



## CARER PAYMENT & CARER ALLOWANCE

*If you care for an adult or child, you may be eligible for carer payment and/or carer allowance. This self help guide explains some of the most common issues which arise for people claiming these payments and what to do if Centrelink rejects your claim or cancels your payment.*

### OVERVIEW

**Carer payment** is an income support payment for carers paid at the same rate as the age pension. The carer must provide *constant care* to the person they care for, called the care receiver.

**Carer allowance** is a supplementary payment for carers. Unlike carer payment, it is not affected by your income or assets and can be paid in addition to other payments, including carer payment. The carer must provide care to the care receiver on a *daily basis*.

These payments are complex and have different requirements depending on whether you care for a child or an adult, whether you and the care receiver live together or whether a child has one of specified list of disabilities, among other things.

In most cases, the care receiver's care needs must be measured according to an assessment tool which assigns points based on answers to two questionnaires – one for you and one for the treating doctor.

Different assessment tools are used for carer payment and carer allowance and depending on whether the care receiver is a child or adult. Although not required in all cases, usually to qualify for carer payment or carer allowance certain scores must be achieved under these assessment tools. The law is strict. There is no flexibility for Centrelink to pay someone who does not meet these scores.

### CONSTANT CARE

To qualify for carer payment for a child or adult, you must personally provide **constant care**. Social security law does not define this phrase and tribunals have taken different views about what it means.

Centrelink policy says you must personally provide care on a daily basis for a "significant period" each day, generally equivalent to a working day. Centrelink policy also says that if you do work, study or training for more than 25 hours per week you are not providing constant care.

But the tribunals haven't always agreed with this policy. There have been cases where the tribunal decided a person was providing constant care, even though it was not provided every day, or was provided for less hours per day than Centrelink policy requires. If you are not sure if you meet the constant care requirement you should lodge a claim for carer payment and seek advice from a Welfare Rights Centre/Advocate.

You must tell Centrelink if you are working (even if you only work a few hours) and you must report all the income you receive. If you don't, you may later get a debt and may be prosecuted.

### ASSESSMENT OF CARE - POINTS

A common issue for claims for carer payment or carer allowance is not getting enough points under the relevant assessment tools. Centrelink enters the answers from the questionnaire into its computer system and the computer adds up the points. Centrelink has no flexibility at all to change the points.



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You must therefore ensure that both parts of the relevant form – the questionnaire for you and the questionnaire for the care receiver's doctor - are filled out carefully and accurately.

Many of the questions are about what basic daily activities the care receiver can do, as opposed to what they can't do. Centrelink policy says answers should be based on the person's ability taking into account any aids they use or medication they take. If they do not use aids or take medication (including if they refuse to take medication or cannot afford an aid), then the answers should be based on their ability to do those activities without those aids or medication.

### SUPERVISION

Care includes the need for supervision. For example, the care receiver may be at risk of falling if left alone or may not take medication unless prompted, or may have a mental health condition that needs to be monitored.

The forms explain that a person needs care and is not independent if they need supervision for a certain activity or task. However, there isn't actually a separate question about the person's need for supervision on the form. So if supervision is significant part of the care you provide it is a good idea for you (and, if possible, the treating doctor) to attach a short letter explaining:

- the reason that supervision is necessary and
- the amount of time spent providing this type of care.

### APPEALING A REJECTION OR CANCELLATION

If your claim for carer payment and/or carer allowance is rejected, you have a right to appeal to a Centrelink **authorised review officer**. You must appeal within 13 weeks of receiving the decision to ensure you receive maximum back-pay if successful.

If the claim was rejected due to insufficient points, remember there is no discretion to exempt you from this requirement. This means the decision can only be changed if a *new questionnaire* is completed by you and/or the treating doctor. You can ask Centrelink for a new form and take it to the treating doctor and ask them to review their answers. In some cases they may agree that one or more of their answers was not correct and change them. However, if they do this, they should write a letter explaining why they have changed their answer (for example, they filled in the form quickly and made a mistake).

**THIS FACTSHEET CONTAINS GENERAL INFORMATION ONLY. IT DOES NOT CONSTITUTE LEGAL ADVICE. IF YOU NEED LEGAL ADVICE PLEASE CONTACT YOUR LOCAL WELFARE RIGHTS CENTRE. YOU CAN FIND YOUR LOCAL WELFARE RIGHTS CENTRE AT [WWW.WELFARERIGHTS.ORG.AU](http://WWW.WELFARERIGHTS.ORG.AU). WELFARE RIGHTS CENTRES ARE COMMUNITY LEGAL CENTRES, WHICH SPECIALISE IN SOCIAL SECURITY LAW, ADMINISTRATION AND POLICY. THEY ARE INDEPENDENT OF CENTRELINK. ALL ASSISTANCE IS FREE.**

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