

CARER CARD

The Victorian Government is very pleased to introduce the Victorian Carer Card program. The Carer Card is a new initiative that has been created to recognise the invaluable contribution of carers.

The Carer Card is a discounts and benefits card for unpaid primary carers in Victoria and has been developed through a collaboration of state and local Government, community organisations and private businesses. The Victorian Carer Card provides valuable discounts on products and services including travel and leisure, education, tourism, health, wellness and retail.

Additional benefits of the card are free public transport on Sundays with a free Sunday Pass[†] and two return off-peak travel vouchers for travel anywhere within Victoria. Carer Cardholders can also enjoy discounted entries to many State Government venues such as zoos, museums and various festivals.

To be eligible to receive a Carer Card you will need to be a resident of Victoria and an unpaid primary carer of a person with a disability, a severe or chronic medical condition, a mental illness or someone who is frail aged or in need of palliative care. Foster and kinship carers are also eligible to apply for a Carer Card.

The Victorian Government Carer Card program has been created to provide more recognition, support and understanding for carers.

For more information about this program
call **1800 901 958** (toll free)
or visit **www.carercard.vic.gov.au**

[†] The free Sunday Pass entitles the holder to travel on metropolitan trains, trams and buses in Zones 1 + 2 on Sundays. It is also valid for travel on bus services within the Ballarat Transit System, Bendigo Transit System, Geelong Transit System, and town bus services of Mildura, Moa, Morwell, Traralgon and Warrnambool

PRIVACY NOTICE

Your information will be securely stored and not used for any other purpose without your consent, other than what is outlined below. We may send you information about this program. The information you provide will be retained only for the period required by the Public Records Act 1973. You are able to access your personal information provided to DHS and seek to correct this information or withdraw consent, if necessary. Without the information requested, DHS is unable to assess your eligibility for a Carer Card.

For details about privacy and on how you may access personal information held about you telephone Carer Card on 1800 901 958.

The personal information you provide on this form may be used by Public Transport Authorities# to issue and administer a myki card in due course and to provide you with your free travel vouchers. Use of the myki card will result in the collection of further personal information.

Personal information held by Public Transport Authorities may be used or disclosed to verify your entitlement to concession travel, for fare enforcement, or otherwise as required by law, with your consent, or in emergencies.

We may send you information about transport-related services. We will not contact you about other goods and services which we consider may be of interest, unless you opt in once you have received your myki by calling 13 6954 (13 myki).

For further information about myki, privacy and rights of access to personal information visit myki.com.au or call **13 6954 (13 myki)**.

#Definition of Public Transport Authorities means: Transport Ticketing Authority (TTA), the Department of Transport and any agent, contractor or delegate of TTA or the Department of Transport including Melink and public transport operators.

RETURN THIS FORM TO : (please note, no stamp required)

CARER CARD

REPLY PAID 80611

HAWTHORN VIC, 3122

Please allow 4 weeks from receipt of application form for your new Carer Card to arrive in the mail.

APPLICATION FORM FOR VICTORIAN CARER CARD



we
care

VICTORIAN GOVERNMENT
CARER CARD PROGRAM

APPLICATION FOR A VICTORIAN CARER CARD

Please allow 4 weeks from receipt of application form for your new Carer Card to arrive in the mail.

SECTION ONE: YOUR DETAILS

* Mandatory field

Mr Mrs Ms Miss PLEASE TICK Other :

* Given Name: _____ * Surname / Family Name: _____

* Middle Name: _____ * M F PLEASE TICK * Date Of Birth: / /

* Street Address: _____

* Suburb: _____ * State: _____ * Postcode: _____

Postal Address if different from above: (Completion of this section is optional)

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Email Address: _____ Daytime Telephone Number: _____

SECTION TWO: CULTURAL INFORMATION (Completion of this section is optional)

Do you identify as an Indigenous Australian? **Aboriginal** **Torres Strait Islander** **Both Aboriginal and Torres Strait Islander**

Do you speak a language other than English at home? **YES** **NO**

If yes, please specify language at home: _____

SECTION THREE: ELIGIBILITY

* Relevant fields in this section are mandatory

To be eligible for a Carer Card you must be a Victorian resident and either a:

- A. Recipient of Centrelink Carer Allowance or Carer Payment; or
- B. Department of Human Services (DHS) Foster, Kinship, Respite or Permanent Carer; or
- C. A Kinship Carer with a Statutory Declaration from the Office of the Child Safety Commissioner or relevant court order; or
- D. A primary carer. A primary carer is an unpaid carer of a person with a disability, a severe medical condition, a mental illness, or who is frail aged or in need of palliative care. This care must be provided in the home of the person requiring care. A primary carer is the main provider of care and support and provides assistance, in terms of help or supervision with self care (dressing, feeding, bathing), communication or mobility.

* Please provide confirmation of your entitlement for a Carer Card by providing the following information.

