

### Eligibility Criteria

**There are 4 requirements to be eligible for a Companion Card:**

- 1** You live in Western Australia; and
- 2** You have a significant disability, which may include issues related to ageing and psychiatric illness; and
- 3** Due to the impact of your disability you would be unable to participate at most community venues or activities without attendant care support; and
- 4** Your need for this level of support will be life-long.

Attendant care support includes significant assistance with mobility, communication, self care, or learning, planning and decision making, where the use of aids, equipment or alternative strategies does not enable the person to carry out these tasks independently.

**Not all people with a disability are eligible for a Companion Card:**

- The Companion Card is not issued to people who only require reassurance, social company or encouragement.
- Sometimes a person may require a companion but not be eligible to receive a Companion Card. Examples include a person who is:
  - experiencing a temporary disability
  - unlikely to require lifelong attendant care support
  - affected by the inaccessibility of a particular venue

### How to Apply

Your service provider, health professional, legal guardian or agent may assist you to complete this form. Please ensure you complete all relevant sections as incomplete applications cannot be processed.

- Step 1.** Complete Items 1 – 4 of the application form.
- Step 2.** Get two identical high quality colour passport-sized photographs (see page 2 for details of acceptable photos)
- Step 3.** Take your form and photos for verification by either a specified service provider at Item 5 or a specified health professional at Item 6.
- Step 4.** Attach your photographs to the top of page 10 with a paper clip.
- Step 5.** Complete and sign the applicant statement at Item 7.
- Step 6.** Return the completed application form and verified photos to:  
Companion Card Applications  
Reply Paid 1595  
OSBORNE PARK BC WA 6916



Please allow approximately 20 working days for processing (may increase during peak periods). The Companion Card program will assess each application against all of the four eligibility criteria for the program.

If more information is needed to determine eligibility, the WA Companion Card program may:

- contact the applicant (or legal guardian/agent) to ask for additional information.
- follow up with the service provider or health professional who verified the application.
- request information from relevant government departments or service providers to assist with the assessment of your application.

Please note that completion of an application form does not guarantee a Companion Card will be issued.

### Photographs

You must include two current identical colour passport-sized photographs showing your head and top of shoulders with your application.

Your photograph will be printed on your Companion Card.

The back of EACH photograph must include:

- the name of the person in the photograph; and
- the signature of the same service provider or health professional who signed either Item 5 or 6 of your application form.

### Acceptable Photos

The following guidelines will help you provide suitable photographs, so that your application is not delayed by having to submit new photographs in the required format.

- Colour photos only (not black and white)
- Printed on good quality gloss photo paper
- No grainy, pixilated or blurry images



For more information, please contact the  
Companion Card WA Office:

Tel: 1800 617 337

TTY: 9443 3107

Email: [wa@companioncard.asn.au](mailto:wa@companioncard.asn.au)

Web: [www.wa.companioncard.asn.au](http://www.wa.companioncard.asn.au)



## Item 1. Applicant details

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

One application must be completed per applicant.

Please complete these details for the person with the disability. Applications cannot be made in the name of a parent/guardian/carer.

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other \_\_\_\_\_

First Name (as it is on official documentation such as a birth certificate):

Surname:

Gender: ☐ Male ☐ Female

Date of Birth:   /   /     Age: \_\_\_\_\_  
                    d d           m m           y y y y

Home Telephone:

Work Telephone:

Mobile Telephone:

Telephone Typewriter / (TTY) if applicable:

Email:

Residential Address:

Suburb:

State:

Postcode:

Postal Address (if different from above):

Suburb:

State:

Postcode:

Is your disability permanent? ☐ Yes ☐ No

If your disability is not permanent you do not meet the requirements to receive a Companion Card – do not proceed. Contact the freecall number 1800 617 337 for further information.

## Item 2. Describing your disability

What is your primary diagnosis?


Do you have any other medical conditions that are relevant to your need for attendant care support to participate at most community venues or activities?


## Item 3. Disability specific information

To be eligible for a Companion Card you must demonstrate why your disability or condition makes you permanently unable to participate at most community venues and activities without significant attendant care support.

**Do you require attendant care support with any of the following in order to take part in community events and activities?**

**A** **Mobility** (this is about your ability to move around, for example, your need for attendant care support to navigate your wheelchair, assist you to access your seat or other venue facilities.)

