

Cardholder Application

How to apply

Complete this application in **BLOCK LETTERS** using a black or blue pen.

- Step 1. **READ** the Companion Card Cardholder Terms and Conditions (page 2), and the cardholder application form carefully.
- Step 2. Complete the Cardholder Application Form. The form may be completed by the person with a disability or person assisting the applicant.
- Step 3. Provide two identical, passport quality/sized colour photographs with your application. Your photograph will be printed on your Companion Card. It must be a clear and current head and shoulder photograph. Original applications and photos cannot be returned.
- Step 4. Ensure both your application form and two photographs are signed by the same Service Provider who signs Item 4 **or** Health Professional who signs Item 6.
- Step 5. Ensure you have signed Item 8a or Item 8b.
- Step 6. Return this application form to:
Companion Card Program, GPO Box 292, Adelaide SA 5001

Incomplete applications, including those without signatures or signed photographs, cannot be accepted, and will be returned for completion.

Eligibility Criteria

Apply for a Companion Card if you can demonstrate:

1. you live in South Australia (SA), or you reside in SA under a valid visa; and
2. you have a severe or profound disability; and
3. due to the impact of your disability, you are unable to participate at most community events and activities without significant assistance in one or more areas of mobility, communication, planning or self care; and
4. your need for this level of support will be lifelong.

For more information or assistance to complete this form, please telephone the Companion Card Information Line on Freecall 1800 667 110 or visit www.sa.companioncard.asn.au

Companion Card Cardholder Terms & Conditions

It is important that you read and understand 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, who require assistance to participate, with one Companion Ticket, or admission, at no charge. This ticket will be exempt from all booking fees.
- 7 Where the 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 (eg, 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, etc, 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, etc. 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 (eg, 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 & Conditions when they submit a Cardholder Application.

The Companion Card program is an initiative of the South Australian Government, jointly managed by the Department for Communities and Social Inclusion and National Disability Services.

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Applicant Information

Item 1 - Your personal details

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

Your title: _____ Surname _____
(eg Mr/Mrs/Ms/Miss/Other)

First name as it is on official documentation:
(eg. Birth Certificate)

Preferred name - for display on your card:
(if different to your first name)

Gender: Male Female Date of Birth: **DD / MM / YYYY**

Daytime contact number:

Text telephone (TTY) (if applicable):

Email address (if available):

Residential Address:

Suburb _____ State _____ Postcode _____

Postal Address (if different from above):

Suburb _____ State _____ Postcode _____

Preferred contact method: Telephone TTY Email

Authorised contact (if applicable), provide details at Item 8:

Is your disability permanent? Yes No

Will your need for attendant care support to participate at most community venues and activities be permanent? (i.e. lifelong) Yes No

Note: To be eligible for the Companion Card your disability, and your need for attendant care must be permanent. Contact Freecall 1800 667 110 for further information.

Item 2 - Cultural Information (optional)

Cultural information received will be used for statistical purposes only.

2a Do you identify as an Indigenous Australian? (please tick)

Aboriginal Aboriginal and Torres Strait Islander Not applicable

2b Do you speak a language other than English at home? Yes No

2c If yes, please specify language: _____

Item 3 - Description of disability (diagnosis needed)

Indicate which of the following best describes your disability and provide your diagnosis and the year of diagnosis. You may tick more than one.

3a Physical (e.g. Muscular Dystrophy, Quadriplegia, Cerebral Palsy)

Diagnosis: _____ Year diagnosed: _____

Sensory (e.g. Deaf blind, Legally Blind)

Diagnosis: _____ Year diagnosed: _____

Intellectual (e.g. Down Syndrome, Rett Syndrome)

Diagnosis: _____ Year diagnosed: _____

Neurological (e.g. Alzheimer's disease, Huntington's disease)

Diagnosis: _____ Year diagnosed: _____

Acquired Brain Injury (e.g. Stroke, Head Injury)

Diagnosis: _____ Year diagnosed: _____

Psychiatric (e.g. Schizophrenia)

Diagnosis: _____ Year diagnosed: _____

Other (give a description of the condition that has resulted in your disability)

Diagnosis: _____ Year diagnosed: _____

3b Provide the name, year and outcome of any formal assessment (e.g. visual acuity scores, CARS score, IQ test) relating to your disability. You do not need to attach any documentation, and will be contacted if further information is required.

Name: _____ Year: _____

Outcome: _____

3c Is your disability episodic? Yes No

Describe the frequency of the episodes (e.g. how many times a day):

Describe the impact of the episodes:
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Item 4 - Service Provider

Do you currently receive, or have approval to receive, one or more of the specific services or supports listed? Do not amend this list.

- Yes (please tick the service/s you receive) No (Proceed to Item 5)
- Disability SA funded Accommodation Facility
 - Disability SA funded Day Options Program
 - Australian Government's funded Residential Aged Care Service
 - Australian Government's funded Extended Home Care Package

Service Provider details

To be completed by the Manager or equivalent, of service indicated above.

