

# Disability certificate counselling



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

Disability Allowance can be paid for counselling fees, including transport to the appointment, if:

- the need for counselling is directly related to the health condition or disability
- the full cost of counselling is not met by another provider (such as Te Whatu Ora – Health New Zealand, Primary Health Organisation, Group Special Education, ACC or Oranga Tamariki)
- the counsellor is a member of a specific organisation. These can be found on our website **[workandincome.govt.nz/counselling](https://workandincome.govt.nz/counselling)**

If this is the first time you're applying for counselling, you can get up to 10 sessions. You can apply for more if a health practitioner, for example your doctor, recommends them.

**Please note that this needs to be completed by you, your health practitioner and your counsellor.**

Client number

## Tell us about you

1

### What is your full name?

First and middle names

Surname or family name

2

### What date were you born?

Day Month Year

## Tell us about the counselling

3

### I wish to apply for assistance with the cost of counselling. Please tick one.

☐

First application for counselling assistance

☐

Application for additional sessions

#### ATTACHMENT FOR Q4:

You need to provide a Disability Allowance medical certificate for each person you apply for.

4

### Who is the counselling for?

☐

You

☐

Your partner

☐

Your dependent child



**If applying for your dependent child, tell us their names**

Child's first and middle names

Child's surname

#### INFORMATION FOR Q4:

You may be able to get a Child Disability Allowance for the same child. Please ask us.

5

### Have you applied for help with the cost of counselling from another provider?

☐

No

☐

**Go to Applicant's declaration**

☐

Yes

☐

**If yes, please tell us which provider**

☐

Te Whatu Ora – Health New Zealand

☐

Group Special Education

☐

Primary Health Organisation

☐

Oranga Tamariki

☐

ACC

☐

Other

☐

**If other, please tell us the provider below**

6

Does the other provider meet the full costs?
☐ No

Go to question 7

☐ Yes

You won't qualify to have counselling costs included in your Disability Allowance.  
You don't need to complete the rest of this application form.

7

How much does the provider pay for your counselling costs each visit?

 \$

## Applicant's declaration

I understand I must advise Work and Income if:

- I stop attending counselling
- how often I go to counselling changes
- the cost of my counselling sessions changes.

The information I have given is true and complete.

Applicant's name (print)

Applicant's signature

Day

Month

Year

## To be completed by the health practitioner

### Health practitioner's verification

What is the client's health condition or disability?

Please tick one

☐ I certify that counselling is necessary and of therapeutic value to the client because of the stated health condition or disability.

☐ I consider that additional counselling sessions are necessary and of therapeutic value to the client because of the stated health condition or disability.

Health practitioner's full name

Health practitioner's HPI number

Practice name and contact details

Address	<input type="text"/>
Phone number	( <input type="text"/> ) <input type="text"/>
Email	<input type="text"/>

Health practitioner's signature

Day

Month

Year

# To be completed by the counsellor

## Counsellor's verification

How often should the person attend counselling?

☐

Weekly

☐

Fortnightly

☐

Monthly

What is the recommended number of visits?

What is the start date for the visits?

Day

Month

Year

What is the cost per visit?

\$

Counsellor's full name

Professional membership of (please write this in full)


Practice name and contact details

Address	
Phone number	(     )
Email	

Counsellor's signature

Day

Month

Year

