

Welfare Officer Handbook

Preface

This handbook is designed to assist ex-service (ESO) practitioners such as pension officers, welfare officers, case officers and advocates. Its contents are intended to cater for the different degrees of knowledge that these people may possess.

The duties of an ESO practitioner require a wide range of skills. Such people must be able to:

- understand the Repatriation system;
- assist veterans and their dependants in their dealings with the Department of Veterans' Affairs, etc;
- present a veteran's case to the best of his or her ability, regardless of personal feelings in the matter;
- understand and interpret the relevant laws and regulations;
- elicit information from a veteran and from other witnesses, including experts; and
- evaluate factual evidence and medical opinion.

Few newcomers to the pension and welfare field have had much experience with the Repatriation system. Thus this handbook has been written to cater for the newcomer and in general terms, is designed to provide an easily assimilated description of the repatriation system as it affects a pension etc officer. Some of its information is of background interest only, while some is vital to the everyday performance of a practitioner's duties.

A handbook such as this can do no more than give an outline of the Repatriation system and make recommendations as to an approach to provide any necessary assistance. The information contained in this handbook will need to be supplemented by reading, observation and discussion if a practitioner is to bring to the performance of his or her duties, the skills that every veteran has earned the right to expect.

~ IMPORTANT MESSAGE ~

Every effort has been made to make sure the information in this handbook was correct at the time of printing. However, as the legislation changes, some information may become outdated. Before using the handbook, please check the currency of any section you may be using. The print (or reprint) date of each page is at the top corner.

It is vital that each practitioner ensures that they remain on the State TIP Handbook Maintenance List. Practitioners should contact the relevant State TIP Committee to report any handbook errors or change requests.

List of Amendments

No.	Details of Amendment	Date of Amend.

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Chapter 1 Introduction to the Repatriation Handbook

Part A Background

The Handbook has been prepared under the Department of Veterans' Affairs (DVA) Training Information Program in consultation with the ex-service community through the State TIP Consultative Committees.

It covers entitlements available under veterans' and associated legislation and information on a range of health and community services and is designed to assist ex-service organisation (ESO) representatives and others within the veteran community to perform their support role within that community.

The Handbook is a national resource and the focus is on national groups and organisations. It covers information on a range of health and community services based on the needs of ESOs. The Handbook does not look at services offered by local councils, shires and regions. This would have made it unmanageable, given that much of the information from other local areas in Australia would not be relevant to the individual ESO representative.

However, bear in mind that lots of useful, accurate and detailed information on local services can be obtained from:

- Citizens' Advice Bureau;
- Community Health Centres;
- Local Councils/Shires;
- State Government Departments;
- Community organisations eg Salvation Army
- local telephone books, especially the community services/emergency services pages in the front of the white pages; and
- local public hospitals.

A.1 Acknowledgment

Little of the material in this handbook is original and comes from many sources. In particular the following sources are acknowledged:

- The Vietnam Veterans' Association of Australia (VVAA) Handbook 1994
- The various State Welfare Officers' Handbooks
- The CCPS Research Library
- DVA National and State Offices.

Part B Resources for Welfare Officers

Often the Welfare Officer is the first person a veteran will contact when they require advice or assistance. As the Welfare Officer will build many links throughout a community, he or she is an essential information source for providing veterans and their families with information on services that may assist. It is important that information passed on to others is current and brochures etc. are up-to-date.

Welfare Officer resources might include:

- The Repatriation Handbook;
- DVA's telephone contact numbers;
- an appointments book/diary—to record appointments, context of interview, action taken, referrals etc;
- a list of telephone contact numbers of regularly used government organisations and community groups;
- relevant pamphlets, brochures from DVA on health related issues;
- community support resources—pamphlets, brochures, fact sheets etc;
- Fact Sheets from:
 - DVA—<http://www.dva.gov.au>;
 - Centrelink—<http://www.centrelink.gov.au>;
 - Health and Ageing—<http://www.health.gov.au>; or
 - other relevant government organisations.

The above list is not exhaustive and resources will also include your personal contacts in different organisations.

Part C Telephone List

Many health and community services telephone numbers are listed in the front of the telephone book. These usually differ from region to region. Use this section of the Handbook to create your own telephone contact list.

Please take note that the telephone numbers listed for the Departmental and VAN offices may change at any given time.

