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



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

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 Commissioner pays for reasonable and necessary treatment, rehabilitation and care services for participants in the Lifetime Care and Support Scheme (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?

LTCS Commissioner 1 Constitution Avenue Canberra ACT 2601 or GPO Box 158 Canberra City ACT 2601

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



About the information in this form

The information in this form is used by the 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 Commissioner needs information about the motor accident and the person's 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 Commissioner may also collect information about the accident from police, ambulance officers and insurance companies.

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 under 18 years. The statutory declaration needs to be witnessed by a solicitor or Justice of the Peace. Signing this declaration gives the 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 drivers licence).

5. Send the Application Form and the medical certificate to the Commissioner.

After you send your application

1. The 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 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 Commissioner will advise you of its decision about the application 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 Commissioner 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 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

If you have also lodged a CTP insurance claim, the Commissioner is authorised to share information about the accident, and your injuries and treatment, with the insurance companies involved. In the case of a dispute about the nature of the motor accident, the Commissioner may need to share this information with the CTP regulator and legal advisers. This will only happen if there is a dispute about the Commissioner's decision.

Information about your health

The Commissioner will also collect health information about you from other people, including your health service providers. In the case of a dispute about eligibility for the Scheme, the nature or extent of your injuries or your treatment or care needs, the Commissioner may need to share this information with independent, external medical assessors. This will only happen if there is a dispute about the Commissioner's decision.

Information about you

The Commissioner 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.

How else might the information be used or disclosed

In exceptional circumstances, the Commissioner may also need to provide this information to other bodies, for example, the police if the information is needed for law enforcement purposes. The Commissioner 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 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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Injured person, parent, family member, guardian on their behalf				
CTP Insu	rer (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.

CTP Insurer's name	CTP claim numbe	r	Insurer's contact
Phone	Fax	Address	i
Liability:			
Accepted	Denied	Undecided	
Contributory negligence	Deemed denied		
Is the injured person, their family o	or guardian aware of this	application?	
Yes No			
Do they agree to this application?		Date the claim form	was received :
Yes No			

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)

|--|

Date

Interpreter's name

Interpreter's signature

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Authorised by the ACT Parliamentary Counsel-also accessible at www.legislation.act.gov.au

Lifetime Care & Support Commissioner

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Section 1 : Personal Details of the Injured Person

Title Surname		First Name	e(s)		
Known by any other names, pleas	e list	Gender			Date of Birth
		Male	E Fema	le	
Attach certificate proof of age/ide	ntity				
birth certificate passp	ort 🗌 dr	rivers licence			
Was the injured person under 16	at the time of the ad	ccident?			
Yes No					
Home Phone	Mobile Phone		Email Address		
Address		Pos	tal Address		
Is an interpreter required?	Lang	guage			
Yes No					
Section 2 : Personal Detail		First Name			
Relationship to injured person		ddress			
Home Phone	Mobile Phone		Email Address		
Is an interpreter required?	Lang	juage			
Yes No					
Section 3 : Accident Detail	S				
Date of accident Time o	faccident	Location of a	accident		
Police station	Event numb	ber		Attending office	er
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Lifetime Care & Support Commissioner

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Injured person's part in	the accident			
Passenger	Driver	Pillio	n passenger	Motorcycle rider
Cyclist	Other	Pede	estrian	
Did the accident occur i	n the course of	employment?		
Yes No				
Has a CTP or workers'	compensation o	claim been submitted?		
🗌 СТР		orkers Compensation	No No	
CTP claim details Insurer's name		Claim number		CTP Insurer's contact person
Phone	Fax		Address	
Workers' compensatio	n claim details	5		
Insurer's name		Claim number		Insurer's contact person
Phone	Fax		Address	
Section 4 : Details	of Motor Ver	nicles involved in t	the Accident	
4.1 How many motor v accident?	ehicles were i	nvolved in the	4.2 Was th vehicle?	ne accident caused by a motor
] 🗌 Yes	No
If no, briefly describe wh	nat did cause th	ne 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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Lifetime Care & Support Commissioner

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 To	yota Camry)	Type (eg sedan)
Year of manufacture Briefly describe the o	Colour	Number of peo	ople in vehicle	Driver licence number
Driver's surname		Driv	er's first name(s)
Driver's home phone Driver's address		Driver's mobile phone		Driver's work phone
Owner's surname (if	the same as driver v	write 'as above')	Owner's first n	ame(s)
Owner's home phone Owner's address	9	Owner's mobile phone		Owner's work phone

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).

