

Application form

If this form is downloaded from the web please print all pages and complete by hand.

How to apply

1. The applicant is the person with the disability. All items from Item 1 to 8 and Item 11 must be completed.
2. Obtain two current, high quality, colour passport sized photos (4.5cm x 3.5cm), and attach to this application. The photographs need to be of the head and shoulders only. The photographs need to be signed by the health professional or service provider who completes Item 9 and Item 10 confirming the photograph is of the applicant.
3. If the applicant is unable to complete or sign the form, the applicant's legal guardian or agent may complete or sign on the applicant's behalf.
4. Return this application to:

**Companion Card Applications
G.P.O BOX 4987, Melbourne VIC 3001**

Please note:

- Incomplete applications, including those without signatures or signed photographs, cannot be processed.
- An application takes up to 30 working days to process and can take longer if incomplete information is provided and further information is requested.

Please check before sending:

- Has the form been signed by the service provider or health professional that completed **Item 9** or **Item 10**?
- Have the photographs been signed by the same service provider or health professional who completed **Item 9** or **Item 10**?
- Have copies of any assessments or reports been included?
- Has the applicant or legal guardians/agent signed the form on page 13?

About the Companion Card

The Victorian Companion Card was developed to promote the rights of people with a disability to fair ticketing. Companion Card is for people with a significant permanent disability, who always need a companion to provide attendant care type support in order to participate at most available community venues and activities. Please go to page 15 and 16 for more information.

Eligibility criteria

To receive a Victorian Companion Card, the person must:

1. be a permanent resident of Australia and residing in Victoria
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 at most community activities without attendant care support
4. demonstrate that the need for this level of attendant care will be lifelong.

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.

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 at most venues and activities without attendant care, and that this need can be demonstrated to be lifelong.

People on NDIS Plan 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 as a result of treatment/management, training, recovery or developmental improvements.

Getting more information about the Companion Card

Website: www.companioncard.org.au

Email: companioncard@dhhs.vic.gov.au

Information line: **1800 650 611** between 9.00am and 4.00pm

National Relay Service: **13 36 77**

Speech-to-sppch Relay Service: **1300 555 727**

Interpreting services: **131 450**

Item 2.

The Companion Card will only be issued in the name of the person with the disability. One application must be completed per applicant.

Applicant's title:
(e.g. Mr/Mrs/Ms/Miss)

Surname:

Applicant's first name
as it appears on official
documentation such as a
Birth Certificate:

Applicant's preferred name to
appear on the Companion Card:

Date of birth:

d d / m m / y y y y

 / /

OR If date of birth unknown,
approximate age in years:

Gender:

Male
 Female
 Prefer not to respond
 Self describe

Telephone:

()

Mobile:

Email (if available):

Residential address:

Suburb:

State:

Postcode:

Postal address
(if different from above):

Suburb:

State:

Postcode:

Item 3.

Please tick the boxes that best describe the applicants disability. (More than one box may be indicated with a tick.)

- Physical** (e.g, Muscular dystrophy, quadriplegia cerebral palsy)
- Sensory** (e.g, Legally blind, deafblind)
- Intellectual** (e.g, Down syndrome, Fragile X syndrome)
- Neurological** (e.g, Alzheimer's disease, Huntington's disease)
- Acquired brain injury** (e.g, Stroke)
- Psychiatric** (e.g, Schizophrenia)

Please attach reports.

Item 4.

What is the applicant's specific diagnosis or condition? Please use the space below to briefly describe the condition.

Item 5.

Is the applicant's need for attendant care support to access community venues and activities permanent (lifelong)?

- Yes, the applicant has a lifelong need for attendant care to access most community activities and events. **Proceed to Item 6**
Conditions that are episodic or cannot demonstrate a lifelong need for attendant care assistance to access activities and events cannot be issued with a Companion Card.
- No, please do not proceed with the application.

Item 6.

Using the boxes below, describe the applicant's need for lifelong attendant care in the areas of **mobility, communication, self-care and learning planning and thinking** when accessing a community event or venue.

- Include examples of the attendant care the companion provides.
- If the applicant's condition is episodic, describe the frequency of the episodes.
- Provide the date and location of diagnosis.
- Describe the applicant's use of aids or equipment.
- How does the applicant currently access community venues and activities?
- Point form is acceptable.