Name:

Position in Organisation:

Employer / Organisation Name:

Address:

Suburb State Postcode

Daytime contact number/s:

Fax: Email:

I confirm that my signature below verifies ALL the information contained in this application, and 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 verify that the applicant is in receipt of the above specific listed service provided by the named organisation.
- ✓ I have read and understood the Companion Card eligibility criteria.
- ✓ I verify that the applicant has a permanent disability and will always require significant attendant care to participate at most community venues and activities.
- ✓ I am not the applicant or an immediate family member of the applicant.
- ✓ I agree to offer all reasonable assistance and records to assist the Companion Card program to determine the applicant's eligibility.
- ✓ I have written the applicant's name and signed on the reverse side of both photographs to verify that they are of the applicant.
- ✓ I understand it is an offence to provide false information in this application.

Signature: Date: / /

Organisation Stamp (if available)

(Once completed Item 4, proceed to Item 7)

Item 5 - Support needs (to be completed by you or the person assisting you to complete this form)

To be eligible for a Companion Card you must demonstrate how the impact of your disability or condition makes you permanently unable to participate at most community activities without attendant care support. Attendant care support includes significant assistance with activities where the use of aids, equipment or alternative strategies does not enable you to carry out these activities independently.

Please note:

- Attendant care support does not include providing only reassurance, social company or encouragement;
- Venue accessibility (e.g. steps, ramps, lifts, etc) remains the responsibility of the venue;
- A Companion Card cannot be issued to you if you are likely to become independent in the future as a result of treatment, rehabilitation, management, training, recovery or developmental improvement.

Do you require attendant care support with the following activities to participate in the community?

Assistance with mobility

Yes No

(Ability to move around the community safely.)

If yes, please provide examples of aids used and the attendant care your companion provides.

Assistance with learning and decision making

Yes No

(Ability to plan and participate in the community independently.)

Please provide examples of the assistance your companion provides.

Assistance with communication

Yes No

(Making yourself understood and understanding others.)

If yes, please provide examples of the attendant care your companion provides.

Assistance with self care

Yes No

(Being assisted with personal care tasks.)

Please provide examples of the aids used and the attendant care your companion provides while out at a venue.

Additional comments:

To support your application, it may be helpful to provide details of other supports and services you receive.

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**Item 6 - Health Professional declaration
(to be completed by the health professional)**

This item can **only** be completed by one of the health professionals below.

Only complete this application if the applicant is **permanently** unable to participate at most venues and activities **without attendant care support for the rest of their life.**

You may be contacted to verify this information. If you are not able to verify this information, do not sign this form.

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

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

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

Describe in detail the functional impact of the applicant's disability in one or more activities of mobility, communication, self care or learning, planning or thinking.

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Provide details about past, current or proposed treatment and recovery available to the applicant and indicate if the applicant will require attendant care for the rest of his/her life. Indicate if the applicant could carry out these activities independently with the use of aids, equipment or alternative strategies. Provide the name, date and outcomes of any formal assessments that may support this application. Do not attach any reports.

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Describe the attendant care required by the applicant to enable them to participate at community venues and activities:

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I am a health professional, and my signature below confirms ALL 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 verify that the applicant has a permanent disability and will always require attendant care to participate at most community venues and activities.
- ✓ I am not the applicant, nor an immediate family member.
- ✓ I agree to offer all reasonable assistance and records 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.

Provider / Membership Number:

Name:

Employer / Organisation Name:

Telephone:

Email:

Address:

Suburb	State	Postcode
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Signature: _____ Date: / /

(Do not sign this form unless you can verify the applicant will be permanently unable to participate at most venues and activities without a companion to provide attendant care support.)

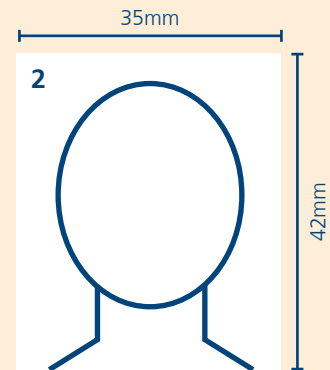
Professional Stamp (if available)

Item 7 - Attachment

Attach two identical passport quality / sized colour photographs on this page using paper clips or fold back clips

Do **NOT** use tape, staples, glue or pins

1
The reverse of both photographs must be signed by the same professional who signed your form.



Please write your name on the back of the two passport photographs and ensure that they have been signed by the same Service Provider who signed Item 4 or the Health Professional who signed Item 6. The photographs must be a full frontal view of your head and shoulders only. Photos that do not meet this criterion cannot be accepted.

Item 8 - Applicant or guardian/agent statement

I confirm that my signature below verifies the following:

- ✓ I authorise the Companion Card program to verify the information I have supplied on this form, and to obtain any further information relating to my application for the purpose of assessing my eligibility for the Companion Card. This may include 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; and

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; and

- ✓ I have a permanent disability and I will always require attendant care support to participate at most community venues and activities; and
- ✓ I certify that the information in this form is correct; and
- ✓ I understand and accept the Cardholder Terms and Conditions; and
- ✓ I understand that it is an offence to provide any false information in this application.



Telephone 1800 667 110
www.sa.companioncard.asn.au