

# LTCS Application Form

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



**ACT**  
Government

**Lifetime Care and  
Support Scheme**

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**Please read this form and if you have any questions, call the Lifetime Care and Support Commissioner of the ACT on 13 22 81 or visit [www.act.gov.au/LTCSS](http://www.act.gov.au/LTCSS)**

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**

Anyone catastrophically injured in a motor accident in the ACT from 1 July 2014 may make an application to the Lifetime Care and Support Commissioner of the ACT.

The Lifetime Care and Support Commissioner of the ACT (**ACT Commissioner**) 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 ACT 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.

This form is to apply to become a participant in the Scheme, under the Lifetime Care and Support (Catastrophic Injuries) Act 2014.

To be eligible, 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

## **Who needs to complete this form?**

This form can be completed by an injured person, or by their parent, guardian or family member on their behalf. The parent, guardian or family member who signs the application must be over 18 years. This form should be completed as soon as possible after the accident and must be completed even if a Severe Injury Advice Form has been completed.

## **Where do I send this form when it is completed?**

The NSW Lifetime Care and Support Authority  
GPO Box 4052  
Sydney NSW 2001

Fax: 1300 738 583

Email: [requests.lifetimecare@icare.nsw.gov.au](mailto:requests.lifetimecare@icare.nsw.gov.au)

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## About the information in this form

The information in this form is used by the ACT Commissioner to determine eligibility for participation in the Scheme. It is important that the questions are answered fully to avoid any delays in processing this application.

The ACT Commissioner needs to obtain and share information about the motor accident and the person's injuries to determine eligibility for the Scheme. This may include information from police, ambulance officers, hospital and insurance companies. Signing the declaration in this form gives the ACT Commissioner and the Lifetime Care and Support (LTCS) Authority of NSW permission to contact other people about your motor accident injuries and your treatment, rehabilitation and care needs.

## How to apply

1. Report the accident to the police. Obtain the event number and the attending officer's name and police station. Attach the police report where possible. If the vehicle was unregistered, please contact the Nominal Defendant for advice on (02) 6207 1031.
2. A parent or guardian must complete this Application Form if the injured person is less than 18 years. The statutory declaration needs to be witnessed by a solicitor or Justice of the Peace. Signing this declaration gives the ACT Commissioner permission to contact other people about the injury, including the treating health team, police and insurance companies.
3. The medical certificate section of this form must be completed by your specialist and supporting documentation attached. Delays in processing your application may occur if the medical certificate and supporting documents are not complete.
4. Attach proof of identity (a certified copy of a birth certificate, passport or driver's licence).
5. Send the Application Form and the medical certificate to the Lifetime Care and Support (LTCS) Authority of NSW.

## After you send your application

1. The ACT Commissioner will acknowledge receipt of the application within 10 working days. The letter will include a reference number for use in future correspondence. If you have not heard from the Commissioner after 10 days of sending your application, please contact the Commissioner.
2. The ACT Commissioner will review the application to see if it is complete and whether additional information is required. You will be contacted if this is the case.
3. The ACT Commissioner will advise you of the decision about the application and your eligibility for interim participation in writing
4. If the application is accepted, the injured person is considered an interim participant of the Scheme for a two-year period.
5. The LTCS Authority of NSW will then pay hospital, medical, rehabilitation and attendant care expenses where these expenses are reasonable and necessary, and related to the injuries caused by the motor accident.
6. A decision as to whether the injured person is a lifetime participant will be made within two years from the date of the interim decision.
7. If you disagree with the ACT Commissioner's decision about eligibility, contact the Commissioner for information on the dispute resolution process on 13 22 81.

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## Your privacy

### Information about the accident

The ACT Commissioner and the LTCS Authority of NSW needs information about the motor accident and your injuries to determine eligibility for the Scheme. This may include information collected from or about other people involved in the motor accident, including witnesses. The ACT Commissioner and the LTCS Authority of NSW may also collect information about the accident from the police, ambulance officers and insurance companies.

