

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 medical 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.

Client details

Name of the child or young person:

First name(s)

Surname or family name

Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Gender:

Male Female

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.

Name of main caregiver of the child or young person:

First name(s)

Surname or family name

Disability

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

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

Diagnosis

1.	
2.	
3.	
4.	
5.	

Covered by ACC?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes

Impact on child or young person

Q2 note: Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

Q3a note: Bodily function includes activities such as toileting and eating.

Q3b note: Attention and supervision needs to be focused on functions such as: activities of daily living, mobility, learning, behaviour and/or health needs.

Q3c note: Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

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

No Yes

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 determine eligibility for the Child Disability Allowance.

Reassessment

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

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?

Medical practitioner identity

Please print or stamp your full name, address, telephone number and HPI number.

This information is required under the Social Security Act 1964.

Privacy Act

The person has been advised and understands that this information is required for benefit assessment purposes.

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