Assistance required guide for completing form

Minimal – can perform 75% or more of task

Some – can perform 50% to 74% of task

Substantial – can perform less than 50% of tasks

Mobility

Minimal Some Substantial assistance required

Communication

Minimal Some Substantial assistance required

■ **Self-care**

Minimal Some Substantial assistance required

Learning, planning and thinking

Minimal Some Substantial assistance required

Other

■ **Item 7.**

Please provide the name, date and outcomes of any formal assessments (for example, visual readings, IQ score, CARS score or psychological assessment). Please attach reports.

Item 8. Services and supports

Does the applicant currently receive any of the six specific services or supports listed in Item 9 below?

No  Your health professional must complete **Item 10**.

Yes  Have the manager of that service complete **Item 9**.

Item 9. Service provider declaration

- Tick the service received by the applicant if you manage that specific service or support (do not amend this list).
- Print the applicant's name on the reverse of each attached photograph and sign (see page 13).
- Complete the declaration on page 9.

- Victorian Department of Health and Human Services or TAC-funded Shared Supported Accommodation Service
- Victorian Department of Health and Human Services funded day programs (Support Needs Assessment level 3 or above)
- Victorian Department of Health and Human Services Individual Support Package (Support Needs Assessment level 3 or above)
- Currently approved for, or a resident of, a Victorian Aged Person's Mental Health Residential Service
- Currently approved for, or a resident of, a Commonwealth-funded Residential Aged Care Service
- Attendant Allowance from the Commonwealth Department of Veterans' Affairs

Service provider details (must be completed by service provider, not Health professional).

Service provider representative:

Position in organisation:

Organisation name:

Address:

Suburb:

State: Postcode:

Telephone: ()

My signature below confirms all of the following:

- I'm a representative of the provider of the service under Item 9.
- I have read all the information contained within this form, and verify that it is correct to the best of my knowledge.
- I verify that the applicant receives the service or support indicated in this item.
- I am not the applicant, or an immediate family member of the applicant. I have made the applicant aware of this application.
- I agree to offer all reasonable information to assist the Companion Card program to determine the applicant's eligibility.
- I have written the applicant's name and signed the reverse of both photographs to verify that they are of the applicant.
- I understand it is an offence to provide any false information in this application.

Service provider signature:

Date:

Organisation stamp (if available):



PROCEED TO Item 11

If you have completed **Item 9**, you do not need to complete **Item 10**.

Item 10. Health professional declaration

I am currently practising as one of the following (please tick):

- | | |
|--|---|
| <input type="checkbox"/> Registered medical practitioner | <input type="checkbox"/> Qualified occupational therapist |
| <input type="checkbox"/> Registered nurse (Division 1, 3 or 4) | <input type="checkbox"/> Qualified social worker |
| <input type="checkbox"/> Registered physiotherapist | <input type="checkbox"/> Qualified speech pathologist |
| <input type="checkbox"/> Registered psychologist | |

I have seen the applicant in a professional capacity for years
 months

Describe the lifelong attendant care required by the applicant to enable them to access community venues and activities.

Please describe in detail the functional impact of the applicant's disability with:

Assistance required guide for completing form
Minimal – can perform 75% or more of task
Some – can perform 50% to 74% of task
Substantial – can perform less than 50% of tasks

Mobility

- Minimal Some Substantial assistance required

Communication

- Minimal Some Substantial assistance required

Self-care

Minimal
 Some
 Substantial assistance required

Learning, planning and thinking

Minimal
 Some
 Substantial assistance required

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.

My signature below confirms all of the following:

- I have read all the information contained within this form and verify that it is correct to the best of my knowledge.
- I am not the applicant or an immediate family member of the applicant.
- I agree to offer all reasonable information to assist the Companion Card program to determine the applicant's eligibility.
- I have written the applicant's name and signed the reverse of both photographs to verify that they are of the applicant.
- I understand it is an offence to provide any false information in this application.

Signature:

Date:

Phone:

Name:

Address:

Item 11. Applicant's declaration

I confirm that my signature on the opposite page agrees to the following:

- I consent to the use and disclosure by the Department of Health and Human Services of the personal and health information I have provided in this application form, as set out in the privacy statement on page 12 of the form.
- I authorise the Companion Card program to verify the information contained in this form and to obtain and disclose any information relating to this application for the purpose of assessing my eligibility for a Companion Card. This may include obtaining information held in databases by government departments and agencies, and disclosing information contained in this form or obtained in connection with this application for the purpose of assessing eligibility.
- 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 have a permanent disability and I will always require attendant care support to participate at most community venues and activities.
- I certify that the information in this application is correct.
- I understand and accept the cardholder terms and conditions.
- I understand it is an offence to provide any false information in this application.