C.1 Department of Veterans' Affairs Offices

General inquiries	133 254	_____
National Office Free Call	1300 551 918	_____
Non-metropolitan callers	1800 555 254	_____
Dialling from interstate	1300 131 945	_____
Local VAN office	1300 551 918	_____
MCRS	1300 550 461	_____

C.2 Veterans' Affairs Network (VAN)

Albury/Wodonga	(02) 6056 4321	_____
Adelaide	(08) 8290 0403	_____
Bairnsdale	(03) 5153 1120	_____
Ballarat	(03) 5331 3844	_____
Bendigo	(03) 5444 6357	_____
Brisbane	(07) 3223 8475	_____
	1800 777 634	_____
Camberwell	(03) 9963 1045	_____
Canberra	(02) 6267 1411	_____
Chatswood	(02) 9448 3902	_____
Darwin	(08) 8920 7222	_____
Frankston	(03) 9783 7312	_____
Geelong	(03) 5221 8963	_____

Gold Coast	(07) 5571 1549	_____
Gosford	(02) 4323 4945	_____
Hobart	(03) 6221 6628	_____
Launceston	(03) 6331 3364	_____
Lismore	(02) 6622 4481	_____
Mildura	(03) 5021 2637	_____
Melbourne	(03) 9284 6221	_____
Morwell	(03) 5133 0177	_____
Newcastle	(02) 4926 2733	_____
Parramatta	(02) 9893 9892	_____
Perth	(08) 9366 8444	_____
Robina	(07) 5591 1549	_____
Sydney	(02) 9213 7900	_____
Sunshine Coast	(07) 5479 5112	_____
Toowoomba	(07) 4638 1555	_____
Townsville	(07) 4722 3333	_____
Warrnambool	(03) 5562 9900	_____
Wollongong	(02) 4226 0190	_____

C.3 Vietnam Veterans' Counselling Service (VVCS)

Adelaide	(08) 8290 0300	_____
Albury/Wodonga	(02) 6056 1341	_____
Brisbane	(07) 3831 6100	_____
Canberra National	1800 011 046	_____
	(02) 6247 2988	_____
Canberra Regional	(02) 6289 6168	_____
Darwin	(08) 8927 9411	_____
Hobart	(03) 6231 0488	_____
Launceston	(03) 6331 7500	_____
Lismore	(02) 6622 4479	_____
Maroochydore	(07) 5479 3992	_____
Melbourne	(03) 9818 0388	_____

Newcastle	(02) 4925 2351	_____
Perth	(08) 9481 1955	_____
Southport	(07) 5591 6332	_____
Sydney (Parramatta)	(02) 9635 9733	_____
	1800 043 503 (24 hr)	_____
Townsville	1800 019 332	_____
	(07) 4723 9155	_____

C.4 Other Health and Community Agencies

Alcohol and Other drug service	_____
Alcoholics Anonymous	_____
Alzheimers' Association	_____
Arthritis Foundation	_____
Cancer Society/Council	_____
Carer's Association	_____
Centacare	_____
CentreLink	_____
aged pensioners	_____
non-English speaking clients	_____
other clients	_____
Local Office	_____
Child Protection Service	_____
Child Support Agency	_____
Child Support Review Office	_____
Citizens' Advice Bureau	_____
Commonwealth Rehabilitation Service	_____
Community Health Centre	_____
Community Legal Centre	_____
Council on the Ageing	_____
Countrylink	_____
Court Counsellors	_____
Detox Centre	_____

Diabetes Australia	_____
Domestic Violence Centre	_____
Employment, Education & Training, Department of	_____
Family Crisis Service	_____
Family Planning Association	_____
GROW	_____
Heart Foundation	_____
Independent Living Centre	_____
Kidney Foundation	_____
Legal Aid	_____
Lifeline	_____
Local Dental Officer	_____
Local Medical Officer	_____
Local Council/Shire (Welfare)	_____
Marriage Guidance Counselling	_____
Mental Health Service	_____
Poisons Information Centre	_____
Pregnancy Support/Advice	_____
QUIT	_____
Refuges	_____
Salvation Army	_____
Salvo Care Line	_____
St Vincent de Paul	_____
Sexual Assault Service	_____
Smith Family	_____
Tenants Advice	_____
Victims of Crime Support Group	_____
Vietnam War Veterans' Trust	_____
Women's Health Centre	_____
Youthline	_____

C4.1 Other Organisations

Chapter 2 Health Benefits

Important Information

This Chapter is designed to provide a brief overview of services available through the Department of Veterans' Affairs and other agencies.

The information is a guide only and should be confirmed by reading the relevant DVA Fact Sheet to ascertain the most recent information.

Part A Concession Cards

Details of the Pensioner Concession Card (PCC) and Commonwealth Seniors' Health Card are now contained in **Chapter 3**.

Details of the Repatriation treatment Cards—Gold, white and Orange are contained in **Section J of this chapter**.

Part B Counselling

B.1 Vietnam Veterans Counselling Service

The Vietnam Veterans Counselling Service (VVCS) is a specialised, free and confidential counselling service for Australian veterans, their families and parts of the defence force community and promotes community awareness and understanding of the problems they face. Veterans do not need to be holders of a DVA entitlement card to use the services of VVCS.

VVCS counselling staff are professionally qualified social workers or psychologists. They are skilled in the treatment of a wide range of war or service related conditions including posttraumatic stress disorder (PTSD). Counsellors help people address problems in their lives with the aim of finding effective outcomes for an improved quality of life.

The services that VVCS provides are:

- direct counselling for veterans, their families and parts of the defence force community;
- crisis counselling;
- after-hours crisis counselling.
- individual counselling;
- couple counselling (veterans and partners);
- family therapy (limited, veterans and partners);
- therapeutic and educational group programs;
- lifestyle management programs (Vietnam veterans and partners);
- an outreach counselling program to outer metropolitan , rural and remote locations;
- information and education;
- referral to other treatment services;
- referral to emergency accommodation centres where available; and
- community development activities leading to ex-service community capacity building.