Please tick which category of carer you are applying under. **YOU NEED ONLY TICK ONE BOX.**

A. **I am a Centrelink Carer Payment or Carer Allowance recipient.** _____
CRN (Centrelink Reference Number): _____

B. **I am a formal DHS foster, kinship, respite or permanent carer.** DHS Vendor Number: _____
You will find this 6 digit number on the upper portion of your remittance advice sent to you by DHS.

C. **I am an informal Kinship Carer** – You can use a copy of the court order giving you care of a child or a “Statutory Declaration for Informal Relative Carers” (provided by the Office of the Child Safety Commissioner) as proof of your role as an informal kinship carer. These documents must be sighted, and **Section Four** of this application form completed and signed, by one of the following health professionals: A legally qualified medical practitioners; a registered nurse; a physiotherapist; a registered psychologist; a registered social worker; an occupational therapist; a mental health carer consultant.

D. **I am a Primary Carer, as nominated by my Health Professional.** Please ensure you meet the eligibility requirements of a Primary Carer before identifying in this category. Then, please have a health professional complete **Section Four** of this application form. This section must be completed by one of the following health professionals who are currently involved in the treatment of either yourself, or the person you provide care for. A legally qualified medical practitioner, registered nurse, physiotherapist, registered psychologist, registered social worker, occupational therapist, aboriginal health worker (in a geographically remote area) or a mental health carer consultant.

SECTION FOUR: FOR CATEGORY C AND D CARERS ONLY / HEALTH PROFESSIONAL DECLARATION

THIS SECTION ONLY NEEDS TO BE COMPLETED IF YOU SELECTED C KINSHIP CARER OR D PRIMARY CARER AND DO NOT HAVE A CENTRELINK REFERENCE NUMBER.

* Mandatory field

Details of Medical Practitioner or treating health professional completing this declaration. PLEASE PRINT IN BLOCK LETTERS.

* Name: _____

* Address: _____

* Title of Qualification: _____

* Daytime Contact Phone Number: _____ Medicare Provider Number: (if applicable) _____

Name of health service employer: (if applicable) _____

DECLARATION.

* I certify that (name) _____ is a carer as defined in **Section 3. C or D**

* Signature: _____ * Date _____

Carer Cards will be issued for either 12 months or 5 years. Please indicate whether application is a short term or long term carer and for further information about signing a Carer Card Application form please visit www.carercard.vic.gov.au/medicalpractioners PLEASE TICK

Short term carer eligible for 12 month Carer Card **Long term** carer eligible for 5 year Carer Card

SECTION FIVE: ADDITIONAL INFORMATION (Completion of this section is optional)

The Carer Card is a Victorian Government initiative. The Department of Human Services is collecting additional information to ensure this program is best targeted to the needs of carers and is valued by both carers and participating businesses. Providing this information is voluntary.

Age of the person you provide care for: How long have you been a primary carer: years

The person you provide care for: PLEASE TICK **Has a disability** **Has a mental illness** **Frail Aged** **Requires palliative care** **Other**

SECTION SIX: TRAVEL ENTITLEMENTS (Completion of this section is optional)

All Carer Card holders are eligible for a **Sunday Pass**[†] that entitles you to free Sunday travel on metropolitan public transport and regional city town bus services in major Victorian cities.

In addition to the free Sunday Pass, Two Free Off-Peak Travel Vouchers will also be mailed out with your Carer Card. Each can be exchanged for two single or one day return ticket on V/Line-ticketed train and coach services in Victoria.

You may already have a Sunday Pass if you are a Victorian Seniors Card holder, or a Disability Support Pensioner or Carer Payment recipient (who is, under 60 and living in Victoria). Please note, if you are already in possession of a Sunday Pass, another Sunday Pass will **not** be issued.

If you **do not** already have a Sunday Pass and would like one supplied free with your Carer Card, please tick the box below

I **do not** currently have a Sunday Pass but would like one to be supplied free with my Carer Card.

If you have a current Victorian Seniors Card, please include your number here:

CARDHOLDER AGREEMENT

* Mandatory field

PLEASE REFER TO THE REVERSE OF THIS FORM FOR IMPORTANT INFORMATION ABOUT PRIVACY AND YOUR RIGHTS.

I agree that the information I have provided is true and correct. I understand that the Department of Human Services (DHS) will use my Centrelink Reference Number to verify my eligibility (where applicable). I will advise DHS of any changes in my circumstances that may affect my eligibility to hold a Carer Card. I understand that I will need to present my Carer Card to access discounts, and my Carer Card is for my personal use only. The Carer Card cannot be used in conjunction with other offers. I understand that DHS may use my details to contact me to undertake research, evaluation or review of the Carer Card Program (for example a survey or questionnaire) to ensure continuous improvement of this Program. Participation will be entirely voluntary.

* **Applicant's Signature:** _____ * **Date:** _____

* **Is this application for a renewal Carer Card?**

YES. My Card Number is: **NO,** this is the first time I have applied for a Carer Card.