☐

Yes

☐

No

**If Yes**, you must provide specific examples about your mobility requirements.

I require attendant care support to:

**B** **Communication** (this is about understanding and being understood by others, for example, your need for attendant care support to purchase tickets or access your seat.)

☐

Yes

☐

No

**If Yes**, you must provide specific examples about your communication requirements.

I require attendant support to:

**C Self care** (this is about daily personal care tasks at community venues where for example you may require support from a companion to dress, eat, use the toilet etc.)

☐

Yes

☐

No

**If Yes**, you must provide specific examples about your self care requirements.

I require attendant support to:

**D Learning, planning and decision making** (this is about your ability to plan and carry out an activity in the community independently, for example, your need for attendant care support to assist with handling money, guiding you to know where and what to do at a particular event and responding to directions at school).

☐

Yes

☐

No

**If Yes**, you must provide specific examples about your learning, planning and decision making requirements.

I require attendant support to:

**E Additional comments**

Is there additional information that you would like to provide to support your application for a Companion Card? For example, details of services and supports you receive (respite, therapy, local area coordination, Ed support unit) or details of formal assessments.

#### Item 4. Service & Supports

**Do you currently receive any of the five specific services or supports listed below?**

If you are unsure - check with your Service Provider

- ☐ Yes, please indicate below
- ☐ No, **please go straight to Item 6 on page 8. You do not need to complete ITEM 5.**

(you can tick more than one box)

- ☐ Supported Accommodation Assistance Program, funded or provided by the Office of Mental Health
- ☐ Residential Aged Care Services, funded or provided by the Australian Government
- ☐ Extended Aged Care at Home package, funded or provided by the Australian Government
- ☐ Community Aged Care package, funded or provided by the Australian Government
- ☐ Veteran's Affairs Attendant Allowance, funded or provided by the Australian Government

If you have indicated you receive a service or support, please take this form together with two identical colour passport-sized photographs to your Service Provider to complete Item 5.



## Item 5. Service Provider details

**Applicant Note:** This item is only to be completed if you receive a service or support as listed at ITEM 4. If you answered No to ITEM 4, PLEASE GO STRAIGHT TO ITEM 6 on page 8.

**To be completed by Service Provider:**

**A Service and Supports verification** Please verify that the applicant currently receives the selected services or supports listed at Item 4.

☐

Yes

☐

No

**B Service provider contact details**

Name:

Position:

Employer/Organisation Name:

Address:

Suburb:

Postcode:

Work Phone:

Mobile Phone:

Email:

**C Photographs**

Please verify that both passport sized photographs supplied are of the applicant, by writing on the back of the photo's:

■ this is a photo of (insert the name of the person in the photograph)

■ your signature

**D Service Provider Declaration**

I confirm that my signature below **verifies all of the following** (please tick):

☐

I have read and understand the Companion Card eligibility criteria;

☐

I have read all of the information contained in 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 understand that it is an offense to provide false or misleading information in this application.

Signature:

Organisation Stamp (if available):

Date:

## Item 6. Health Professional Details

**Applicant note:** This item is only to be completed if you do not receive a service or support as listed at Item 4. Take this form together with two identical colour passport-sized photographs to one of the Health Professionals listed below for verification.

**To be completed by Health Professional.**

**A** Please indicate which Health Professional category applies to you:

- ☐ Registered Medical Practitioner
- ☐ Registered Nurse
- ☐ Registered Physiotherapist
- ☐ Registered Psychologist
- ☐ Qualified Occupational Therapist eligible for membership with Occupational Therapy Australia
- ☐ Qualified Social Worker eligible for membership with the Australian Association of Social Workers
- ☐ Qualified Speech Pathologist eligible for practicing membership with Speech Pathology Australia

**B** Does the applicant require **lifelong** attendant care support to participate at most community venues and activities? (Attendant care support includes significant assistance with mobility, communication, self care, or learning, planning and decision making, where the use of aids, equipment or alternative strategies does not enable the person to carry out these tasks independently)

☐ Yes ☐ No

If the need for attendant care support is not permanent, the applicant is not eligible to receive a Companion Card.

