

# Child Disability Allowance – Medical Certificate



Work and Income  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

Attach a patient label if one is available.

## Information for health practitioners

For more information about the Child Disability Allowance, refer to the Child Disability Allowance – Guide for Medical Practitioners brochure.

The Child Disability Allowance is a non-taxable payment made to the main carer of a child or young person who has a serious disability, in recognition of the following extra care provided:

- they require constant care and attention because of that disability, over and above that of a child of a similar age and sex, and
- they will be likely to need that care and attention for more than 12 months.

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

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

## Personal details

Where the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

### 1. What is the name of the child or young person?

First name(s)

Surname or family name

What is their date of birth?

  
Day Month Year

Are they:

 Male  Female

### 2. What is the name of the main caregiver of the child or young person?

First name(s)

Surname or family name

## Disability

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

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

Diagnosis	Covered by ACC?
1.	Y / N
2.	Y / N
3.	Y / N
4.	Y / N
5.	Y / N

## Impact on child or young person

Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

Bodily function includes activities such as toileting and eating.

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

Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

### 4. Does the child or young person have a serious disability?

 No ▶ Go to Question 8  Yes

### 5. 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

6. Are they likely to require such care and attention for a period exceeding 12 months?

No ▶ Go to Question 8  Yes

7. Is the child or young person currently in hospital?

No  Yes ▶ Name of hospital:

▶ Expected length of stay:  Weeks  Long term

8. Would you like Work and Income to contact you about the child or young person's diagnosis or disability?

No  Yes

9. What other relevant information can you provide, that would assist Work and Income determine eligibility for the Child Disability Allowance?

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.

## Reassessment

Where the need for constant care and attention is likely to reduce over time, a review should be undertaken at regular intervals.

10. When should the child 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 identity

Where the person has not consented to the release of the information, Work and Income will be unable to take this information into account when considering an application for benefit.

HPI Number

Full name

Practice address

Telephone number (  )

I understand that this information may be subject to audit and/or review.

Health Practitioner's signature

Date certificate completed

Day Month Year

## OFFICE USE ONLY

Additional Information:

Decision:

Processor's signature

Day Month Year

Authenticator's signature

Day Month Year

Checker's signature

Day Month Year

10% 100% Critical data