All VVCS interviews are confidential with qualified counsellors, male and female, who understand war-related problems and how war-related psychological reactions intrude on relationships. Any interview notes are private and are not accessible to any agency, including the Department of Veterans' Affairs, without written client permission. Exceptions to this only occur in certain legal, criminal or personal safety situations.

Information concerning the Vietnam Veterans Counselling Service can be found in the following Fact Sheets:

VVCS—Information and Services for Veterans, their Families and Other Users of VVCS VCS 01

This fact sheet provides information for veterans, their families and other users of the Vietnam Veterans Counselling Service (VVCS). It includes information on confidentiality and the rights and responsibilities of users of the service.

VVCS—Combat Experience in Vietnam and its Effects VCS 02

This fact sheet outlines some defining features of the Vietnam conflict and some effects on veterans who served there.

VVCS—Impact on Work of Stress Related to War or Peace Keeping Activities VCS 03

This fact sheet outlines the effect of stress on veterans in employment, as a result of prior involvement in a war or peacekeeping activity.

VVCS—Impact on Relationships of Stress Related to War or Peace Keeping Activities VCS 04

This fact sheet describes how stress related to war or peacekeeping can affect veterans' behaviour and have an impact on their wives, partners and children.

VVCS—Domestic Violence VCS 05

This fact sheet describes services available from the Vietnam Veterans Counselling Service (VVCS) if you are having problems with domestic violence.

VVCS—PTSD General Information..... VCS 06

This fact sheet describes Posttraumatic Stress Disorder (PTSD) relating to combat experiences.

VVCS—Services for Sons and Daughters of Vietnam VCS 09

This fact sheet provides information about the types of programs, counselling services, information and support activities available for sons and daughters of Vietnam veterans through the Vietnam Veterans Counselling Service (VVCS).

Veterans Line VCS 10

This fact sheet provides an explanation of the after hours crisis telephone counselling service for the veteran community.

Crisis Assistance Program..... HSV 28

This fact sheet explains how Vietnam veterans in crisis may be provided with supported 'time out' accommodation to help manage their crisis situation.

Part C Employment

C.1 Veterans' Vocational Rehabilitation Scheme

Information concerning Veterans' Vocational Rehabilitation Scheme can be found in the following Fact Sheet:

Veterans' Vocational Rehabilitation Scheme..... HSV108

This fact sheet describes the vocational services available to veterans under the Veterans' Vocational Rehabilitation Scheme and how to access them.

The Veterans' Vocational Rehabilitation Scheme assists veterans to find, or continue in, suitable paid employment. All veterans are eligible for assistance on the basis of assessed need and likelihood of obtaining a suitable, sustainable employment outcome. This may be paid employment, an increase in hours of paid work or retention of employment that a veteran is at risk of losing.

The Scheme provides a safety net for veterans receiving a pension from the Department of Veterans' Affairs. Participation in the scheme is totally voluntary. CRS Australia provides services under the scheme on a national basis.

For further information about the Scheme, contact the Veterans' Affairs Network for a brochure called '*How to find that job and keep that job*' on freecall 1800 113 304.

Some veterans may be eligible for services under the Military Compensation and Rehabilitation Service (MCRS). For more information about the MCRS see the following Fact Sheet:

Australian Defence Force Vocational Rehabilitation.....MCS05

If you have been or are about to be medically discharged from the Australian Defence Force (ADF) due to a compensable injury, vocational rehabilitation may help you to return to suitable employment.

Part D Education

D.1 Veterans' Children Education Scheme (VCES)

Information concerning Veterans' Children Education Scheme (VCES) can be found in the following Fact Sheet:

Veterans' Children Education Scheme DP45

This fact sheet provides a brief description of the Veterans' Children Education Scheme, who is eligible and the amount of allowance paid.

The VCES is a scheme administered by the Department with the assistance of a Veterans' Children Education Board (VCEB) in each State. The scheme provides assistance and guidance to students regarding their educational progress, planning of their studies and other educational related matters.

Part E Health Issues

E.1 Medi Wise

This is a drug education and awareness program. Group presentations can be arranged by contacting the Pharmacy section in a DVA Office.

E.2 Joint Initiatives

There are many organisations undertaking health promotion activities in each State and Territory. These include the Heart Foundation, Arthritis Foundation, Australian Sports Commission, Australian Nutrition Foundation, Family Planning Association, State Cancer Societies/Councils and the health promotion units in State Government Health Departments. See the listings for these organisations in the Handbook or your telephone book for more details.

*** FYI This publication is under review in its current format. Check the validity of this comment.

E.3 Volunteer Support

The Volunteer Support Program offers information and support to volunteers from ex-service organisations and community groups who provide services for the veteran population. Assistance is available to maintain existing volunteer projects and establish new programs which include home and hospital visiting schemes, Telelink (regular linking of people on the telephone) and minor home maintenance.

