

Severe Injury Advice Form

1 Constitution Avenue, Canberra City ACT 2601 Ph: 13 22 81



Lifetime Care and Support Scheme

If you need help to fill in this form or have any questions, call the Lifetime Care and Support Commissioner of the ACT on 13 22 81 or visit www.act.gov.au/LTCSS

Please provide as much information as you can. If you do not know an answer you can write “not known” in the box.

Callers who are deaf or have a hearing or speech impairment can call through the National Relay Service:

- TTY or modem users: phone 133 677 and quote 13 22 81
- voice-only (speak and listen) users: phone 1300 555 727 and quote 13 22 81

Do you need an interpreter?

Please call Translating and Interpreting Service (TIS) 13 14 50.

The Lifetime Care & Support Scheme

This form is to provide early notification to the Lifetime Care and Support Commissioner of the ACT about a person's severe injuries that may make them eligible to become an interim participant in the ACT Lifetime Care and Support (the Scheme).

To be eligible for Scheme, one of the following catastrophic injuries must have occurred as a result of a motor accident:

- brain injury
- spinal cord injury
- multiple amputations
- burns
- permanent blindness

The Lifetime Care and Support Commissioner of the ACT has entered into an arrangement with the NSW Lifetime Care and Support Authority to manage the delivery of services to participants under the ACT Lifetime Care and Support Scheme.

Once The Commissioner has accepted the application the NSW LTSCA will administer and arrange payment for reasonable and necessary treatment, rehabilitation and care services for participants in the Scheme. The services that the LTSCA will pay for under the ACT Lifetime and Support guidelines include:

- medical treatment such as doctors appointments and hospital stays
- rehabilitation such as physiotherapy, occupational and speech therapy
- aids, appliances and equipment such as wheelchairs
- home and vehicle modifications such as a ramp or bathroom rails
- attendant care services including home nursing, personal and domestic assistance.

Who needs to complete this form?

This form can be completed by the injured person, a family member, parent guardian or friend or a member of the treating health team.

- Parts 1, 2, 3 and 5 can be completed by the injured person, family member, parent guardian or friend. The parent guardian or friend must be over 18 years.
- Parts 4 and 6 need to be completed by a member of the treating health team.

Where do I send this form when it is completed?

The NSW Lifetime Care and Support Authority
Level 24, 580 George Street
Sydney NSW 2000

Fax: 1300 738 583

Email: request@lifetimecare.nsw.gov.au

What will happen next?

A NSW LTCSA coordinator will be appointed who will contact you to find out more about your injuries and the accident and give you more information about the Scheme, including the eligibility criteria. You will need to complete an Application Form to apply for the Scheme and your treating team will need to assess your injury to see if it meets the eligibility criteria.

The LTCSA needs to obtain and share information to provide this assistance. This may include information collected from or about other people involved in the motor accident, including witnesses. The LTCS Commissioner may also collect information about the accident from the police, ambulance officers and insurance companies. Signing the declaration on this form gives the LTCSA and the LTCS Commissioner permission to contact people about the accident, your injuries and your treatment, rehabilitation and care needs.

Your privacy rights

You may request access to the personal information held about you at any time. To access or correct your personal information held by the Commissioner, or for more information about our privacy obligations, contact the Privacy Officer at the LTSCA on 1300 738 586.

Compulsory Third Party Insurance (CTP)

This form is not a CTP Notice of Claim Form. You may also be able to make a claim with a CTP insurer if you believe there is a driver at fault in the motor accident.

People whose injuries do not meet the LTCS injury criteria may be eligible to have their rehabilitation, treatment and care expenses paid for by the CTP insurer of the vehicle that caused the injury.

Further information on making a CTP claim can be obtained by contacting Canberra Connect on 13 22 81.

