

Tasmanian Companion Card application form

About the program

The Tasmanian Companion Card was developed to promote the rights of people with disability to fair ticketing. The Companion Card is for people with a **significant permanent disability**, who will always need a companion to provide attendant care support to attend most community venues and activities.

The Companion Card is a wallet-sized photo ID card. When the Companion Card is shown to an affiliated organisation, the cardholder will receive a second ticket for their companion carer at no charge.

How to apply

Step 1	Be sure that you meet the Eligibility criteria.
Step 2	Be sure you understand the Companion Card Cardholder Terms and Conditions.
Step 3	Complete this application form.
Step 4	Include a colour, passport-sized photograph (see item 6).
Step 5	Ask your service provider or health professional to complete their section of this application form (item 8 or 9) and sign the back of your photo.
Step 6	Post the completed application form, photograph, and copies of any recent reports of assessment supporting your application to:
	Companion Card Applications Service Tasmania GPO Box 123 Hobart TAS 7001

Please Note: The Companion Card program will not reimburse any costs associated with your application. Completion of an application form does not guarantee a Companion Card will be issued.

Eligibility criteria

To receive a Tasmanian Companion Card, the person must:

1. Be a permanent resident of Australia and reside in Tasmania.
2. Demonstrate that they have a significant, permanent disability.
3. Demonstrate that, due to the impact of the disability, they would be unable to participate in most community activities without attendant care support.
4. Demonstrate the need for this level of attendant care will be lifelong.

The Companion Card is not issued to every person who has a disability.

The card is issued to people who can demonstrate that they would not be able to participate in, or attend, most venues, and activities without attendant care and that this need can be demonstrated to be lifelong.

People on NDIS plans are not automatically eligible for a Companion Card. Each application will be assessed against the Companion Card eligibility criteria.

Companion Cards cannot be issued if the applicant may become independent in the future because of treatment/management, training, recovery, or developmental improvements.

For example:

People who have the below conditions may qualify:

- motor neurone disease, dementia, Alzheimer's, metastatic, terminal cancer, quadriplegia, significant intellectual disability, acquired brain injury, cerebral palsy etc.
- can't self-transfer to and from a wheelchair, dress themselves, communicate etc.
- unable to cut up food, hold drinks, handle money, orient themselves, cross roads etc; and
- have difficult or inappropriate behaviours, are unable to maintain social safety, or have short term memory loss.

Those that would NOT qualify:

- for only social company or re-assurance or for getting to and from events.
- making up for the lack of accessibility of a venue, activity, or event.
- can be independent using aids and equipment i.e., a wheelchair, walking sticks, and visual and hearing aids.
- fibromyalgia, chronic fatigue syndrome and experience pain, fatigue etc (they would most likely not qualify unless they had other significant co-morbidities).
- advanced age but with mobility and faculties; and
- able to develop skills to increase independence, transport training etc.

Attendant care support includes significant assistance with mobility, communication, self-care, or learning, where the use of aids, equipment or alternative strategies does not enable the person to carry out these tasks. The Companion Card will not be issued for conditions with infrequent or unexpected events such as allergic reactions, falls or medical emergencies.

For more information about the Companion Card contact:

Website: www.companioncard.tas.gov.au

National Relay Service: 13 36 77.

Email: companion.card@service.tas.gov.au

Phone: 1800 009 501 weekdays between 9.00 am and 5.00 pm.

1. Who is completing this application?

Are you applying as a person living with a lifelong disability?

Yes

No (Please provide contact details for the person who completed this form)

What is consent?

Informed consent is the act of agreeing or giving permission. To be informed a person must be given information about the proposed activity including potential for an adverse outcome, other options and possible results of alternative action or no action. For consent to be effective, the person should be able to communicate an understanding of the proposed activity. Consent can be refused or withdrawn at any time.

Are you a nominated person or guardian or do you have consent to apply?

Yes

First Name:

Surname:

Email:

Phone Number:

Relationship to the person:

2. Applicant details

A Companion Card will only be issued in the name of the person with the disability.

Write your first and last name as they appear on official documents (such as a birth certificate or passport).

