

**STAFF-IN-CONFIDENCE (After first entry)**

AC 835  
Revised Jun 2010

Department of Defence

# Application for Assistance with Respite, Personal Care, Therapy Services or Equipment Hire

• [PACMAN Chapter 8, Part 6, Clause 8.6.9](#) refers

<p><b>Section A - Member's details</b></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 / PMKeyS</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/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> <tr><td colspan="2">Name of person(s) with special needs</td></tr> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td colspan="2">Member's relationship with dependant with special needs</td></tr> <tr><td></td><td>Age</td><td>Date of birth</td></tr> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> </table>	Family name		Given name(s)		Service	Rank	Employee ID / PMKeyS		Unit, ship or establishment <i>(Do not use abbreviations)</i>		Postal address of member's CO/OC		Member's home or work email address		Current home address		Home phone number	Work phone number	Mobile phone number		Name of person(s) with special needs		1		2		3		Member's relationship with dependant with special needs			Age	Date of birth	1			2			3			<p>Do you wish to apply for assistance with: <i>(Tick appropriate box)</i></p> <p>Therapy service <input type="checkbox"/>    Respite service <input type="checkbox"/></p> <p>Personal care <input type="checkbox"/>    Equipment hire <input type="checkbox"/></p> <p>Have you been approved as a Member with Dependant With Special Needs (MWDSN)?</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/> → If 'No', then you must complete form AC 832 - <i>Application for Recognition of Member With Dependant With Special Needs</i> and be approved before you can apply for any assistance.</p> <p>If 'Yes', are the details contained in the approved form AC 832 - <i>Application for Recognition of Member With Dependant With Special Needs</i> that relate to this special needs dependant still correct?</p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p align="center">↓</p> <p>If 'No', please comment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Did you apply for a special needs pre-posting visit?</p> <p>Yes <input type="checkbox"/> → If 'Yes', was it approved?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
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### Section A - Member's details (Continued)

Has the dependant with special needs been assessed for respite, personal care, therapy or equipment hire through the relevant local organisation?

(This is essential for consideration of your application.)

Yes

No



If 'No', please comment

If 'Yes', please attach a letter from the organisation stating the following:

- the extent or limit of eligibility for service, eg nature of service to be provided, duration and frequency of sessions;
- confirmation that the dependant with special needs is on the waiting list for services;
- estimate of likely waiting period prior to services being available to dependant with special needs;
- date of review of entitlement or waiting time;
- the level of assistance that the dependant with special needs will receive upon completion of waiting period; and
- confirmation from the relevant organisation that the assistance required is able to be provided to the dependant with special needs, upon approval of this application and funding by Defence. This will need to include such details as:
  - when the service will commence;
  - an itemised list of all costs of care (Including travel and administration, etc.);
  - proposed method of payment of invoices;
  - a contact person for further information; and
  - a letter from the old locality stating the person was receiving the services or on a waiting list.

Is the proposed service to be provided the same as the dependant with special needs was receiving in the previous locality?

Yes

No



(Please provide documentary evidence.)

If 'No', please comment

Is the dependant with special needs able to use any short term or emergency respite care through the relevant local organisation?

Yes

No



If 'Yes', please provide details



### Member's acknowledgement statement

I acknowledge that the information provided by me in this application is true and correct. I understand that to make a false or misleading statement to gain a benefit may make me liable to disciplinary action.

Signature

Date

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Section B - DCO's recommendation	Section C - DGDCO approval
Assessed by Printed name Position Location	Date received
Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/>	For a period of Approved <input type="checkbox"/>  Not approved <input type="checkbox"/> 
If 'Not recommended', please comment	If 'Not approved', please comment
Signature _____ Date _____	Signature _____ Printed name _____ Appointment _____ Rank _____ Date _____