

Application for Recognition of Member with Dependant with Special Needs

- [PACMAN Chapter 8, Part 6, Clause 1.3.82](#) refers

HEALTH INFORMATION. This document contains sensitive health information. Its disclosure and use is governed by the Privacy Act and it is to be stored and handled in accordance with DI(G) PERS 16-20, Privacy of Health Information in Defence, and with DSM Part 2:30.

Assistance in completing this form is available from your local Defence Community Organisation (DCO) office

<p>Section A - Member details</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Family name</td></tr> <tr><td colspan="2">Given name(s)</td></tr> <tr><td>Service</td><td>Rank</td></tr> <tr><td colspan="2">Employee ID</td></tr> <tr><td colspan="2">Unit, ship or establishment <i>(Do not use abbreviations)</i></td></tr> <tr><td colspan="2">Postal address of member's CO or OC</td></tr> <tr><td colspan="2">Member's home or work email address</td></tr> <tr><td colspan="2">Current home address</td></tr> <tr><td>Home phone number</td><td>Work phone number</td></tr> <tr><td colspan="2">Mobile phone number</td></tr> </table> <p>Details of person(s) with special needs</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:25%;">Name</th> <th style="width:25%;">Relationship to member</th> <th style="width:25%;">Date of birth</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </tbody> </table>	Family name		Given name(s)		Service	Rank	Employee ID		Unit, ship or establishment <i>(Do not use abbreviations)</i>		Postal address of member's CO or OC		Member's home or work email address		Current home address		Home phone number	Work phone number	Mobile phone number			Name	Relationship to member	Date of birth	1				2				3				<p>If you have recently been, or are about to be posted, please provide details of the posting.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Previous or current posting locality</td></tr> <tr><td colspan="2">New posting locality</td></tr> <tr><td>Posting date</td><td></td></tr> </table> <p>Are you aware of the Defence Special Needs Support Group (DSNSG)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you or your family willing to be contacted by, and to have this information passed on to the DSNSG National Coordinator? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p align="center">↓</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">If 'Yes', contact name</td></tr> <tr><td>Telephone number</td><td>Mobile number <i>(if applicable)</i></td></tr> </table> <p>Are you in receipt of Government assisted packages such as Autism or New Start Package? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p align="center">↓</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">If 'Yes', please specify</td></tr> </table> <p>Members acknowledgement statement I acknowledge that the information provided by me in this 'Application for Recognition of Member with Dependant with Special Needs' status is true and accurate. I understand that to make a false or misleading statement to gain benefit may make me liable for disciplinary action.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Signature</td><td>Date</td></tr> </table> <p>Documentation required In order for your application to be processed the following must be provided with this application form:</p> <ul style="list-style-type: none"> • A signed members statement. • Specialist medical documentation <i>(documentation from a GP will not be accepted)</i>. • Other supporting documentation. 	Previous or current posting locality		New posting locality		Posting date		If 'Yes', contact name		Telephone number	Mobile number <i>(if applicable)</i>	If 'Yes', please specify		Signature	Date
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If 'Yes', please specify																																																			
Signature	Date																																																		

Please forward completed application form and supporting documentation to:
 Defence Community Organisation Headquarters
 Attn: Defence Family Helpline
 PO Box 7921
 CANBERRA BC ACT 2610
 or emailed to: defencefamilyhelpline@defence.gov.au; or Faxed to: (02) 6265 8852

Section B - DCO office use only

Application checked

Yes No

Social work assessment required

Yes No

Comments

Section C - DGDCO approval

Date

Approved

Not approved



If 'Not approved' please comment

Signature

Printed name

Appointment

Rank

Date

Application for Recognition of Member with Dependant with Special Needs

Instructions for completion

Overview

The Department of Defence Special Needs Program provides measures of assistance to reduce the impact of mobility and separation on military families supporting civilian dependents with special needs and involves a process whereby families can have their status as a special needs family formally recognised and reviewed by Defence. Once approved, members can apply for specified assistance with therapy, respite, equipment and appropriate housing, including transit accommodation.

The program is based on the principle that Defence and the member share the responsibility for ensuring the welfare and morale of special needs families who face particular challenges when meeting their service obligations.

