Supported Living Payment medical certificate
for a person being cared for

Registered Medical Practitioner to complete

Work and Income
Te Hiranga Tangata
A service of the Ministry of Social Development

Information for medical practitioners

The medical practitioner completing this form should generally be the usual medical practitioner of the person being cared for.

To be eligible for this benefit:

- the applicant must be caring full time for someone (except their spouse or partner) at home **and**
- the person being cared for would otherwise have to receive either:
  - residential disability care
  - extended care services for severely disabled children and young people
  - hospital-level care (in-patient or residential hospital care)
  - rest home 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 person being cared for, your patient, to enable Work and Income to establish the carer's entitlement to this assistance.

Please complete all questions on the form.

For more information go to **www.workandincome.govt.nz/medical**

Personal details

HOW TO ANSWER Q2: The carer is the person who will be providing care and attention.

HOW TO ANSWER Q3: Where the person being cared for is known by more than one name, please provide the person's name as it appears on their passport or birth certificate.

1 **Carer's client number** ☐☐☐ | ☐☐☐ | ☐☐☐

2 **Carer's name**

First name(s) _____ Surname or family name _____

3 **Name of person being cared for**

First name(s) _____ Surname or family name _____

4 **Date of birth of person being cared for** ____ | ____ | ____
Day Month Year

Medical details

INFORMATION FOR Q5: Work and Income may arrange a second opinion.

5 **Who do you consider best placed to provide this information?**

☐ Yourself ☐ Second opinion ☐ Other → **Please write here** _____

6 **Are you the usual medical practitioner of the person being cared for?**

☐ No ☐ Yes

7 **When did you last see the person being cared for?** (Including today)

Date last seen: ____ | ____ | ____ ☐ Never
Day Month Year

8 **Please indicate what information this assessment is based on:**

_____
_____
_____

HOW TO ANSWER Q9:
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.

INFORMATION FOR Q10:
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.

HOW TO ANSWER 12:
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 **What are the main diagnoses of the person being cared for?**

READ Code	Description	Tick if covered by ACC
1.		☐
2.		☐
3.		☐

10 **Has the person being cared for had a recent Needs Assessment and Service Coordination (NASC) assessment?**

☐ No Go to question 12 ☐ Yes

11 **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

12 **Indicate the main factors that determine the need for care and attention of the person being cared for?** (Please tick all applicable boxes)

Physiological / health related

- ☐ Physical limitations
- ☐ Frequent hospitalisation / treatment demands
- ☐ Psychiatric / psychological condition
- ☐ Terminal illness
- ☐ Cognitive / neurological condition
- ☐ High levels of physical support
- ☐ Sensory impairment
- ☐ Mobility restrictions
- ☐ Undergoing current treatment
- ☐ Chronic pain

Safety

- ☐ Respiratory support
- ☐ Risk to life / life threatening condition
- ☐ Falls risk
- ☐ Home safety / security
- ☐ Wandering

Personal care / household management

- ☐ Hygiene / grooming – including dressing and showering or bathing
- ☐ Toileting / continence
- ☐ Eating / drinking
- ☐ Medication
- ☐ Meal preparation
- ☐ Shopping
- ☐ Housework / laundry
- ☐ Finances

Memory, cognition and behaviour

- ☐ Memory loss
- ☐ Mood / anxiety
- ☐ Poor orientation to surroundings
- ☐ Inappropriate social behaviour
- ☐ Delusions / hallucinations
- ☐ Limited insight

Other Please specify below

13 **Comment on how these factors impact on the need for care and attention of the person being cared for:**

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. The person being cared for would otherwise need hospital-level or residential care (or equivalent) and not be the carer's husband, wife or partner.

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 care of the person, 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 person being cared for 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.

14 **Does the person being cared for require full-time care and attention?**

☐ No ☐ Yes

Levels of 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-level 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.

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.

Equivalent Care

This is any type of care which is equivalent to:

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

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

☐ Residential disability care

☐ Extended care services for severely disabled children and young people

☐ Hospital-level care (in-patient or residential hospital care)

☐ Rest home care

☐ Other form of care equivalent to levels above ↓ **Please specify below**

☐ Does not require care of the levels above

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

☐ Time limited — Please specify the expected duration below

☐ Permanent

HOW TO ANSWER 17:
Please indicate if or when the level of care needed is likely to change, requiring a review of this care arrangement.

17 **When should Work and Income review this care arrangement?**

18 **Would you like Work and Income to contact you about this medical certificate?**

☐ No ☐ Yes

Registered medical practitioner verification

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

☐ No — Please state reason below ☐ Yes

HPI number

Medical Practitioner's full name

Practice name and address

Telephone number ( )

Medical Practitioner's signature

Date

Day Month Year

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.