Seminars and workshops can be arranged and presented for ex-service groups on topics appropriate to specific interests and needs.

E.4 Day Clubs

Day Clubs are supportive social clubs and a joint venture between the local community, ex-service organisations and the Department of Veterans' Affairs. They provide an opportunity for mature aged people to meet regularly for mutual support and enjoyment. Membership is open to the wider veteran population and the local community including those people who may be frail, isolated or lonely. Full and varied programs of stimulating activities are offered, usually on a weekly basis.

A DVA Adviser can provide support and guidance to assist the volunteers who run the clubs.

For any further information about existing clubs or how to start a club contact the DVA Adviser at the Department's office in your state.

E.5 Resources

DVA has a range of education resources available which address health issues relevant to the veteran community. These resources include:

Publications:

- Living with Dementia
- Planning Ahead
- Eat Well for Life
- Adding years to Your Life cookbook
- Back to Basics: Handy Hints for Carers to Help Prevent Back Injury
- You and Your Prostate: An Overview (also available on video)
- Post Traumatic Stress Disorder (PTSD) and War-Related Stress (Available from the Australian Centre for Posttraumatic Mental Health—Ph: (03) 9496 2922)

Other health promotion information is available on the Department's website www.dva.gov.au.

Resources can be obtained directly or by order form from your local DVA office.

Part F Housing/Accommodation

F.1 Defence Service Homes Schemes

Information concerning Defence Service Homes (DSH) can be found in the following Fact sheets:

Housing and Accommodation—Defence Service Home InsuranceHAC02

This fact sheet describes the Defence Service Homes Insurance Scheme available to eligible veterans and war widow(er)s.

Housing and Accommodation—Defence Service Home LoansHAC01

This fact sheet describes the Defence Service Homes Subsidised Home Loan Scheme available to eligible veterans and war widow(er)s.

The Defence Service Homes (DSH) Scheme provides housing benefits to eligible veterans and their dependants. The benefits are:

- subsidised DSH home loans;
- DSH building and contents insurance.

F1.1 Subsidised DSH home loans

DSH loans are available to veterans with qualifying service under the *Defence Service Homes Act 1918* or to the widow or widower of such a veteran.

Qualifying service is:

- service in either of the two World Wars or in subsequent operational areas;
- three years defence service if the service commenced before 17 August 1977 but not if it ended on or after 7 December 1972;
- more than six years defence service if the service commenced on or after 17 August 1977 but not if the person's first service commenced after 14 May 1985 *;
- defence service with the Australian contingent in Namibia; and
- defence service (and warlike service) in operational areas where the veteran commenced service in the Australian Defence Force before 15 May 1985.

Special provisions exist for those persons prematurely discharged as medically unfit.

- A person who enlisted with the Defence Force on or after 15 May 1985 may be eligible for assistance under the Defence HomeOwner Scheme which is administered by the Defence Housing Authority.

A DSH loan helps to buy or build a home, or to carry out modifications and repairs to an existing house. In certain circumstances, it can be used to finalise a right of residence for a home in a retirement village. The borrower must intend to live in the home. Neither the borrower nor his/her spouse can own another house.

DSH loans are available through Westpac Banking Corporation and the Challenge Bank in Western Australia. Under an agreement between the Commonwealth and Westpac, the Commonwealth subsidises the bank for low-interest loans it provides under the scheme. The maximum loan available under the DSH Scheme is \$25,000 repayable over 25 years. The maximum interest rate is capped at 6.85% per annum for the term of the loan and veterans are guaranteed at least an interest rate 1.5% below market rates.

DSH loans are portable from one home to another. Persons intending to do this should discuss it with the DSH National Processing Centre before moving to ensure that they take the right steps to preserve this entitlement.

DSH borrowers who are in financial hardship are eligible for a range of supplementary benefits including assistance with essential repairs and a reduction in DSH loan mortgage repayments.

The Commonwealth may cancel the interest subsidy on a DSH loan on the death of the last surviving partner of a 'veteran/spouse couple'. The bank may increase the interest rate, or terminate the loan and demand repayment in full.

Before entering into any contract, intending borrowers should contact the DSH National Processing Centre. This is to establish entitlement before any costs are incurred. For all subsidised loan inquiries, phone 1800 722 000 (a free call) or write to:

The Manager
DSH National Processing Centre
GPO Box 1987R
MELBOURNE VIC 3001

F1.2 DSH Building Insurance

An Australian veteran who is eligible under the *Defence Service Homes Act 1918*, the *Veterans' Entitlements Act 1986* or who has a Defence Home Owner loan can insure his/her house and contents with the DSH Insurance Scheme.

Building Insurance offers broad cover at competitive premium rates with an efficient claims service. Contents insurance, to complement the building cover, offers comprehensive benefits developed especially for the needs of veterans and service personnel. This cover is provided via an agreement with, and underwritten by, QBE Mercantile Mutual .