If you have lodged a Motor Accident Injuries (MAI) application, the ACT Commissioner and the LTCS Authority of NSW is authorised to share information about the accident, your injuries and treatment, with the insurance companies involved. In the case of a dispute about the nature of the motor accident, the ACT Commissioner may need to share this information with the Motor Accident Injuries Commission and legal advisors. This will only happen if there is a dispute about our decision.

### Information about your health

The ACT Commissioner and the LTCS Authority of NSW will also collect health information about you from other people, including your health service providers. The health information collected can include pre-accident and general medical information about you.

### Information about you

The ACT Commissioner and the LTCS Authority of NSW needs to know about your care, support and housing situation so that your needs can be met and the Scheme can be managed well. This may include information collected from or about other people involved in your life, such as family, friends and carers.

### Information about your treatment and care needs

If your application is successful, you will become an interim participant of the scheme for up to two years. The ACT Commissioner and the LTCS Authority of NSW will need to communicate with a range of organisations and other people about your treatment and care needs. This will include collecting your information (including pre-accident and general medical information) from and disclosing your information to, the following people or organizations as necessary: your family or guardian, health service providers, other service providers, your case manager, social/community workers, your educational facilities (e.g. school or TAFE), other government agencies, solicitors and insurers.

### If there is a dispute

If there is a dispute about your eligibility to participate in the Scheme, the nature or extent of your injuries, or your treatment and care needs, the matter will be referred to an Assessment Panel of independent, external dispute assessors. The assessors will be provided with the same personal information and health information that the ACT Commissioner and the LTCS Authority of NSW holds about you. They may also ask for additional information to help them make their assessment.

### How the information might be used or disclosed

In exceptional circumstances, the ACT Commissioner and the LTCS Authority of NSW may also need to provide this information to other bodies, for example, the police if the information is needed for law enforcement purposes. The ACT Commissioner and the LTCS Authority of NSW may also use information about participants in the Scheme for the purposes of program evaluation and research. Evaluation and research results are only published in a de-identified form, or with your consent.

## 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 ACT Commissioner and the LTCS Authority of NSW, or for more information about our privacy obligations, contact the LTCS Authority of NSW on 1300 738 586.

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## **MOTOR ACCIDENT INJURIES (MAI) APPLICATION**

This form is not a MAI Application Form under the Motor Accident Injuries (MAI) Scheme. You may also be able to make an application for defined benefits with a MAI insurer if you were injured in a motor vehicle accident.

People whose injuries do not meet the LTCS injury criteria will still be entitled to receive treatment, care and lost income benefits for up to 5 years under the MAI Scheme.

For further information on making a MAI application for defined benefits under the MAI Scheme, please contact the **Defined Benefits Information Services (DBIS)** on 1300 209642.

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## This form is being completed by

- Injured person, parent, family member, guardian on their behalf  
 MAI Insurer (attach copy of claim form)  
 Other

## If an insurer is completing this form

Section 5, Description of the accident does not need to be completed. Instead, attach a copy of the claim form, any relevant accident investigation reports, police reports and any other documents.

MAI Insurer's name

MAI claim number

Insurer's contact

Phone

Fax

Address

## Liability:

- Accepted  Denied  Undecided  
 Contributory negligence  Deemed denied

Is the injured person, their family or guardian aware of this application?

- Yes  No

Do they agree to this application?

- Yes  No

Date the claim form was received:

## Interpreter assistance

If you need an interpreter to help you read and/or fill in this form, contact Translating and Interpreting Service (TIS) on 13 14 50. This is a free service. If you do need an interpreter to help you with this form, the declaration below must be completed by the interpreter and the injured person, or their parent, family member or guardian.