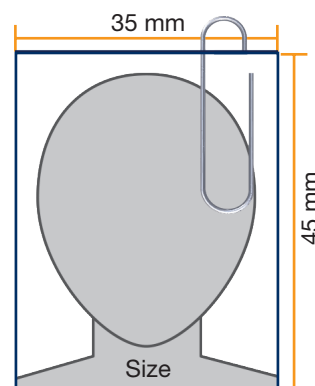
Privacy Statement

The information you provide in this form is personal information within the meaning of the *Privacy and Data Protection Act 2014 (Vic)* and health information within the meaning of the *Health Records Act 2001 (Vic)*. 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. Your personal information and health information may be disclosed to the third party health professionals and service providers listed in your application for verification and assessment purposes. It may also be provided to third parties for data processing and card manufacture. By providing your information in this application form, you, or your agent/guardian on your behalf, consent to the use and disclosure of your information, as set out in this Privacy Statement. The information collected can be accessed via a Freedom of Information request. The information supplied will be handled in accordance with the privacy principles contained in the *Privacy & Data Protection Act 2014 (Vic)* and the *Health Records Act 2001 (Vic)*.

Attach two colour passport photographs here using paper clips or fold back clips. Do not use tape, staples, glue or pins.



Write the applicant's name on the reverse of both photographs and have them signed by the professional who signed the form



The photographs must be a full front view of the applicant's head and shoulders only.

Applicant's signature
(for applicants over 18 years of age):

Date:

 / /

(Or if applicable)
Legal guardian/agent name:

Relationship to the applicant:

Legal guardian/agent telephone: (

)

Legal guardian/agent signature (for applicants under 18 years of age, or if unable to sign):

Date:

 / /

Name of the Person who completed this form:

Relationship to the applicant:

Telephone:

()

Companion Card terms and conditions

It is important that the applicant reads and understands the information below:

1. The Companion Card must only be used when the cardholder requires the assistance of a companion to participate at a particular venue/activity.
2. Only the person whose photograph and details appear on the Companion Card can use the card.
3. Companion Tickets cannot be used without the Companion Card cardholder being present.
4. Companion Card cardholders must inform the venue/activity operator of their requirement for a Companion Ticket at the time they book or purchase their own ticket.
5. Acceptance of the Companion Card does not indicate that a venue/activity is accessible. Cardholders are advised to check accessibility with the venue/activity operator before booking tickets.
6. The minimum expectation of Companion Card affiliates is that they will issue cardholders with one Companion Ticket, or admission, at no charge. This ticket will be exempt from all booking fees.
7. Where a cardholder has a requirement for more than one companion, this must be negotiated by the cardholder with the venue/activity operator at the time of booking.
8. The Companion Card can be used to obtain admission for any programs, services and sessions run by affiliated venue/activity operators. This will be subject to the usual admission availability and conditions.
9. The Companion Card can be used in conjunction with any recognised concession cards.
10. Cardholders must provide their Companion Card details when making telephone bookings and must present their valid card during ticket collection, and at any time when asked during the activity. If cardholders cannot present their card, they may be charged for the Companion Ticket.
11. Affiliated venues/activities must ensure cardholders are able to be located physically close to their companions. Companions must remain close to cardholders to assist them as required. Cardholders with specific seating requirements must inform the venue/activity operator at the time of booking.
12. Some venue/activity operators may charge for participation over and above general admission costs (such as a fee for rides in addition to an entry fee at a fun park). Affiliated venues/activities must issue a Companion Ticket for both admission and for additional components, such as rides, if the cardholder requires assistance in order to participate.
13. Companion Cards may be used to purchase a package deal for the cardholder that combines admission costs with ancillary components such as meals. When booking a package deal, cardholders must check with the venue/activity operator what is included with the Companion Ticket. It is essential that the companion's support to the cardholder is not disrupted if the ancillary components are not included in the Companion Ticket (for example, if meals are not included, the Companion must be able to bring or access food in a manner that enables them to provide continual support to the cardholder).
14. Booking and ticket distribution practices for Companion Tickets should not be more difficult than the standard ticketing practices of the affiliated venue/activity.
15. If an affiliated venue/activity operator suspects that a Companion Card is being misused, they can report this to the Companion Card program. Proven misuse of the Companion Card may result in the card being cancelled, and the cardholder will be ineligible to reapply.
16. It is understood that the applicant accepts the Companion Card cardholder terms and conditions when they submit a cardholder application form.