The aim of DSH Insurance is to provide advice to veterans on the importance of domestic insurance protection and home safety. To support this, DSHI offers

initiatives such access to home security products, such as night lights, first aid kits, smoke alarms and fire blankets. More recently DSHI established a 24-hour/7 day credit card payment facility for the convenience, security and safety of DSHI veterans.

For all domestic insurance inquiries, telephone 1300 552 662 (cost of a local call) or contact the nearest Office of the Department of Veterans' Affairs.

F.2 Defence Home Owner Scheme

The Defence Home Owner Scheme (DHOS) is a subsidised home loan assistance scheme. It is administered by the Defence Housing Authority (DHA) on behalf of the Department of Defence in conjunction with the National Australia Bank (the National).

For all Defence Service Homes subsidised loan enquiries, please phone 1800 722 000 (Free Call).

F2.1 Eligibility

The following persons are eligible to apply for assistance under the DHOS:

- Serving members of the ADF who first joined the ADF before 15 May 1985 and who revoked their entitlement under the Defence Services Homes (DSH) Scheme between 1 March and 2 September 1991.
- Serving members of the ADF who first joined the ADF on or after 15 May 1985 and who have either completed 5 years 6 months continuous full-time service or who have had Operational service (eg the Gulf) or Warlike service (eg Cambodia, Somalia or East Timor).
- Members of the Active Reserve or Emergency Forces who have an annual 'statutory training obligation', who do not have a DSH entitlement and who have completed nine continuous years of efficient service. Note: Full time and Reserve service may be combined to calculate the basic service period.

Whilst a member may complete the requisite service for a DHOS subsidy, it is not possible to take advantage of this subsidy unless the member also fulfils all of the normal lending criteria (including payment of appropriate fees) established by the National for a home loan. After this and, subject to other criteria such as first home (no ownership in other homes), and residence in the home etc., a member may be granted the DHOS subsidy.

Serving members may apply at any time after meeting the initial qualifying periods of service above. Former members of the ADF should apply within two years of the date of separation from the ADF. After this period a person's entitlement lapses; there is no discretion in this matter. That said, the two year limitation does not apply to eligible members who have Operational Service in the Middle East (Gulf) between 2 August 1990 and 9 June 1991.

F2.2 Other Conditions

The main conditions of the DHOS are:

- The National lending criteria must first be satisfied.
- At the time the subsidy commences, the person and/or spouse and children must live in the house.
- The person and/or spouse and/or children must not have more than 50% beneficial interest in any other property.
- The loan must be obtained with the title held solely by the eligible person, or as 'joint tenant' with the spouse only.

F2.3 Benefits

The benefits under the DHOS are:

- A subsidy on a loan of up to \$80,000 for the number of completed years served after the qualifying basic service period; the subsidy being 40% of the 'average monthly interest' of the loan over a 25-year repayment period;
- If transferred to a new location and the existing home is disposed of, the loan subsidy can be used on the next property provided all the normal conditions are met.
- Married or de facto couples who each have an entitlement may use their DHOS subsidies on the one property.
- The loan subsidy may be transferred to a new property once within two years following discharge from the ADF.
- The loan subsidy can be used for purchase of home, home extensions, renovations or permanent improvements, or to refinance another loan used for one of those reasons.

F2.4 Loan Subsidy Amount

The amount of the DHOS subsidy will vary each month. It is based on a 'benchmark interest rate' which is determined monthly. The 'benchmark interest rate' is the lesser of:

- a. the average of the prevailing variable housing loan interest rates of the five major banks; or
- b. the National's variable interest rate.

Note: While the National are providing an Introductory Interest Rate (also known as the Honeymoon Rate), this rate will be used as the Benchmark Rate for the first six months, or for the period publicly offered; after which the standard Benchmark Rate will apply.

The subsidy amount represents 40% of the average monthly interest payable over a 25 year term on the initial subsidised loan amount calculated using the 'benchmark interest rate' applicable each month. The 25 year term is used to calculate the subsidy amount irrespective of the term of the loan.

F2.5 Period of Subsidy Entitlement

The subsidy entitlement period is related to the member's length of service. The maximum subsidy entitlement period is 20 years in all cases except for Warlike Service which is 25 years. The subsidy period for eligible members is:

- Peacetime Service—Equal to the number of completed years of continuous effective service after five years service.
- Allotted Service in Operational Areas
 - Middle East (Gulf) between 2 August 1990 and 9 June 1991—minimum 16 years or the number of completed years of effective full-time service, whichever is the greater.
 - For members who served in Vietnam or Namibia and who revoked their DSHL entitlement—the number of completed years of effective full-time service.
- Allotted Warlike Service—Service in Cambodia, Somalia, East Timor and subsequent service declared to be Warlike—the number of completed years of effective full-time service plus between two and five additional years depending upon the length of the Warlike service.
- Reserve Service—Equal to the number of completed efficient years of service after the qualifying basic service period of eight continuous years' efficient Reserve Service.

F2.6 Distinction

Note the distinction between 'Operational Service' and 'Warlike Service' in respect of the DHOS.

F2.7 Enquiries

To find out more about the DHOS, eligibility and how to apply, you can visit the DHA Web Site at www.dha.gov.au/hom.htm or speak with DHA on 1800 802 763.