## Interpreter declaration

1. I declare that the Lifetime Care and Support Application Form has been read to the undersigned injured person, their parent, family member or guardian by the undersigned interpreter.
2. I understand that the Lifetime Care and Support Commissioner and the Translating and Interpreting Service bear no responsibility for any loss whatsoever arising from the interpreting service provided.
3. I acknowledge that the interpreting service provided by the Translating and Interpreting Service was limited to reading and filling in this Application Form.
4. This declaration has been read to the injured person, their parent, family member or guardian by the undersigned interpreter.

Name of injured person

Injured person's signature (or parent, family member, guardian)

Injured person's address (or parent, family member, guardian)

Date

Interpreter's name

Interpreter's signature

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## Section 1: Personal Details of the Injured Person

Title  Surname  First Name(s)

Known by any other names, please list  Gender  Male  Female Date of Birth

Attach certificate proof of age/identity

birth certificate  passport  driver's licence

Was the injured person under 16 at the time of the accident?

Yes  No

Home Phone  Mobile Phone  Email Address

Address  Postal Address

Is an interpreter required?  Yes  No Language

## Section 2: Personal Details of the Parent, Family Member or Guardian (if completing this form)

Title  Surname  First Name(s)

Relationship to injured person  Address

Home Phone  Mobile Phone  Email Address

Is an interpreter required?  Yes  No Language

## Section 3: Accident Details

Date of accident  Time of accident  Location of accident

Police station  Event number  Attending officer

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Injured person's part in the accident

- Passenger       Driver       Pillion passenger       Motorcycle rider  
 Cyclist       Other       Pedestrian

Did the accident occur in the course of employment?

- Yes       No

Has a MAI application or workers' compensation claim been submitted?

- MAI application       Workers Compensation       No

## MAI claim details

Insurer's name	Claim number	MAI Insurer's contact person
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Fax	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Workers' compensation claim details

Insurer's name	Claim number	Insurer's contact person
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Fax	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 4: Details of Motor Vehicles involved in the Accident

4.1 How many motor vehicles were involved in the accident?

4.2 Was the accident caused by a motor vehicle?

- Yes       No

If no, briefly describe what did cause the accident

### 4.3 Applies to unidentified motor vehicles only

The injured person has an obligation to provide evidence of steps taken to find out the registration number or the name of the person who drove the motor vehicle considered to have caused the accident. List any actions taken and attach any proof such as a newspaper advertisement or account of discussions with any witnesses etc. Fill in as many of the details of the unidentified vehicles as you can in section 4.4. Contact the Nominal Defendant on (02) 6207 0131 for more information.

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## 4.4 Provide details of the motor vehicle considered to have caused the accident.

(Provide as many details as possible).

Registration	State/Territory	Make/Model (eg Toyota Camry)	Type (eg sedan)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Year of manufacture	Colour	Number of people in vehicle	Driver licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Briefly describe the damage caused to this vehicle (if known)

Driver's surname	Driver's first name(s)
<input type="text"/>	<input type="text"/>

Driver's home phone	Driver's mobile phone	Driver's work phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver's address

Owner's surname (if the same as driver write 'as above')	Owner's first name(s)
<input type="text"/>	<input type="text"/>

Owner's home phone	Owner's mobile phone	Owner's work phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner's address

## 4.5 Was the injured person travelling in this vehicle

Yes, go to 4.7       No



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**4.6 Provide details of the motor vehicle the injured person was travelling in.** (Provide as many details as possible).

