



Claim for Household Services

The Department of Veterans' Affairs (DVA) can reimburse the reasonable cost of household services to serving and ex-serving members of the Australian Defence Force 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).

Household Services are those services which are reasonably required for the proper running and maintenance of your household and may include meal preparation, cooking, cleaning, laundry, ironing, shopping, lawn mowing and gardening. Household Services can be provided up to a statutory maximum weekly 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 [household services page](#) on the DVA website. This information will assist you 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 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.

For more information about how DVA manages personal information, including how your personal information may be used by DVA and collected from or provided to other parties, please visit www.dva.gov.au/privacy or email privacy@dva.gov.au and request a copy of our Privacy Policy.

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. Claim number (or DVA file number)	<input type="text"/>
5. Home address	<input type="text"/> <input type="text" value="POSTCODE"/>
6. Home number	<input type="text" value="[]"/>
7. Work number	<input type="text" value="[]"/>
8. Mobile	<input type="text"/>
9. Email	<input type="text"/>
10. Please list your compensable condition(s)	<input type="text"/> <input type="text"/> <input type="text"/>

11. Which Household Service(s) are you requesting?
(attach a separate sheet if you require more space)

Household Service(s) <i>(e.g. gardening, lawn mowing, cleaning, etc.)</i>	How often do you feel the service is required? <i>(e.g. fortnightly)</i>	Anticipated hourly cost of each service
		\$
		\$
		\$

12. Who carried out the household service(s) prior to the onset of your condition?

- You
- Another person - (provide name of person)

13. Please indicate why the person nominated above can't continue to provide the household service(s)

14. Are there any other members of your household who could be reasonably expected to undertake the service(s)?

- No
- Yes - (provide details)

One of the issues that we must consider is the number of people in your household, their ages, employment, education and other commitments, and the extent to which they might reasonably be expected to perform household tasks for themselves and you.

15. Please list all members of your household *(attach a separate sheet if you require more space)*

1	Name	Age	Occupation
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship to you	Able to assist	Comment
	<input type="text"/>	<input type="text"/> hrs/wk	<input type="text"/>
2	Name	Age	Occupation
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship to you	Able to assist	Comment
	<input type="text"/>	<input type="text"/> hrs/wk	<input type="text"/>
3	Name	Age	Occupation
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship to you	Able to assist	Comment
	<input type="text"/>	<input type="text"/> hrs/wk	<input type="text"/>
4	Name	Age	Occupation
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship to you	Able to assist	Comment
	<input type="text"/>	<input type="text"/> hrs/wk	<input type="text"/>

I hereby claim for the above service and certify that the information provided is correct.
I am aware that there are penalties for giving false or misleading information.

16 Your signature



Date

/ /

Treating doctor to complete

17. Do you consider the household services requested at Question 11 are reasonably required?

No - (provide details)

Yes

18. Do you believe the need for household services requested at Question 11 is solely due to the client's compensable condition?

No - (provide details)

Yes

19. What restrictions have resulted from the condition and how does this impact on performing household services?
(attach a separate sheet if you require more space)

Restriction

Impact

Restriction	Impact

20. Are household services required for a short time (e.g. while the client recovers from surgery) or is there an ongoing need for the provision of household services (e.g. due to permanent impairment)?

Short term

Ongoing

21. If this is a request for the short term provision of household services, please indicate how long the services will reasonably be required for and the reason for the chosen period (e.g. required while recovering from surgery)

3 months

6 months

Reason

22. Any other comments regarding the client's ability to complete the requested household services?

Treating Doctor Details

23. Name

24. DVA Provider number

25. Qualification

26. Telephone number

27. 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