F.3 Home Maintenance Helpline

Information about the Home Maintenance Helpline can be found in the following Fact Sheet:

Home and Community—Home Maintenance HelplineHAC 03

This fact sheet describes how you can contact the Home Maintenance Helpline.

The Home Maintenance Helpline provides property maintenance advice and referral to reliable and efficient tradespeople where necessary. It can also arrange home inspections to identify current or possible future maintenance problems.

Note: This is a home maintenance and emergency helpline only. It cannot give financial or legal advice, nor is it able to answer questions about pensions or other Veterans' Affairs matters.

F.4 Rent Assistance

Rent Assistance information concerning can be found in the following Fact Sheet:

Renting and Rent Assistance.....IS 74; IS 75; IS 21; IS 22; DP 43

Rent assistance is a non-taxable allowance to help meet the cost of your rented accommodation.

Rent is an amount paid by a person on a regular basis for occupying a residence, and includes:

- rent for private rental accommodation;
- fees for a caravan site or to moor a boat;
- lodging;
- board and lodging;
- fees paid to a non-government funded residential care facility;
- fees paid for services in a self care retirement village; and
- site fees for relocatable homes.

You may also be eligible for rent assistance if you have sold your home and are paying rent while you wait to buy another.

You must pay a minimum amount of rent before you can be paid rent assistance.

F.5 Veterans' Home Care

Veterans' Home care is a program of home care services designed to help veterans, war widows and widowers with low level care needs enjoy a healthier lifestyle and remain living in their own homes longer.

If you are a Gold or White card holder you can be assessed for all home care services. Commonwealth and Allied veterans are only eligible for respite care for their accepted service-related disabilities. Partners and carers may receive in-home or emergency respite care if they are caring for an eligible veteran, war widow or widower. You must be assessed by your regional assessment agency to receive

services. Your Local Medical Officer or other health professional can refer you for assessment, or you can apply for an assessment by ringing your regional Veterans' Home Care agency on 1300 550 450.

You will be asked to pay a small co-payment for any services provided through Veterans' Home Care, except for respite care. The following services are available:

- Personal care
- Domestic assistance
- Home and garden maintenance (under certain circumstances); and
- Respite care (in-home and emergency respite and approval for residential respite).

Other services such as delivered meals, day centre respite care, community transport and social support are provided through separate arrangements with State and Territory governments. Separate payment arrangements apply to these services.

Phone: 1300 550 450 (Veterans' Home Care Agency)
 13 32 54 (General inquiries)
 1800 555 254 (non-metropolitan)
 1300 13 1945 (when calling an interstate office)
 1300 55 1918 (Local Veterans' Affairs Network offices)

Web site: www.dva.gov.au/health/homecare/mainvhc.htm

The following fact sheets provide further information about the Veterans' Home Care program:

About Veterans' Home Care HCS01

This fact sheet provides you with information about services available under the Veterans' Home Care program and eligibility for assessment for services.

Your Rights and Responsibilities HCS04

This fact sheet provides information to veterans and war widows/widowers about when, and how, to contact the Veterans' Home Care (VHC) Assessment Agency or the VHC Service Provider. It also outlines the rights and responsibilities of veterans and war widows/widowers receiving VHC services.

Waiver of Co-payments for Veterans' Home Care Services HCS05

This fact sheet provides information about the waiver of co-payments for Veterans' Home Care services.

Domestic Assistance HCS06

This fact sheet provides information for veterans and war widows/widowers about the domestic assistance service available under the Veterans' Home Care (VHC) program.

Home and Garden Maintenance..... HCS07

This fact sheet provides information for veterans and war widows/widowers about the home and garden maintenance service available under the Veterans' Home Care (VHC) program.

Personal Care HCS08

This fact sheet provides information for veterans and war widows/widowers about personal care services available under the Veterans' Home Care program.

F.6 HomeFront

HomeFront is a falls and accident prevention program of the Department of Veterans' Affairs. It provides eligible veterans and war widows with a free annual home assessment and financial assistance per calendar year towards the cost of recommended aids and minor home modifications that will reduce the risk of falls and accidents. HomeFront is available to DVA Gold and White Card holders.

On the request of an eligible veteran or war widow, the **HomeFront** assessor arranges a suitable time for home assessment to identify potential hazards in and around the home. The following list provides examples of the items the assessor would look for:

- hazardous cracks in outside paths
- the need for handrails in toilets/bathrooms and outside entrances
- the safety of steps
- the presence of loose steps or planks
- floors that are slippery
- the need for a light switch near the bed
- inadequate lighting
- loose or dangerous floor coverings.

A HomeFront assessor also assesses the need for home and community support and provides information about Departmental and other community support programs and services that will assist veterans and war widows to remain living in their own homes.

After the assessment, if recommendations are made for work to be done and the veteran or war widow is happy for this to proceed, a registered tradesperson will contact him/her to arrange a suitable time to provide a quote and carry out the work.