Registration	State/Territory	Make/Model (e.g. Toyota Camry)	Type (e.g. sedan)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of manufacture	Colour	Number of people in vehicle	Driver licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Briefly describe the damage caused to this vehicle (if known)

Driver's surname	Driver's first name(s)
<input type="text"/>	<input type="text"/>

Driver's home phone	Driver's mobile phone	Driver's work phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver's address

**4.7 Provide details of any other motor vehicle involved in the accident.**

Registration	State/Territory	Make/Model (eg Toyota Camry)	Type (eg sedan)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of manufacture	Colour	Number of people in vehicle	Driver licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Briefly describe the damage caused to this vehicle (if known)

Driver's surname	Driver's first name(s)
<input type="text"/>	<input type="text"/>

Driver's home phone	Driver's mobile phone	Driver's work phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver's address

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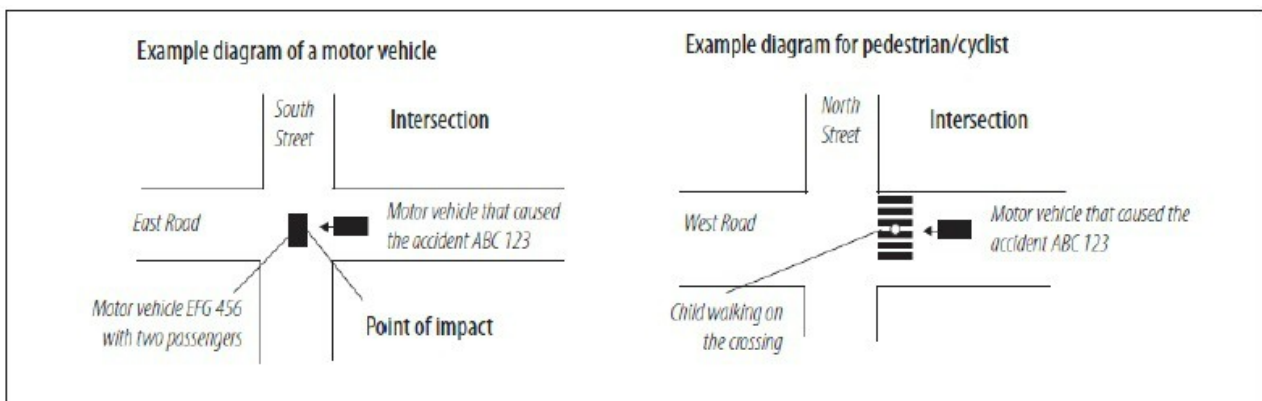
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## Section 5: Description of the Accident

Please provide as many details as possible

**5.1 Describe the accident including who was considered to have caused the accident and how the accident happened. If available, attach any relevant documents or photos.**

**5.2 Draw a diagram of the accident. Include intersections, streets, roads and their names. Show the point of impact and position of all motor vehicles.**



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## Section 6: Details of Witnesses

### Witness 1

Surname/Family name

First name(s)

Home address

Home number

Mobile number

Work number

Registration (if the witness was in a vehicle)

Relationship to injured person (if any)

### Witness 2

Surname/family name

First name(s)

Home address

Home number

Mobile number

Work number

Registration (if the witness was in a vehicle)

Relationship to injured person (if any)

### Witness 3

Surname/family name

First name(s)

Home address

Home number

Mobile number

Work number

Registration (if the witness was in a vehicle)

Relationship to injured person (if any)

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## Section 7: Injury Details

### 7.1 What are the injured person's injuries as a result of the accident?

- Brain injury       Spinal cord injury       Multiple amputations  
 Burns       Blindness

### 7.2 Other injuries

### 7.3 Did the injured person require an ambulance?

- Yes       No

### 7.4 Did the injured person go to a hospital after the accident?

- Yes       No

Which hospital?

Date attended

Was the injured person admitted to a hospital or rehabilitation facility?

- Yes       No

Which hospital?

Date admitted or treated

Which hospital?

Date admitted or treated

Which hospital?

Date admitted or treated

### 7.5 Has the injured person been discharged from hospital?

- Yes       No

Which hospital?

Date discharged



## Section 8: Statutory Declaration

Please read the statutory declaration carefully before signing.

