

Your service provider or health professional may help you complete this item

Acquired Brain Injury (e.g. stroke, head injury)

Diagnosis:

Date of diagnosis:

Neurological (e.g. epilepsy, Huntington's disease, Alzheimer's disease)

Diagnosis:

Date of diagnosis:

Physical (e.g. muscular dystrophy, spinal cord injury, cerebral palsy)

Diagnosis:

Date of diagnosis:

Sensory (e.g. vision impairment, hearing impairment)

Diagnosis:

Date of diagnosis:

Intellectual (e.g. Down syndrome, Fragile X syndrome)

Diagnosis:

Date of diagnosis:

Psychiatric (e.g. schizophrenia)

Diagnosis:

Date of diagnosis:

Other: Give a description of the condition that has resulted in your disability:

Date of onset:

2b Is your disability episodic?

No

Yes

Please describe the frequency and impact of the episodes

Item 3

Describing functional supports

Your service provider or health professional may help you complete this item

To be eligible for a Companion Card you must demonstrate why your disability or condition makes you **permanently** unable to participate at **most** community venues and activities without significant **attendant care support**.

Attendant care support includes significant assistance with activities where the use of aids, equipment or alternative strategies does not enable you to carry out these activities independently. The activities include mobility, communication, self-care, learning and decision making.

Note: Attendant care support does not include the companion providing only reassurance, social company or encouragement.

A Companion Card cannot be issued if you are likely to become independent in the future as a result of treatment, rehabilitation, management, training, recovery or developmental improvement.

3a Do you require lifelong attendant care support with the following activities to participate in the community?

Please provide specific examples of how a companion assists you.

Do you require assistance with mobility?

No Yes **Please provide details and examples of how your attendant carer assists you**

Do you require assistance with communication?

No Yes **Please provide details and examples of how your attendant carer assists you**

Do you require assistance with self-care?

No Yes **Please provide details and examples of how your attendant carer assists you**

Do you require assistance with learning and decision making?

No Yes **Please provide details and examples of how your attendant carer assists you**

3b Do you use any aids or equipment?

No Yes **Please describe your use of aids or equipment**

Item 6

Applicant statement

6a Do you consent to participate in the evaluation of the Companion Card program?

No Yes

6b Declaration

My signature below (or the signature of my legal guardian/agent, if applicable) verifies the following:

- I meet the Australian and ACT residency requirements; and
- I have a permanent disability and I will always require attendant care support to participate at most community venues and activities; and
- I will advise the Companion Card program of any changes in my circumstances that may affect my eligibility to hold a card; and
- I authorise the Companion Card program to verify the information I have supplied on this form and to obtain any information relating to my application for the purpose of assessing my eligibility for a Companion Card. This may include obtaining information held in databases by government departments and agencies, and disclosing information contained in this form or obtained in connection with this application for the purpose of assessing eligibility; and
- I agree that my nominated professional (as identified in item 7) may disclose information about me to the Companion Card program to assist with the assessment of my application; and
- I understand and accept the Cardholder Terms and Conditions; and
- I declare that the information provided in this application is complete and correct; and
- I understand that it is an offense to provide false or misleading information.

Applicant signature

Date

DD/MM/YYYY

Signature of legal guardian/agent

(If applicable e.g. for applicants under 18 years of age, or for applicants unable to sign)

Date

DD/MM/YYYY

6c Details of legal guardian/agent (if applicable)

Title Mr Mrs Ms Miss Other

Full name

Relationship to applicant

Daytime contact number(s)

Email (if available)

6d Information from your health professional/service provider

Please give this application to your health professional or service provider to complete Part B

Information for health professionals and service providers

Part B of this form must be completed by either a specified service provider (manager or equivalent) health professional as listed below:

HEALTH PROFESSIONALS:

- Registered medical practitioner
- Registered nurse
- Registered physiotherapist
- Registered psychologist
- Qualified occupational therapist eligible for membership with Occupational Therapy Australia
- Qualified social worker eligible for membership with the Australian Association of Social Workers
- Qualified speech pathologist eligible for practicing membership with Speech Pathology Australia

OR

SERVICE PROVIDERS:

If the applicant currently receives (or has approval to receive) one of the services or supports listed below, the service provider (manager or equivalent), case manager or program manager may complete this section:

- ACT Government funded or provided Supported Accommodation Service
- Disability ACT funded Individual Support Package or Individually tied funding
- Disability ACT funded Community Access / Learning and Life Skills service
- Australian Government Department of Veterans' Affairs Attendant Allowance
- Australian Government Funded High Level Residential Aged Care Service
- Australian Government Funded Extended Aged Care at Home Package
- Australian Government Funded Community Aged Care Package

If the applicant is receiving a service that is not listed here but the service has access criteria that match the four eligibility criteria of the Companion Card program, the service provider (manager or equivalent) may complete this section.