DVA makes a financial contribution up to \$163 towards the cost of the service. This payment is only available to an authorised **HomeFront** tradesperson and is made by DVA to the tradesperson on completion of the recommended work.

The recommended aids and appliances are generally low-cost items such as handrails or the provision of non-slip strips on steps. A person may choose to install more expensive items or a wider range of items as recommended by the assessor, in which case he/she will need to pay the difference between the full cost and DVA's \$163 contribution.

A HomeFront assessment can be arranged by telephoning **1800 80 1945**.

Housing and Accommodation..... HCS06

This fact sheet provides information for veterans and war widows/widowers about HomeFront, a Departmental falls and accident prevention program available under the HomeFront program.

Part G Grants Schemes

On behalf of the Federal Government DVA administers many different grant programs. These include:

- Commemorative Activities Program;
- Veterans' Local Support Group Grants;
- Building Excellence in Support and Training; and
- Veteran & Community Grants.

These grants programs provide funding to organisations to promote the well-being of the veteran community or to commemorate the service and sacrifice of Australian servicemen and women.

G.1 The Local Commemorative Activities Fund (LCAF)

Information concerning the Local Commemorative Activities Fund (LCAF) can be found in the following Fact Sheet:

Local Commemorative Activities Fund GS 14

This fact sheet describes how you can obtain funding under the Local Commemorative Activities Fund.

This scheme is part of the Federal Government's Their Service—Our Heritage commemorative program, which aims to recognise and acknowledge the sacrifice and service of Australia's veterans since Federation.

The LCAF is designed to provide funding assistance of up to \$2,000 for local commemorative projects which contribute to the general community's knowledge and understanding of veterans' war experiences and their contribution to the development of the Australian identity.

Applications considered for funding under the LCAF guidelines include:

- education initiatives designed to increase the level of public awareness of the contribution of veterans, particularly amongst school children;
- public awareness/information dissemination activities involving electronic and print media to promote commemorative events; promotion and publication of commemorative projects; unit and association histories etc
- commemoration of special anniversaries and significant reunions;
- preservation of significant memorabilia items; and

- to provide for local memorial activities, such as the restoration or dedication of unit plaques, honour boards, etc.

Those that can apply for grants are:

- any ex-service organisation;
- local Councils;
- other local community groups, such as Progress Associations or Historical Societies; and
- individuals, where their commemorative proposals are supported by the relevant local ex-service organisation.

Application forms can be obtained by contacting any Department of Veterans' Affairs (DVA) Office, or your local Federal Member of Parliament. When you have completed the application it should be lodged through the Deputy Commissioner at your local DVA office.

G.2 The Regional War Memorials Project (RWMP)

Information concerning the Regional War Memorials Project can be found from the following Fact Sheet:

Regional War Memorials Project..... GS 10

This fact sheet explains how you can obtain funding under the Regional War Memorials Project to commemorate the service and sacrifice of the veteran community.

This project is part of the Federal Government's *Their Service—Our Heritage* commemorative program. It exists to assist communities to repair or restore existing memorials, or to update existing memorials to include subsequent wars and conflicts. Where communities do not have a war memorial, funding may be provided to assist with the construction of a memorial.

The RWMP is designed to assist communities throughout Australia to have a war memorial which may serve as the commemorative focus of the community during remembrance services, such as Anzac Day, Remembrance Day, Long Tan Day etc. Funding of up to \$3,000 may be provided.

The RWMP recognises that community memorials are an integral part of Australian heritage and that it is important that the service and sacrifice of veterans is recognised and appreciated by present and future generations.

Projects that qualify include:

- Regional war memorials (not national or state memorials) include statues, monuments, obelisks, cairns, crosses, flagpoles and the like. However, memorial buildings such as schools, hospitals, town halls, swimming pools,

community centres, home units, bus shelters, council chambers and churches are not considered to be regional war memorials;

- War memorial plaques and tablets; and
- Honour boards or rolls.

Grants are generally not available for the enhancement or beautification of the surrounds of memorials, such as gardens, pathways, fences, sprinklers, lighting and the like.

Applications can be made by any ex-service organisation, community based organisations such as Progress Associations or Historical Societies, local Councils, or individuals who are supported by the relevant local ex-service organisation.

Application forms can be obtained by contacting any Department of Veterans' Affairs (DVA) Office, your local Federal Member of Parliament, or local Councils. When you have completed the application it should be lodged through the Deputy Commissioner at your local DVA Office.

G.3 Building Excellence in Support and Training (BEST)

Information concerning the Building Excellence in Support and Training can be found from the following Fact Sheet:

Building Excellence in Support and Training GS 11

This fact sheet explains the new Building Excellence in Support and Training (BEST) grant scheme and how funding will be available to assist veterans, widows and widowers achieve better results from the claim determination system.

The aim of BEST is to provide ex-service organisations (ESOs) with the necessary support and resources to improve the preparation of primary claims awaiting consideration by the Department and deal expeditiously with claims awaiting review by the Veterans' Review Board (VRB).