Applicant Title:	<input type="text"/>
First Name:	<input type="text"/>
Surname:	<input type="text"/>
Preferred first name: (to appear on the Companion Card)	<input type="text"/>
Date of Birth:	<input type="text"/>
Gender:	<input type="text"/>
Sex:	<input type="text"/>
Address (Street):	<input type="text"/>
(Suburb):	<input type="text"/>
(State & Postcode):	<input type="text"/>
Email:	<input type="text"/>
Phone Number:	<input type="text"/>

How would you like us to contact you about your application? (Please tick)

- Phone
- Email
- Post
- My legal guardian/agent/carer

Do you need an interpreter when dealing with the Companion Card program?

Yes

Language

3. Situation information

Do you live in a nursing home or require 24/7 attendant care/support?

Yes No

Are you attending a school for supported education?

Yes No

Are you a NDIS participant?

Yes No

Please enter your NDIS number

Do you currently require support to access the community?

Yes No

4. Describe your disability

What is your primary diagnosis?

Date of your primary diagnosis (dd/mm/yyyy):

Is the impact of your disability episodic meaning it occurs at different times? Yes No

If **yes**, please describe how the episodes affect you:

How often do these episodes occur?

5. Impact of disability

Impact to Mobility:

Your health professional or service provider may help you to complete this section.

The information you provide in this section will help us understand:

- How your disability and/or illness affects you;
- The level of care you need when you attend community events and activities;
- The aids, equipment and/or assistive technology you use.

Current reports or assessments

Do you have any recent (less than two years old) reports or assessments that support this application, such as medical, occupational therapy or specialist reports? Yes No

If **yes**, please ensure you attach them to this application.

Impact on mobility

Do you need a carer to help you move around when you are at community events and activities?

If **yes**, please give clear examples of how a carer helps you.

What level of mobility support do you need to access the community?

- All the time (75-100%)
- Most of the time (50-75%)
- Sometimes (25-50%)
- Not often (25% or less)

Impact on communications:

Do you need a carer to help you make yourself understood and to understand others at community events and activities?

If **yes**, please give clear examples of how a carer helps you.

What level of communications support do you need to access the community?

- All the time (75-100%)
- Most of the time (50-75%)
- Sometimes (25-50%)
- Not often (25% or less)

Personal care:

Do you need a carer to help you with daily personal care at community events and activities?

If **yes**, please give clear examples of how a carer helps you.

What level of personal care support do you need to access the community?

- All the time (75-100%)
- Most of the time (50-75%)
- Sometimes (25-50%)
- Not often (25% or less)

Learning, planning and decision-making:

Do you need a carer to help you with managing time, reading, writing, solving problems, making decisions, directions and what to do at community events and activities?

If **yes**, please give clear examples of how a carer helps you.

What level of learning, planning and decision-making support do you need to access the community?

- All the time (75-100%)
- Most of the time (50-75%)
- Sometimes (25-50%)
- Not often (25% or less)

Requirement for aids, equipment, or assistive technology:

Do you need to use aids, equipment, or assistive technology to take part in community events and activities (for example, a guide dog, walking stick, wheelchair, visual and/or hearing aid)?

If **yes**, please give clear examples of how aids and equipment help you.

To what level do you require aids, equipment, or assistive technology to access the community?

- All the time (75-100%)
- Most of the time (50-75%)
- Sometimes (25-50%)
- Not often (25% or less)

Additional comments:

Is there any other information that you would like to tell us to support your application (for example, details of any services, payments or other supports you or your carer receive)?

6. Photograph

Please provide a colour photograph.

Your photo must be:

- Of your head and top of your shoulders
- Taken in front of a plain background
- Recent (less than six months old)
- Passport-sized (45-50mm high x 35-40mm wide)
- Colour (not in black and white)
- Clear (not grainy, pixilated, or blurry)
- Your **photograph must be signed by your healthcare professional or service provider** who has completed and signed your application.

If providing your photo electronically it must be in JPG format. Passport and school photos are recommended.

This photo must be of the person with the disability.

DO NOT GLUE YOUR PHOTO TO THIS FORM.



7. Applicant declaration

You, or your legal guardian or carer, must complete and sign the declaration.