- The Lifetime Care and Support Commissioner is authorised under Section 17 of the Lifetime Care and Support (Catastrophic Injuries) Act 2014 to obtain information and documents relevant to this application from stated persons in connection with the application.
- You must sign the statutory declaration before a Justice of the Peace or a solicitor.
- The processing of the application may be delayed if the statutory declaration is not properly completed.
- If the injured person is under 18 years or is unable to make the declaration, a parent or guardian must make the declaration.
- All information you have given in this form must be true and correct in every respect.
- The way the Commissioner collects uses and discloses personal information is governed by the Commonwealth Privacy Act 1988.

Please ensure that all of the sections of the statutory declaration form are completed and that the declaration is witnessed by an appropriately qualified person. The following persons may witness a statutory declaration in the Australian Capital Territory:

- Justice of the peace
- Notary public
- Solicitor or barrister with a current or interstate practicing certificate
- Commissioner of the court for taking affidavits
- Person by law authorised to administer an oath.

Authorised witnesses are required to:

- See the face of the person making the ACT statutory declaration or affidavit
- Confirm the person's identity, and
- Certify on the document that these requirements have been met.

Identification document means any of the following:

- a driver's licence or permit with a photograph, whether issued in Australia or another country
- an Australian passport (either current or expired less than 2 years ago)
- a passport or similar document with the person's photograph and signature issued by another country or by the United Nations
- a national identity card with the person's photograph and signature issued by another country or the United Nations (with an English language translation if not in English)
- an Australian citizenship certificate
- a foreign citizenship certificate (with an English language translation if not in English)
- a birth certificate or birth extract, whether issued in Australia, another country or by the United Nations (with an English language translation if not in English)
- a Centrelink pension card
- a credit card or passbook
- an account from a bank, building society or credit union, or statement of account up to one year old
- a Medicare card, pensioner concession card, Department of Veterans' Affairs entitlement card or other entitlement card issued by the Federal or any State Government
- an electoral enrolment card or other evidence of enrolment as an elector up to 2 years old, or
- a student identity card, or a certificate or statement of enrolment up to 2 years old from an educational institution.

A copy of an identification document is acceptable if certified as a true copy by: any justice of the peace, notary public, commissioner of the court for taking affidavits, Australian legal practitioner authorised to take and receive any affidavit, or other person by law authorised to administer an oath. The certifier and the witness cannot be the same person.



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## Section 9: Medical Certificate

Surname

First name(s)

Are the injuries consistent with the circumstances of the motor accident described to you?

Yes  No

Was the injury below caused by the motor accident?

Yes  No

Does the injury meet the criteria for eligibility for participation in the Lifetime Care and Support Scheme as outlined in part 1 of the LTCS Guidelines set out below?  Yes  No

### Please tick all applicable catastrophic injury categories

#### Brain Injury

I certify that the injured person has sustained a traumatic brain injury caused by the motor accident. The traumatic brain injury meets the brain injury criteria for eligibility for participation in the Lifetime Care and Support Scheme as outlined in Part 1 of the LTCS Guidelines below:

Tick/complete one of the boxes in this section

PTA is greater than 7 days

Attach PTA scoring sheet

Number of days in PTA

If the PTA score is not available or not applicable

There is evidence of a very significant impact to the head causing coma for longer than one hour. Where coma has been documented, attach a copy. If not, describe in the box below how this was determined.

There is significant brain imaging abnormality, e.g. penetrating injury. Attach a copy of the imaging report and describe in the box below why the abnormality is significant.

Describe here:

#### And tick one of the boxes in the section below

The injured person is under 3 years. The child will probably have permanent impairment due to the brain injury resulting in the need for daily attendant care services.

