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.

### Client details

<table>
<thead>
<tr>
<th>Name of the child or young person:</th>
<th>Surname or family name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name(s)</td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Gender: Male Female</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

### Disability

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

   Q1 note: Please list the diagnoses in order of their impact on the child or young person.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Covered by ACC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>No Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No Yes</td>
</tr>
<tr>
<td>3.</td>
<td>No Yes</td>
</tr>
<tr>
<td>4.</td>
<td>No Yes</td>
</tr>
<tr>
<td>5.</td>
<td>No Yes</td>
</tr>
</tbody>
</table>

### Impact on child or young person

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

   - No [ ] Yes [ ]

   Go to Question 6

3. 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 [ ]
4. Are they likely to require such care and attention for a period exceeding 12 months?  
- No  - Go to Question 6  - Yes

5. Is the child or young person currently in hospital?  
- No  - Yes

Name of the hospital: 
Expected length of stay:  
- Weeks  - Long term

Q6 note: 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.

6. Would you like Work and Income to contact you about the child or young person’s diagnosis or disability?  
- No  - Yes

Please provide any other relevant information that would assist Work and Income to determine eligibility for the Child Disability Allowance.

7. 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: 

Reassessment  

Q7 note: Where the need for constant care and attention is likely to reduce over time, review should be undertaken at regular intervals.

Medical practitioner identity

HPI number: 
Full name: 
Practice address: 
Telephone number: 

Date certificate completed:  
Day  Month  Year

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

Medical Practitioner’s signature

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

Bring up  
B  F  
Day  Month  Year