Companion Card information

Companion Card – Victoria

Legislation mandates that people with a disability have a right to equal participation in the community without discrimination when a companion / carer is required to facilitate this access. The Companion Card was developed to assist people with a significant and permanent disability to access the community and participate in activities through ticketing arrangements which enable the card holder to purchase two tickets for the price of one. The wallet sized card is issued in the name of the person with the disability and may be transferred to a different companion for each event.

To be eligible for a Companion Card in Victoria, a person must:

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

The diagnosis of a medical condition or the presence of a disability does not automatically qualify a person for a Companion Card. The disability needs to be permanent (see over page for examples) and a card cannot be issued if improvement is possible. Applicants are required to demonstrate their need for attendant care support when attending venues and events.

Attendant Care definition

Attendant care may be provided by a friend, a family member or a paid carer. Attendant care includes significant assistance with mobility, communication, self-care or cognition where the use of aids, equipment or alternative strategies does not enable the person to carry out tasks independently. Attendant care support does not include

providing reassurance or encouragement nor can it be for infrequent or unexpected events or medical emergencies.

Companion Card Affiliates

Businesses enrolled as members of the program (affiliates) or those that recognize the card do not receive compensation for the revenue they forgo in admitting two people for the price of one ticket. Consequently Companion Card has strict eligibility requirements to reassure participating businesses that any cardholder legitimately requires attendant care support when accessing their venue.

The role of Health Professionals and Service Providers

The initial application review involves assessment of the clinical indicators and functional limitations recorded on the form. In order for Companion Card staff to progress an application, supporting information is required regarding the applicant's level of dysfunction in addition to the level and type of assistance required in the following areas (where relevant): cognition, mobility, communication and activities of daily living.

Health professionals and service providers are encouraged not to advise clients on their entitlement to a card. Importantly, their role is to provide comprehensive and detailed information in the application regarding their client's/patient's incapacity and the level of dysfunction. This will enable the Companion Card staff to make an informed decision about the support needs of the applicant. If this information is not provided with the initial application, additional information will be requested.

Over the page are examples of medical conditions and indicators that have been used by Companion Card staff to make informed decisions about an applicant's eligibility.

Eligibility Indicators of the Companion Card

Examples of accepted indicators of an applicant's eligibility

- Severe Autism – as defined by a CARS Assessment.
- Autism in combination with intellectual disability.
- Moderate to severe intellectual disability – as defined by a psychological assessment
- Down Syndrome
- Significant and severe conditions that cannot be controlled by medication or other treatment/intervention
- Uncontrolled epilepsy with frequent seizures (eg. More than weekly)
- Osteogenesis imperfecta
- Spinal Injuries – high level assistance
- Progressive neurological conditions – where the level of impairment / dysfunction is significant and advanced
- Cognitive issues where impairment is significant (eg advanced dementia/ABI)
- Major organ failure where treatment / transplant surgery is not possible
- Combination of conditions in applicants who are 90+ years old
- Legally blind, where visual acuity scores are less than 6/60 with corrected vision
- Motor neurone disease
- Muscular Dystrophy
- Parkinson's Disease – with mobility problems

Examples of indicators that are NOT accepted when independent of other conditions

- Conditions which fluctuate in the level of dysfunction
- Conditions that could be considered 'episodic' where the need for attendant care is just 'in case' (controlled epilepsy/ cardiac arrest risk)
- Attention Deficit Hyperactive Disorder/ Attention Deficit Disorder/ Asperger's
- Chronic Fatigue Syndrome
- Psychiatric conditions that are likely to respond to treatment
- Minor orthopedic conditions (osteoarthritis/ joint replacements)
- Conditions that have the potential to or are likely to improve with time or treatment (eg surgery, rehabilitation, recovery, training or medication management)
- Conditions where the incapacity is temporary
- Minor communication problems
- People requiring assistance due to accessibility limitations of a particular venue
- Obesity

To receive this publication in an accessible format email companioncard@dhhs.vic.gov.au or phone 1800 650 611.

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