Lifetime Care & Support Commissioner

Registration	State/Territory	Make/Model (eg Toyota Camry)		Type (eg sedan)
Year of manufacture Briefly describe the da	Colour	Number of people in vehicle		Driver licence number
Driver's surname		Driver's first nam	ne(s)	
Driver's home phone Driver's address		Driver's mobile phone	Driver	's work phone
4.7 Provide details o Registration	f any other motor State/Territory	vehicle involved in the accident. Make/Model (eg Toyota Camry)		Type (eg sedan)
Year of manufacture	Colour	Number of people in vehicle		Driver licence number
Briefly describe the da	amage caused to th	is vehicle (if known)		
Driver's surname		Driver's first nam	ne(s)	
Driver's home phone		Driver's mobile phone	Driver	's work phone
Driver's address				

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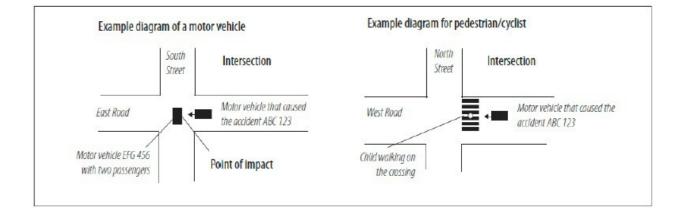


Section 5 : Description of the Accident

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?

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 a	attended
7.5 Was the injured person admitted to a hospital or rehabilitat	ion facility?
Yes No	
Which hospital?	Date admitted or treated
Which hospital?	Date admitted or treated
Which hospital?	Date admitted or treated
7.6 Has the injured person been discharged from hospital?	
Yes No	
Which hospital?	Date discharged

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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 practising 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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Declaration

I solemnly and sincerely declare that, to the best of my knowledge, the information given in this Application Form is true and correct in every respect. I authorise the Lifetime Care and Support Commissioner, to whom this application is made, to contact and obtain information and documents relevant to the application and my treatment, rehabilitation and care from:

• my family or guardian;

• any doctor, the ambulance service, hospital or other service provider including (but not limited to) attendant care providers and educational facilities;

- any personal injury, workers compensation, or CTP insurer;
- any property damage insurer;
- Medicare Australia and other Government departments or agencies;
- the Australian Federal Police; and
- the CTP regulator.

I understand that information obtained under this declaration may include general medical information.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths and Affirmations Act 1984.

Name of interim participant	Signature c	f interim participant
Complete this section if another person has signed for the inte	rim participant	
Name	Signature	
Relationship to interim participant	Phone	
Reason why the interim participant could not sign		
Declared before me		
I, a		
Insert name of authorised witness	Insert qualit	ication to be authorised witness
certify the following matters concerning the making of this statu	utory declaration	by the person who made it:
Tick the applicable box		
I saw the face of the declarant		
I did not see the face of the declarant because the person satisfied that the person had a special justification for not re-	•	0
Tick the applicable box		
I have known the person for at least 12 months		
I have not known the person for at least 12 months, but I h identification document and the document I relied on was _		
Signature of authorised witness	Date	Phone
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Section 9 : Medical Certificate

Surname	First name(s)
Are the injuries consistent with the circumstances of the mot	or accident described to you?
Yes No	
Was the injury below caused by the motor accident?	
Yes No	
Please tick all applicable catastrophic injury categories	
Brain Injury	
Tick/complete one of the boxes in this section	
PTA is greater than 7 days	Attach PTA scoring sheets
Number of days in PTA	
If the PTA score is not available or not applicable	
The injured person had a very significant impact to the h coma has been documented, attach a copy. If not, descri OR	
Significant brain imaging abnormality, e.g. penetrating injudescribe in the box below why the abnormality is signification	
Describe here:	
And tick one of the boxes in the section below	
Child under 3 years. The child will probably have permar in the need for daily attendant care services. Paediatric rehabilitation physician's signature	
Note: this declaration can only be signed by a paediatric reh	abilitation physician
Child aged 3-8 years: A score 2 less than the age norm of month.	on any item on the WeeFIM within the last
Injured person aged over 8 years: A score of 5 or less on the last month.	any of the items on the FIM or WeeFIM within

Attach FIM or WeeFIM worksheets

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

Neurological (SCI) level	ASIA impairment scale
Attach ASIA score sheet	

Amputations

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

Complete either Multiple amputations or Unilateral amputations below:

1. 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 transfermental 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

2. 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

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Burns

Tick one of the boxes below

- The 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

- Child aged 3-8 years. A score 2 less than the age norm on any item on the WeeFIM within the last month.
- Injured person aged over 8 years. 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

Permanent Blindness

Tick one of the boxes 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	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 drivers licence

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/LTCSShttp://www.treasury.act.gov.au/L

<u>tcss</u>