

Severe Injury Advice Form

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



Lifetime Care &
Support Commissioner

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

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.

To be eligible for the Lifetime Care and Support Scheme (the 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 Commissioner pays for reasonable and necessary treatment, rehabilitation and care services for participants in the Scheme. The services that the Commissioner will pay for includes:

- 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.

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Who needs to complete this form?

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

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

Where do I send this form when it is completed?

LTCS Commissioner

1 Constitution Avenue

Canberra ACT 2601

or GPO Box 158

Canberra City ACT 2601

What will happen next?

The Commissioner will appoint a LTCS coordinator who will visit you and your family to find out more information about your injuries.

The coordinator will also speak with members of your treating health care team to find out more about your injuries, treatment, care and support needs.

They will also give you more information on how to apply to the Scheme and assist you to complete the application form.

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 Commissioner on 13 22 81.

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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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

Address

Postal Address

Is an interpreter required? Yes No Language

Person completing this form :

Injured person Family member / parent / guardian / friend
 Medical / allied health professional Other _____

Personal Details of the family member / parent / guardian (if completing this form)

Title Surname First Name(s)

Address

Relationship to injured person Home Phone Work Phone

Mobile Phone Email Address

Is an interpreter required? Yes No Language

Most appropriate person for coordinator to contact

Injured person Family member Parent / guardian Other

2. Accident Details

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

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Police station (if known)

Event number (if known)

Injured person's part in the accident

- Passenger Driver Pillion passenger Motorcycle rider
 Cyclist Other Pedestrian

Registration number of vehicle that caused the accident (if known)

Ambulance Transport

- Yes No

Hospital Admitted to

3. 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

Phone

Mobile

Fax

Hospital or rehabilitation unit

Is the injured person in hospital?

- Yes No

Hospital or rehabilitation unit mailing address

4. Medical information

Brain injury

Is PTA greater than 7 days?

- Yes No

OR

If the PTA is not available, has the person sustained a significant brain injury?

- Yes No

AND

Is there one FIM or WeeFIM item scored 5 or less, or 2 less than the age norm?

- Yes No

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

Neurological (SCI) level

ASIA impairment scale

Multiple amputations

Amputations of the upper and/or lower extremities at or above the fingers (metacarpophalangeal joints) and/or adjacent to or above the knees (transtibial or transfemoral) or the equivalent impairment.

Yes No

AND

Is there one FIM or WeeFIM item scored 5 or less, or 2 less than the age norm?

Yes No

Burns

Under 16: The child 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.

Yes No

OR

16 and above: 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.

Yes No

AND

Is there one FIM or WeeFIM item scored 5 or less, or 2 less than the age norm?

Yes No

Permanent Blindness

Is the injured person legally blind?

Yes No

Treating doctor's name

Contact phone

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5. Declaration

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. 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 Commissioner of the ACT 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:

- any doctor, ambulance service, hospital or other service provider
- any police department
- any personal injury claim, workers compensation, or CTP insurer
- the CTP regulator.

Injured person's surname / family name

First name(s)

Name of injured person / person signing on behalf of injured person

Signature

Date

6. LTCS USE ONLY

Name of person recording notification

Position

Allocated to

Date