The Disability Allowance is available for reimbursement of additional costs arising from a disability where the following criteria are met:
1. The person has a disability which is likely to continue for at least six months; and
2. The disability has resulted in a reduction of the person’s independent function to the extent that:
   • the person requires ongoing support to undertake the normal functions of life, or
   • the person requires ongoing supervision or treatment by a health practitioner.

For the purposes of qualifying for Disability Allowance, a disability means:
• physical disability or impairment
• physical illness
• psychiatric illness
• intellectual or psychological disability or impairment
• any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
• reliance on a guide dog, wheelchair, or other remedial means
• the presence in the body of organisms capable of causing illness.

The information you provide below is covered by our Privacy Statement which lets clients know we may contact health providers to check the health-related information they give us. For more information go to workandincome.govt.nz and search on Disability Allowance.

Client details

Client number

Client’s name

First names
Surname

Disability details

Does the person have a disability that meets the Disability Allowance criteria?

Yes Please provide the details below
No Go to Health Practitioner Verification

What is the nature of the person’s disability?

Psychological or psychiatric conditions

Stress (160)
Depression (161)
Bipolar disorder (162)
Schizophrenia (163)
Other psychological/psychiatric (165)

Immune system disorders

HIV / Aids (140)
Other immune system disorders (141)

Metabolic and endocrine disorders

Diabetes (150)
Other metabolic or endocrine disorders (151)

Substance abuse

Alcohol (170)
Drug (171)
Other substance abuse (172)

Sensory disorders

Blindness (180)
Other visual / eye (181)
Hearing / ear (182)
Other sensory disorders (183)
### Accident
- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

### Other disorders
- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

**Please indicate the expected duration of the disability:**
- Less than 6 months **There may be no entitlement to Disability Allowance**
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years
- Permanent (never reassess)

### Verification of doctor, specialist or nurse practitioner visits

**Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary because of the stated disability:**

<table>
<thead>
<tr>
<th>Type of consultation</th>
<th>Cost</th>
<th>How often (eg daily, weekly, monthly)</th>
<th>Health practitioner’s initials</th>
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**Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:**

<table>
<thead>
<tr>
<th>Item / service / treatment / pharmaceutical</th>
<th>Health practitioner’s initials</th>
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**Health practitioner’s verification**

Please print your details below.

- **HPI number:**
- **Health practitioner’s full name:**
- **Practice name and address:**
- **Telephone number:** ( )
- **Health practitioner’s signature:**
- **Date:** ____________
  - **Day:** ____________
  - **Month:** ____________
  - **Year:** ____________