

Disability Certificate – Counselling



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Please read this before you start

Disability Allowance can be paid for counselling FEES if the:

- Need for counselling is directly related to the person's disability.
- Full cost of counselling is not met by another agency (for example, Health, Group Special Education, Child, Youth and Family or ACC).
- The counselling is provided by a counsellor who is a member (or an applicant or provisional member) of:
 - the New Zealand Association of Psychotherapists (NZAP) *or*
 - the New Zealand Association of Counsellors (NZAC) *or*
 - the Aotearoa New Zealand Association of Social Workers Inc *or*
 - is a Psychologist who holds a current practising certificate, is registered with the Psychologists Board, and is registered with either the New Zealand College of Clinical Psychologists or the New Zealand Psychologists Society.

Note:

- Assistance can also be provided for the cost of transport to counselling if the need for counselling is directly related to the person's disability.
- Disability Allowance assistance for counselling is limited to a maximum of 10 sessions in the first instance.
- Assistance for up to a further 20 additional counselling sessions can be considered on the recommendation of the person's registered medical practitioner.
- Assistance with counselling is generally limited to a maximum of 30 sessions. This can be extended if a client is assessed as needing further counselling sessions.

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Birth date

2. What is your date of birth?

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Day Month Year

Counselling details

3. I wish to apply for assistance with the cost of counselling. Please tick (✓) one.

- First application for counselling assistance Application for additional sessions

4. Have you applied for help with the cost of counselling from another agency?

- No ▶ Please go to Client statement Yes ▶ Please provide details below:

- Health Special Education Child, Youth and Family ACC Other

5. Does the other agency meet the full costs?

- Yes ▶ You will not qualify to have counselling costs included in your Disability Allowance. You do not need to complete the rest of this application form.

- No ▶ Please go to Question 6

6. How much does this agency help you with your counselling costs per visit? \$

Client statement

I understand I must advise Work and Income if:

- I stop attending counselling *or*
- the frequency or cost of my counselling sessions changes.

Client's name (print)

Client's signature

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Day Month Year

Registered Medical Practitioner and Counsellor to Complete

Doctor's statement

Nature of client's disability:

Please tick (✓) one:

- I certify that counselling is necessary and of therapeutic value to the client because of the stated disability.
- I consider that additional counselling sessions are necessary and of therapeutic value to the client because of the stated disability.

Please print or stamp your full name, address, telephone number and Medical Council registration number.

Registered Medical Practitioner's stamp or name and address

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Medical Council registration number

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Medical Practitioner's signature



Day	Month	Year

Counsellor's statement

Frequency: weekly fortnightly monthly

Number of visits recommended:

Start date:
Day Month Year

Cost per visit: \$

Please print or stamp your full name, address, telephone number and Medical Council registration number.

Counsellor's stamp or name and address

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Professional membership of:

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Counsellor's signature



Day	Month	Year