By signing this form, I **confirm**:

- I have a life-long, significant disability and/or illness and I will always need support from a carer at most community events and activities.
- I understand and accept the Companion Card Cardholder Terms and Conditions.
- I authorise the Companion Card program to verify the information contained in this form and to obtain further information about my eligibility for a Companion Card. This may include requesting information held in databases by government departments, organisations, and agencies.
- I agree that health professionals or service providers may disclose information about me to the Companion Card program to assist with the assessment of my application.
- I will advise the Companion Card program of any change to my circumstances that may affect my eligibility to hold a card.
- I certify that the information in this application is correct.



Signature

Date:

If signed by legal guardian/carers, please provide your:

First Name:

Surname:



Now take this form and your passport photograph to your health care professional or service provider so that they can complete Sections 7 and 8 and sign the back of your photograph.

8. Service provider declaration (Support Organisation)

The Companion Card is issued only to those people with a life-long disability and/or illness. As the applicant's service provider, it's important that you sign this form only if you can confirm that the applicant needs significant, lifelong attendant care.

To complete the form, please:

1. Check that the information provided in this form is correct;
2. Complete the sections below; and
3. Sign the back of the photo to verify that it is a true likeness of the applicant.

Service Provider contact details

Representative name:

Position in the organisation:
(Must be a manager or equivalent)

Organisation / business name:

Postal Address:

Phone number:

Email:

Our organisation has been providing support services to the applicant for:

 Years Months

Provide details on the support provided to the applicant and indicate if the applicant will require attendant care support for the rest of his/her life to enable them to access community venues and activities.

How much does the applicant need support to access the community?

- All the time (75-100%)
- Most of the time (50-75%)
- Sometimes (25-50%)
- Not often (25% or less)

Declaration

As the applicant's Service Provider, **it's important that you sign this form only if you:**

- are a representative of the provider of the service.
- have read all the information contained within this form and verify it is correct to the best of your knowledge.
- can verify the applicant receives the service or support indicated in this item.
- are not the applicant or an immediate family member of the applicant.
- can verify the photo is of the applicant.
- agree to offer all reasonable information to assist the Companion Card program to determine the applicant's eligibility.
- understand it is an offence to provide any false information in this application.



Signature

Date:

Organisation seal / stamp (if available)

All information collected throughout this application process will be recorded and stored in a database and used solely for the purposes of administering the Companion Card. The information you provide in this application form will not be shared, used, or disclosed to anyone who is not involved in the administration or implementation of the program. The information collected can be accessed via a Right to Information request.

9. Health professional declaration

The Companion Card is issued only to those people with a life-long disability and/or illness. As the applicant's health professional, **it's important that you sign this form only if you can confirm that the applicant needs significant, lifelong attendant care.**

To complete the form, please:

1. Check that the information **provided in this form is correct**;
2. Complete the sections below; and
3. Sign the back of the photo to verify that it is a true likeness of the applicant.

I am currently practicing as one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Registered medical practitioner. | <input type="checkbox"/> Qualified occupational therapist. |
| <input type="checkbox"/> Registered nurse. | <input type="checkbox"/> Qualified social worker. |
| <input type="checkbox"/> Registered physiotherapist. | <input type="checkbox"/> Qualified speech pathologist. |
| <input type="checkbox"/> Registered psychologist. | <input type="checkbox"/> Other (please specify) |

Name:

Organisation / business name:

Address:

Phone:

Email:

I have seen the applicant in a professional capacity for:

 Years Months

Provide details about the treatment and recovery available to the applicant and indicate if the applicant will require attendant care support for the rest of his/ her life to enable them to access community venues and activities.

How much does the applicant need support to access the community?

- All the time (75-100%)
- Most of the time (50-75%)
- Sometimes (25-50%)
- Not often (25% or less)

Declaration

As Health Professional providing professional service to the applicants, **it's important that you sign this form only if you:**

- have read all the information contained within this form and verified it is correct to the best of your knowledge.
- are not the applicant or an immediate family member of the applicant.
- agree to offer all reasonable information to assist the Companion Card program to determine the applicant's eligibility.
- have verified the photograph is of the applicant.
- understand it is an offence to provide any false information in this application.



Signature

Date:

Organisation seal / stamp:

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