The provisions are contained in [PACMAN Volume 2, Chapter 8, Part 6](#).

Additional information regarding the program can be found at www.defence.gov.au/dco

Application process

Recognition can be applied for at any time and there is no need to wait for a posting order to initiate this process. All application forms for recognition and assistance measures are available from Defence Community Organisation (DCO) offices or Web Forms on the DRN system and are submitted through DCO Headquarters (HQ).

The member will be advised of the decision from the approving authority in writing. A copy of the letter of recognition will be forwarded to the:

- ADF member.
- CO of the member's current and gaining units.
- DCO office in your current and gaining posting location.
- Career management.

Unless otherwise stated, the recognition will be valid until there is any change to the relevant circumstances that generated the recognition request.

Note: Recognition as a 'Member with Dependant with Special Needs' will be recorded on PMKeyS.

Member acknowledgement statement

The member must complete 'Section A - Member' details and provide a member's statement and supporting documentation before forwarding to DCO HQ for approval.

Guidance on how to complete a member's statement is on page 4 of this form.

Supporting documentation

Sufficient supporting documentation must be collected to assist the processing of the application. The onus is on the member to provide full and adequate evidence to support the special needs status and their application.

A recent report (*less than two years old*) from an appropriate specialist is the mandated minimum requirement for recognition.

Note: A General Practitioner (GP) report is **not** acceptable.

Discretionary provisions

If a member does not qualify for assistance under this program because they do not meet one or more of the criteria for qualification, the approving authority may approve recognition that is reasonable in the circumstances providing they are satisfied that:

- The member does not qualify because of circumstances beyond their reasonable control; and
- Payment is consistent with the intent of [PACMAN Volume 2, Chapter 8, Part 6](#) and assistance should be provided in the particular circumstance.

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Member statement instructions

Please ensure to provide all the below information

A - Family composition

Provide details of all family members within the household.

For example:

The family consists of:

- (Rank)....., the member
- (Title)....., the member's spouse or partner
-, the member's son, aged x years
-, the member's daughter, aged x years

B - Background

- Outline the dependant's current diagnosis and when the first diagnosis was made.
- Include the current treating specialist(s).
- Provide a concise definition of the disorder, disease, disability, disturbance or specific need and outline any measures provided by external agencies and any assistance measures previously provided by Defence.

C - Current situation

Provide details of current:

- Signs and symptoms for which the dependant is receiving interventions.
- Treatment methods and interventions with reference to specialist reports and current treatment plan.
- Respite care, personal care, therapy or equipment which is utilised by the dependant or family and the Government agency providing the service or equipment.
- If your dependant is currently on a waiting list include expected duration.
- Outline the family or work situation (e.g. partner absent from home on regular basis, family support, in receipt of Government benefits etc).

D - Posting requirements (Required if family is relocating)

Outline measures of assistance that will be required at the gaining locality. Include assistance which may be required whilst your family is preparing to leave the losing locality and travelling to the new posting such as extra travelling time, special transit accommodation etc.

Outline educational needs including the requirement for liaison between the Regional Education Liaison Officer (REDLO) and family in both the losing and gaining localities.

D - Posting requirements (Continued)

Detail any requirement for a valet unpack. Dependants may qualify for this assistance if they meet the following eligibility:

- Spouse with severe mobility or pain restriction (ie MS, arthritis, spinal injury etc).
- Child with severe and challenging behaviour and where there is a risk of either the child or removalist being injured (eg throwing glassware, running away, physical violence etc).
- Member absent due to service reasons and unavailable to help with the removal.

Detail any requirement for a pre-posting visit. A special needs pre-posting visit to the new location is available as the last option when establishing appropriate support and assistance in the new posting location. It must be identified that there is a specific and definite requirement for the visit. Verification from the receiving location must be provided before a special needs pre-posting visit can be considered.

E - Housing requirements (Required if family is relocating)

Detail the housing requirements of your dependant that are identified in specialist medical documentation. Particular housing requirements could include additional living space, carpet laying or removal, climate control, ramps etc.

Note: The decision on availability of housing and/or housing modifications is made by Defence Housing Authority (DHA) and specific housing requirements should be discussed with your DHA representative.

F - Additional information

Provide any additional information that may assist in processing your application.