Verifying an application form—a note for health professionals and service providers.

Companion Card application forms must be verified by either a nominated service provider or a specified health professional as listed above.

As the applicant's nominated service provider or health professional you must:

- Assess that the person meets all of the four eligibility criteria for the program (page 2)
- Check that all the information provided in Items 1 - 6 of the application form is correct.
This is where applicants must provide information about their specific disability type and details about the assistance they require to participate at community venues and activities. Specific examples of significant attendant care support in at least one core activity area must be provided. Applicants may need your assistance to complete this section, particularly Item 2 (disability diagnosis) and Item 3 (functional ability)
- Sign the back of two identical colour passport-sized photographs of the applicant
- Complete Item 7 and sign the declaration

Do not sign this form if you are not able to verify **all** of the information to support the application.

We recommend that you keep a copy of the application form for future reference. You may be contacted regarding information provided on the application form.

For more information or assistance in completing this form contact:

ACT Companion Card program

Phone: (02) 6207 1086

www.companioncard.act.gov.au

Item 7

Health professional/service provider declaration

To be completed by either a health professional/service provider

Please complete this application form in **BLOCK LETTERS** using blue or black pen.

7a Please indicate which Health Professional or Service Provider category applies to you:

Health professional:

- Registered medical practitioner
- Registered nurse
- Registered physiotherapist
- Registered psychologist
- Qualified occupational therapist eligible for membership with Occupational Therapy Australia
- Qualified social worker eligible for membership with the Australian Association of Social Workers
- Qualified speech pathologist eligible for practicing membership with Speech Pathology Australia

OR

Service provider:

- ACT Government funded or provided supported accommodation service
- Disability ACT funded Individual Support Package or Individually tied funding
- Disability ACT funded Community Access/Day Options service
- Australian Government Department of Veterans' Affairs Attendant Allowance
- Australian Government funded high level residential aged care service
- Australian Government Funded Extended Aged Care at Home package
- Australian Government Funded Community Aged Care package
- Other (please specify)

7b How long have you known the applicant in a professional capacity?

 years months

7c Does the applicant require lifelong attendant care support to participate at most community venues and activities?

Yes No

If the need for attendant care support is not permanent, the applicant is not eligible to receive a Companion Card.

A Companion Card cannot be issued if the applicant is likely to become independent in the future as a result of treatment, equipment, rehabilitation, management, training, recovery or developmental improvement.

7d Statement of applicant's need for lifelong attendant care

Please provide a statement confirming the applicant's lifelong need for attendant care support in one or more of the following activities: mobility, communication, self-care or learning/decision making.

Please indicate if the applicant could carry out these activities independently with the use of aids, equipment or alternative strategies. If available, please provide the name, date and outcomes of any other formal assessments that may support this application. Do not attach any reports.

7e Please provide your contact details

Name	<input type="text"/>
Position	(If you are a service provider, you must hold a manager or equivalent position) <input type="text"/>
Professional registration number	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Daytime contact numbers	
Telephone	<input type="text"/>
Email	<input type="text"/>

7f Declaration

I confirm that my signature below verifies the following:

Service providers only:

I verify that the applicant currently receives the service or support indicated in this item

Health professionals and service providers:

- I have read and I understand the Companion Card eligibility criteria
- I have read all the information contained within this form and verify that it is correct to the best of my knowledge
- I am not the applicant or an immediate family member of the applicant
- I agree to offer all reasonable information to assist the Companion Card program to determine the applicant's eligibility
- I have written the applicant's name and signed the reverse of both photographs to verify that each photograph is of the applicant
- I understand that it is an offense to provide false or misleading information in this application.

Health professional/service provider signature

Do not sign this form unless you can verify that the applicant requires lifelong attendant care support to participate at most venues and activities.

