

STAFF-IN-CONFIDENCE (After first entry)

AD 355
Revised 2 Nov 2011

Department of Defence

Assessment of Assistance on Posting

- [PACMAN Chapter 8, Part 6, Clause 8.6.6](#) refers

Assistance in completing this form is available from the Defence Community Organisation (DCO).

Section A - Member's details		Section B - Posting information	
Family name		Gaining unit, ship or establishment (Do not use abbreviations)	
Given name(s)		Posting order	
Service	Rank	Date posting order issued	Effective date
Employee ID		Postal address of member's gaining CO or OC	
Are you in receipt of Government assisted packages such as Autism or New Start Package? <input type="checkbox"/> Yes <input type="checkbox"/> No ↓		Is/are your dependant(s) currently receiving, or on a waitlist for respite, therapy or equipment hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please specify		Are housing modifications being sought for a Defence Housing Authority (DHA) residence? <input type="checkbox"/> Yes <input type="checkbox"/> No ↓	
Name of dependant(s) with special needs (Please specify relationship to Member)		The need for particular housing requirements MUST be identified in Specialist Medical documentation.	
1		Do you require a pre-posting visit? <input type="checkbox"/> Yes <input type="checkbox"/> No ↓	
2		Please also complete form AC 834 - <i>Application for Special Needs Pre-Posting Visit</i>	
3		Do you require a valet unpack for your special needs dependant(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address		Members acknowledgement statement I acknowledge that the information provided by me in this application is true and accurate. I understand that to make a false or misleading statement to gain benefit may make me liable for disciplinary action.	
Home phone number	Work phone number	Signature	
Mobile phone number		Date	
Member's home or work email address		Documentation required In order for your application to be processed the following must be provided with this application form: <ul style="list-style-type: none">• A signed members statement.• Specialist medical documentation (documentation from a GP will not be accepted).• Other supporting documentation.	

Please forward completed application form and supporting documentation to:
Defence Community Organisation Headquarters
Attn: Manager Education Policy and Special Needs
PO Box 7921
CANBERRA BC ACT 2610

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Section C - DCO office use only

Application checked

Social work assessment required?

Yes No

Comments

Section D - DGDCO approval

Date

Approved

Not approved



If 'Not approved' please comment

Signature

Printed name

Appointment

Rank

Date

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Instructions for completion

Overview

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

When you receive a posting order and require assistance for your special needs dependant(s) on posting to your new locality, please complete this form.

Recognition as a Member with Dependant With Special Needs must have previously been approved.

The application form for recognition and assistance measures are available from DCO offices or Web Forms on the DRN system and are submitted through DCO Headquarters.

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

- ADF member
- CO of the member's unit
- DCO office in your gaining posting location

Member acknowledgement statement

The member must complete Section A - Member's Details, Section B - Posting Information and provide a signed members statement and supporting documentation before forwarding to DCO HQ for approval.

Guidance on how to complete a member's statement is provided 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

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

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.