Pediatric rehabilitation physician's signature

Note: this declaration can only be signed by a pediatric rehabilitation physician

The injured person is a child aged 3-8 years, has scored 2 less than the age norm on any item on the WeeFIM within the last month and **I agree with this FIM assessment.**

The injured person is aged over 8 years, has scored 5 or less on any of the items on the FIM or WeeFIM within the last month and **I agree with this FIM assessment.**

Attach FIM or WeeFIM worksheets

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

I certify that the injured person has sustained a spinal cord injury caused by the motor accident. The spinal cord injury meets the spinal cord injury criteria for eligibility for participation in the Lifetime Care and Support Scheme as outlined in Part 1 of the LTCS Guidelines below.

The spinal cord injury is an acute traumatic lesion of the neural elements (spinal cord and cauda equine) resulting in a permanent sensory deficit, motor deficit or bladder/bowel dysfunction

Neurological (SCI) level

ASIA impairment scale

Attach ASIA score sheet

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## Amputations

I certify that the injured person has sustained amputations (or equivalent impairment) caused by the motor accident. The amputation is one of the following types of amputations, as outlined in Part 1 of the LTCS Guidelines:

*Complete either Multiple amputations or Unilateral amputations below:*

### Multiple amputations

Multiple amputations of the upper and/or lower extremities, meaning that there is more than one of the following types of amputation at or above the level of:

- a short transtibial or standard transtibial amputation, as defined by the loss of 50% or more of the length of the tibia. This includes all other amputations of the lower extremity (such as knee disarticulation or transfemoral amputation) above this level:

Right     Left

- a thumb and index finger of the same hand, at or above the first metacarpophalangeal joint. This includes all other amputations of the upper extremity (such as below-elbow or above-elbow amputation) above this level.

Right     Left

### Unilateral amputations

The amputation is one of the following:

- forequarter amputation (complete amputation of the humerus, scapula and clavicle) or shoulder disarticulation;

Right     Left

- hindquarter amputation (hemipelvectomy by trans-section at sacroiliac joint, or partial pelvectomy

Right     Left

- hip disarticulation (complete amputation of the femur); or

Right     Left

- short transfemoral amputation as defined by the loss of 65% or more of the length of the femur

Right     Left



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## Burns

I certify that the injured person has sustained burns caused by the motor accident. The burns meet the following criteria for eligibility for participation in the Lifetime Care and Support Scheme as outlined in Part 1 of the LTCS Guidelines below:

- The injured person is a child, if aged under 16 years, 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.
- 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.

Tick one of the boxes below

- The injured person is a child aged 3-8 years, has a score 2 less than the age norm on any item on the WeeFIM within the last month.
- The injured person aged over 8 years, has a score of 5 or less on any of the items on the FIM or WeeFIM within the last month.

Attach FIM or WeeFIM worksheets

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## Permanent Blindness

I certify that the injured person has sustained permanent blindness caused by the motor accident. The loss of sight meets one of the following criteria, as outlined in Part 1 of the LTCS Guidelines below:

- a) visual acuity on the Snellen Scale or equivalent after correction by suitable lenses is less than 6/60 in both eyes, or
  - b) field of vision is constricted to 10 degrees or less of arc around central fixation in the better eye irrespective of corrected visual acuity (equivalent to 1/100 white test object), or
  - c) a combination of visual defects resulting in the same degree of visual loss as that occurring in (a) or (b) above.
- 

I declare that I have examined the nominated patient and to the best of my knowledge the information provided here is true and correct.

Name of treating specialist

Qualifications

Signature

Provider Number

Date

## Checklist

Before sending this Application Form to the Lifetime Care and Support Commissioner of the ACT please ensure that you have completed the following steps

- The accident has been reported to the police
- The declaration on page 13 has been signed in the presence of a solicitor or Justice of the Peace
- Proof of age / identity has been attached, that is a certified copy of a birth certificate, passport or driver's license
- Medical Certificate and WeeFIM/FIM worksheets completed and attached
- A copy of the Application Form and any accompanying information have been made for your own records

## More Information

Contact the Lifetime Care  
and Support  
Commissioner on 13 14 81  
or visit [www.act.gov.au/LTCSS](http://www.act.gov.au/LTCSS)