**C** Please provide details confirming the applicant's **lifelong** need for attendant care support out in the community in the area's of: mobility, communication, self-care or learning, planning and decision making.




**D** Please verify that both passport sized photographs supplied are of the applicant, by writing on the back of the photo's:

- ☐ this is a photo of (insert the name of the person in the photograph)
- ☐ your signature

**E** Health Professional contact details

Please provide your contact details below:

Name:
Position:
Employer of Business Name:
Address:
Daytime Contact Number(s):
Email:

**F Health Professional Declaration**

I confirm that my signature below verifies all of the following:

- ☐ I have read and understand the Companion Card eligibility criteria;
- ☐ I have read all of the information contained in 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 understand that it is an offense to provide false or misleading information in this application.

Signature:

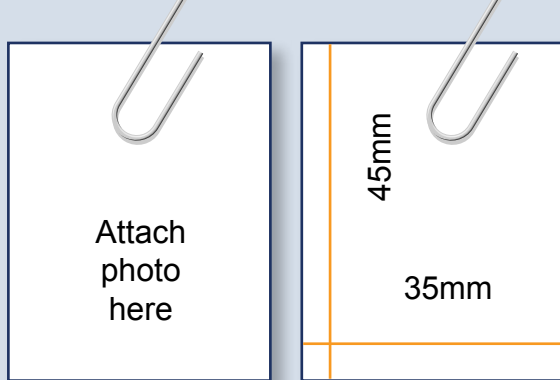
Professional registration number /  
membership number / stamp:

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Date:

/	/
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**Affix verified photographs here using a paper clip or fold back clip.  
Do NOT use tape, staples, glue or pins**

### Item 7. Applicant Statement

This item is to be completed by the applicant or their legal guardian/agent.

I confirm that my signature on the following page verifies that:

- ☒ I authorise the Companion Card program to verify the information contained in this form and to obtain further information relating to 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 have a permanent disability and I will always require attendant care type support to participate at most community venues and activities;
- ☒ I will advise the Companion Card program of any changes in my circumstances that may affect my eligibility to hold a card;
- ☒ I certify that the information in this application is correct; and I understand and accept the cardholder Terms and Conditions.

**You MUST provide one of the following signatures:**

Applicant Signature (for applicants over 18 years of age)

Date:

**OR**

Legal Guardian / Agent Signature

Date:

Legal Guardian / Agent Name (and relationship to the applicant)

Home Telephone:

Work Telephone:

Mobile Telephone:

Telephone Typewriter / (TTY) if applicable:

I consent to participating in media opportunities and evaluation of the Companion Card program.

☐

Yes

☐

No

**Person who completed this form (if different from above)**

Name (and relationship to the applicant)

Home Telephone:

Work Telephone:

Mobile Telephone:

Telephone Typewriter / (TTY) if applicable:

**Privacy Statement**

In accordance with National Privacy Principle (NPP04:Data Security), information contained in the application form will not be disclosed to any other organisation: [www.privacy.gov.au](http://www.privacy.gov.au)



## Applicant Checklist

Please ensure you complete all relevant sections as incomplete applications cannot be processed.

- ☐ Items 1-4 have been completed by you or your legal Guardian/Agent.
- ☐ Your application form has been verified by either a specified service provider at Item 5 or a specified health professional at Item 6.
- ☐ The same health professional/service provider has verified and signed the back of your passport sized photographs.
- ☐ Your photographs are attached with a paper clip to the top of page 10.
- ☐ Item 7 has been completed and signed by the applicant or legal Guardian/Agent.



**Please return the completed application form to:**

**Companion Card Applications  
Reply Paid 1595  
OSBORNE PARK BC 6916**

### Applicant Note:

- Allow approximately 20 working days for processing (may increase during peak periods).
- Completion of an application form does not guarantee a Companion Card will be issued.
- Applications will be assessed against the four eligibility criteria outlined on page 1.



### Companion Card Program WA

Unit 1, 59 Walters Drive, Osborne Park. Reply paid post: PO Box 1595, Osborne Park BC WA 6916. Tel: 1800 617 337, TTY: 9443 3107, Fax: 9242 5044  
Web: [www.wa.companioncard.asn.au](http://www.wa.companioncard.asn.au) Email: [wa@companioncard.asn.au](mailto:wa@companioncard.asn.au)