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Personal details of the injured person

Title	Surname	First Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Known by any other name	Gender	Date of Birth
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>
Address		
<input type="text"/>		
Postal Address (if different)		
<input type="text"/>		
Is an interpreter required?	Language	<input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Person completing this form:		
<input type="checkbox"/> Injured person	<input type="checkbox"/> Family member/parent/guardian/friend	
<input type="checkbox"/> Medical/allied health professional	<input type="checkbox"/> Other _____	

Personal details of the family member, parent, guardian or friend

Title	Surname	First Names(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to injured person	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Mobile Phone	Email Address	
<input type="text"/>	<input type="text"/>	
Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Language <input type="text"/>
LTCSS Coordinator to contact: Injured person	<input type="checkbox"/> Family member/parent/guardian/friend	<input type="checkbox"/> Other <input type="checkbox"/>

Accident Details

Date of accident Time of accident Location of accident (Street, Suburb)

Police station (if known) Event number (if known) Attending officer (if known)

Injured person's part in the accident

- Passenger Driver Pillion passenger Motor cycle rider
 Cyclist Pedestrian Other

Main vehicle involved in the accident:

Registration number plate State Make or model (e.g. Toyota Camry) Type (e.g. station wagon)

Was the injured person travelling in this vehicle? Yes No

Nominated contact for treating health team

Please identify a contact person from the treating team for ongoing communication with the Commissioner (for example a social worker, clinical nurse consultant or case manager).

Full name Position

Hospital or rehabilitation unit Phone Fax

Mobile Phone Email address

Hospital or rehabilitation unit mailing address

Please read the declaration carefully before signing.

This declaration must be signed by the injured person, or the injured person's parent, family or guardian or friend. The person who signs this form must be over 18.

I declare that, to the best of my knowledge, the information given in this Severe Injury Advice Form is true and correct in every respect.

I authorise the Lifetime Care and Support (LTCS) Commissioner of the ACT and the Lifetime Care and Support (LTCS) Authority of NSW, to speak with and obtain information and documents from any of the following that are relevant to the application form and my treatment, rehabilitation and care:

- my family or guardian
- any doctor, ambulance service, hospital or other service provider

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- any social or community worker
- any solicitors and insurance companies involved (including personal injury, workers compensation, or CTP)
- any police department
- the CTP regulator.

I understand that information obtained under this declaration may include pre-accident and general medical information. I understand that my information will be used for the purpose explained on page 2 of this form.

Injured person's surname / family name

First name(s)

Signature

Date

Complete this section if another person has signed for the injured person

Name

Signature

Relationship to injured person

Phone

Date

Reason why the injured person could not sign

Medical Information

Brain injury

The duration of PTA is greater than 1 week

OR

There is evidence of a very significant impact to the head causing coma for longer than one hour.

OR

Or there is significant brain imaging abnormality, e.g. penetrating injury

AND

There is one FIM item scored 5 or less, (or 2 less than the age norm for Wee FIM)

Spinal cord injury (permanent sensory / motor deficit or bladder / bowel dysfunction)

Neurological (SCI) level ASIA impairment scale

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Amputation/s

Multiple amputations

- Multiple amputations of the upper and/or lower extremities.

OR

Unilateral amputation

- forequarter amputation (complete amputation of the humerus, scapula and clavicle) or shoulder disarticulation
- hindquarter amputation (hemipelvectomy by trans-section at sacroiliac joint, or partial pelvectomy)
- hip disarticulation (complete amputation of the femur); or
- short transfemoral amputation

Burns

- The injured person is a child under 16 that has full thickness burns greater than 30% of body, or full thickness burns to the hand, face or genital area, or inhalation burns causing long term respiratory impairment.

OR

- The injured person has full thickness burns greater than 40% of body, or full thickness burns to the hand, face or genital area, or inhalation burns causing long term respiratory impairment.

AND

- There is one FIM item scored 5 or less, (or 2 less than the age norm for WeeFIM)

Permanent Blindness

Is the injured person has sustained permanent blindness and is legally blind?

Yes No

Treating doctor's name

Contact phone