

# Medical Certificate *Domestic Purposes Benefit – Care of Sick or Infirm Application*



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CARER CLIENT NUMBER

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## Information for medical practitioners

For more information on this benefit, refer to the *Domestic Purposes Benefit – Care of Sick or Infirm: Guide for Medical Practitioners*.

The medical practitioner completing this form should generally be the supported person's usual medical practitioner.

**CARER** – the person who will be providing care and attention to a supported person.

**SUPPORTED PERSON** – the person who will be receiving care and attention.

### To be eligible for this benefit:

- the applicant must be the carer of a sick or infirm person (except their spouse or partner) and be providing full-time care and attention at home **and**
- the supported person would otherwise have to receive either:
  - rest home care
  - residential disability care
  - extended care services for severely disabled children and young people
  - hospital care (in-patient or residential hospital care)
  - care equivalent to any of these kinds of care.

The carer named in this application is applying for financial assistance while they are supporting your patient. Please provide relevant medical details about the supported person, your patient, to enable Work and Income to establish the carer's entitlement to this assistance.

Please complete all questions on the form.

## Personal details

**Q1 note:** The supported person is the person who will be receiving care and attention.

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

**Q3 note:** The carer is the person who will be providing care and attention to a supported person.

### 1. Supported person's name

First name(s)

Surname or family name



### 2. Supported person's date of birth

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Day Month Year

### 3. Carer's name

First name(s)

Surname or family name



## Medical details

**Q4 note:** Work and Income may arrange a second opinion.

### 4. Who do you consider best placed to provide this information?

Yourself

Second opinion

Other ▶

### 5. Are you the supported person's usual medical practitioner?

No

Yes

### 6. When did you last see the supported person? (Including today)

Date last seen:

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Day Month Year

Never

### 7. Please indicate what information this assessment is based on:


### 8. What are the supported person's main diagnoses?

READ Code

Description

Covered by ACC? (No/Yes)

READ Code	Description	Covered by ACC? (No/Yes)
1.		
2.		
3.		
4.		

**Q8 note:** Please list the diagnoses in the order of their impact, starting with the most significant.

The READ Code is optional if the description is provided.

## Medical details – continued

**Q9 note:** A Needs Assessment and Service Coordination (NASC) assessment is not required for this benefit. However, a NASC assessment may provide you with useful information to assist with your assessment of the level of care otherwise required.

**Q11 note:** Not all factors will apply for children and young people, eg shopping.

Factors should only be indicated if the person requires support over and above what is ordinarily needed by someone of the same age or what is developmentally appropriate.

9. Has the supported person had a recent Needs Assessment and Service Coordination (NASC) assessment?

No ▶ Go to Question 11  Yes

10. Did the NASC assessment indicate the need for a level of care consistent with the requirements of this benefit (see above)?

No  Yes  I did not receive a copy of the assessment

11. Indicate the main factors that determine the supported person's need for care and attention? (Please tick all applicable boxes)

Type	Description
<b>Physiological / health related</b>	<input type="checkbox"/> Physical limitations <input type="checkbox"/> Psychiatric / psychological condition <input type="checkbox"/> Cognitive / neurological condition <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Undergoing current treatment <input type="checkbox"/> Frequent hospitalisation / treatment demands <input type="checkbox"/> Terminal illness <input type="checkbox"/> High levels of physical support <input type="checkbox"/> Mobility restrictions <input type="checkbox"/> Chronic pain
<b>Safety</b>	<input type="checkbox"/> Respiratory support <input type="checkbox"/> Risk to life / life threatening condition <input type="checkbox"/> Falls risk <input type="checkbox"/> Home safety / security <input type="checkbox"/> Wandering
<b>Personal care / household management</b>	<input type="checkbox"/> Hygiene / grooming – including dressing and showering or bathing <input type="checkbox"/> Toileting / continence <input type="checkbox"/> Eating / drinking <input type="checkbox"/> Medication <input type="checkbox"/> Meal preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Housework / laundry <input type="checkbox"/> Finances
<b>Memory, cognition and behaviour</b>	<input type="checkbox"/> Memory loss <input type="checkbox"/> Poor orientation to surroundings <input type="checkbox"/> Delusions / hallucinations <input type="checkbox"/> Mood / anxiety <input type="checkbox"/> Inappropriate social behaviour <input type="checkbox"/> Limited insight
<b>Other (please specify):</b>	
_____	
_____	
_____	
_____	

## Medical details – continued

12. **Comment on how these factors impact on the supported person's need for care and attention:**


**i** **Full-time Care and Attention**

*Full-time care and attention* means that the person will require 24-hour **access** to care and attention. This does not mean the carer is expected to give 24-hour care, but they must be available if required. The level of care and attention must be over and above the ordinary care and attention required by someone of the same age.

A carer can be away from the home for a few hours a day, and still be considered to be providing full-time care, if arrangements are made for the supported person's care and their safety is not compromised. The carer's absence could be for a number of reasons including part-time employment or study.

The carer must provide the care and attention at home. The home can be that of the supported person or of the carer.

'Care and attention' is the terminology used in the Social Security Act (1964) which sets out the criteria for this assistance.

13. **Does the supported person require full-time care and attention?**

No  Yes

**i** **Levels of Care**

**Rest Home Care**

*Rest home care* is the level of care provided for the care and attention of people whose needs cannot be met in their own home with home-based services, generally because of their age-related needs. This relates to the full continuum of residential rest home care.

**Residential Disability Care**

*Residential disability care* is the level of care provided for the care and attention of children, young people and adults whose needs cannot be met in their own home with home-based services, generally because of their disability/impairment related needs.

**Extended Care Services for Severely Disabled Children and Young People**

*Extended care* is the level of care provided for the care and attention of a child or young person where the extent of their disability is such that suitable care can be provided only by an approved organisation or body. In some cases, the extended care arrangement may be an approved foster care placement.

**Hospital Care**

*Hospital care* is the level of care provided by a non-government organisation (NGO) or District Health Board (DHB) as in-patient or residential hospital care, including geriatric hospital-level care.

Hospital care exceeds the level of care provided if a person is solely under the care of a hospital specialist or receiving out-patient care.

**Equivalent Care**

This is any type of care which is equivalent to:

- rest home care
- residential disability care
- extended care services for severely disabled children and young people
- hospital care (in-patient or residential hospital care).

14. **What level of care would the supported person otherwise need if they were not cared for at home?** (Please tick the applicable box)

- Rest home care
- Residential disability care
- Extended care services for severely disabled children and young people
- Hospital care (in-patient or residential hospital care)
- Other form of care equivalent to levels above (please specify)

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- Does not require care of the levels above

15. **Is the need for care and attention time limited or permanent?**

- Time limited (please specify the expected duration)

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- Permanent

# Registered medical practitioner verification

I have discussed the information contained in this form with the supported person (or their guardian or their legal representative).

No ▶ Please state reason below:  Yes


HPI Number

Medical practitioner's full name

Practice address

Telephone number

Registered Medical Practitioner's stamp for name and address

Medical practitioner's signature

Date certificate completed

Day Month Year