Date

Photographs

Verified by health professional/service provider

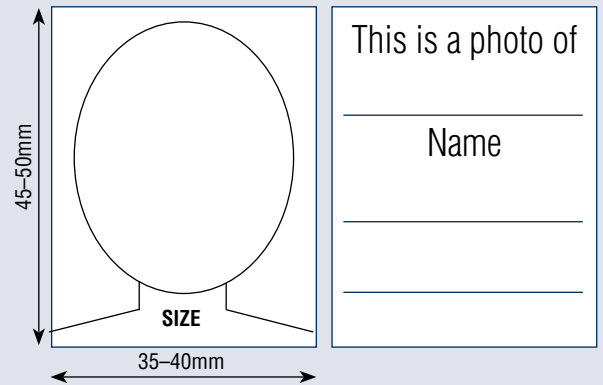
You must include two identical colour passport-sized photographs with your application.

DO NOT use paper clips, tape, staples, glue or pins to attach the photos to the form as this may make them unusable.

Leave the photos loose in the envelope.

The back of EACH photograph must include:

- The name of the person in the photograph; and
- The signature of the same professional who signed Item 7 of your application form.



Acceptable photos

The following guidelines will help you provide suitable photographs, so that your application is not delayed by having to submit new photographs in the required format.



The basics:

- Colour photos only (not black and white)
- 45–50mm high and 35–40mm wide
- Printed on good quality gloss photo paper
- No grainy, pixelated or blurry images
- No red eye

Head coverings

If you wear a head covering for religious or medical reasons, facial features from bottom of chin to top of forehead and both edges of your face must be clearly shown.

Photos must:

- be of your head and top of your shoulders
- be no more than six months old
- have a plain, light-coloured background (e.g. cream or pale blue)
- show both edges of your face
- show you looking at the camera and no hair in your eyes

Glasses

If you usually wear glasses, they must show your eyes clearly:

- no dark tinted lenses which restrict a clear view of your eyes
- no flash reflection off the lenses

Note:

If you have difficulty meeting these requirements, please contact the Companion Card program to discuss your situation.

Photographs will not be returned to you, regardless of the outcome of your application.

Cardholder Terms and Conditions

1. The Companion Card must only be used when the cardholder requires the assistance of a companion to participate at a particular venue/activity.
2. Only the person whose photograph and details appear on the Companion Card can use the card.
3. Companion Tickets cannot be used without the Companion Card cardholder being present.
4. Companion Card cardholders must inform the venue/activity operator of their requirement for a Companion Ticket at the time they book or purchase their own ticket.
5. Acceptance of the Companion Card does not indicate that a venue/activity is accessible. Cardholders are advised to check accessibility with the venue/activity operator before booking tickets.
6. The minimum expectation of Companion Card affiliates is that they will issue cardholders, who require assistance to participate, with one Companion Ticket or admission, at no charge. This ticket will be exempt from all booking fees.
7. Where a cardholder has a requirement for more than one companion, the cardholder must negotiate this with the venue/activity operator at the time of booking.
8. The Companion Card can be used to obtain admission for any programs, services and sessions run by affiliated venue/activity operators. This will be subject to the usual admission availability and conditions.
9. The Companion Card can be used in conjunction with any recognised concession cards.
10. Cardholders must provide their Companion Card details when making telephone bookings, and must present their valid card during ticket collection, and at any time when asked during the activity. If cardholders cannot present their card, they may be charged for the Companion Ticket.
11. Affiliated venues/activities must ensure cardholders are able to be located physically close to their companions. Companions must remain close to cardholders to assist them as required. Cardholders with specific seating requirements must inform the venue/activity operator at the time of booking.
12. Some venue/activity operators may charge for participation over and above general admission costs (e.g. a fee for rides in addition to an entry fee at a fun park). Affiliated venues/activities must issue a Companion Ticket for both admission and for additional components, such as rides etc., if the cardholder requires assistance in order to participate.
13. Companion Cards may be used to purchase a package deal for the cardholder that combines admission costs with ancillary components such as meals etc. When booking a package deal, cardholders must check with the venue/activity operator, what is included with the Companion Ticket. It is essential that the companion's support to the cardholder is not disrupted if the ancillary components are not included in the Companion Ticket. For example, if meals are not included, the Companion must be able to bring or access food in a manner that enables them to provide continual support to the cardholder.
14. Booking and ticket distribution practices for Companion Tickets should not be more difficult than the standard ticketing practices of the affiliated venue/activity.
15. If an affiliated venue/activity operator suspects that a Companion Card is being misused, they can report this to the Companion Card program. Proven misuse of the Companion Card may result in the card being cancelled, and the cardholder will be ineligible to reapply.
16. It is understood that the applicant accepts the Companion Card Cardholder Terms and Conditions when they submit a Cardholder Application Form.

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