Funding under BEST will be provided for the:

- employment of new practitioners by ESOs;
- employment of practitioner administrative support staff;
- additional (leased) computers for ESOs;
- software license and transaction costs to enable electronic lodgement;
- development of further software tools for ESO practitioners to test claimant eligibility; and
- training of ESO practitioners in the use of claim investigation tools.

The BEST program links in closely with TIP. This enables greater integration between training and the provision of infrastructure. Organisations will be required to undertake the appropriate levels of TIP training, or an acceptable equivalent, prior to funds being granted. This will ensure that ESO practitioners are kept up to date with developments in the repatriation system and in the use of electronic tools.

Bona fide ex-service organisations that provide welfare and pension assistance to veterans and their eligible dependants can apply for funding under BEST. In regional areas where it is economically viable, the Department encourages ESOs to explore the option of creating a joint venture in one area.

Applications for funding for subsequent years must be lodged from 1 February to 15 March. Funding will be announced in late May for the next financial year.

If you need more information contact the BEST/TIP staff in any Department of Veterans' Affairs (DVA) office. A program guidelines booklet and application form are available to eligible ESOs.

G.4 Veteran and Community Grants

Information concerning Veteran and Community Grants can be found from the following Fact Sheet:

Veteran & Community Grants..... GS 12

This fact sheet provides information about Veteran & Community Grants and how to apply for funding.

Veteran & Community Grants provide funding for projects that support a healthy, quality lifestyle for members of the veteran community and assist them to remain living in their own homes.

These grants offer financial assistance for projects that address identified needs in the veteran community and meet the following objectives:

- promote and enhance healthy lifestyles, particularly physical activity and mental well being
- support quality independent living at home
- encourage involvement in community activities
- reduce social isolation
- encourage supportive and safe communities
- address gaps in local services
- support carers

The purpose of the grants is to provide seeding funds for the development of projects that will become financially viable and sustainable, or for one-off projects that have an ongoing health benefit for members of the veteran community. They are not available for recurrent funding ie ongoing financial assistance.

To be eligible applicants must;

- be an ex-service organisation, veteran representative group or community based organisation, and
- demonstrate the ability to contribute to the welfare of members of the veteran community through the proposed project.

There are three funding rounds each year and applications must be lodged with the relevant DVA Office. Application forms are available from Community Advisers at Veterans' Affairs Network (VAN) offices or DVA Offices.

For further information, contact your

- local VAN office on 1300 55 1918
- DVA Office on 1300 550 465, or

visit the DVA web site at www.dva.gov.au/health/grants

Part H Planning Ahead Bereavement Assistance Information Package

H.1 Planning Ahead—A Guide to Putting Your Affairs in Order

Planning Ahead—A guide to putting your affairs in order is an information package available from the Department of Veterans' Affairs. The package includes information on wills, powers of attorney, funerals, financial planning, bereavement and pension payments, housing options, things to consider in the event of a death and important checklists.

It also contains information on services available from the Department of Veterans' Affairs and the wider community and how to access them.

Part I Respite Care

Information about Respite Care can be found in the following Fact Sheets:

Aged Care—Respite Care HSV06

This fact sheet contains information on respite care services available to the veteran community.

Many veterans have carers and family members who assist them to continue to live independently by providing care on a regular basis. Respite care may be provided in a residential facility, such as a low level care facility or nursing home, or at home. Respite care means that a veteran can continue to receive the care they need while their carer takes a break.

I.1 Special Provisions for Veterans in Residential Care

Information about special provisions for veterans in residential care can be found in the following Fact Sheet:

Aged Care—Care in Nursing Homes & Hostels—An Overview..... HSV05

This fact sheet provides an overview of residential aged care services available to the veteran community.

Veterans and war widow(er)s are covered by the Australian Government funded aged care system administered by the Department of Health and Ageing. However,

- Department of Veterans' Affairs (DVA) disability pension, as compensation for service related injuries, has been exempted from income testing of daily fees for service pensioners and self-funded retirees with qualifying service.
- the Government pays the daily care fee for former prisoners of war receiving high level (nursing home) care and exempts them from income testing. These arrangements will apply to former POWs in low level care from January 2005.
- repatriation health care benefits are maintained for entitled veterans and war widow(er)s in residential aged care.

You can get more information about residential aged care, by phoning the Department of Health & Ageing hotline on free call 1800 500 853.

Part J Treatment—Repatriation Health Cards

J.1 Gold Card

Information concerning Repatriation Health Card—For all conditions (Gold Card) can be found in the following Fact Sheet

Repatriation Health Card—For All Conditions (Gold) HSV60

This fact sheet describes the health care you can access with your Repatriation Health Card—For All Conditions (Gold Card).

The Gold Card enables entitled members of the veteran community to obtain health care and related services for all their identified health care needs, whether they are war-caused or not.

A Gold Card is issued to those who:

- are ex-prisoners of war;
- receive a disability pension at or above 100% of the general rate;
- receive a disability pension at or above 50% of the general rate *and* also receive any amount of service pension;
- receive a disability pension including an additional amount under section 27 of the Veterans' Entitlements Act 1986 for specific service-related amputations or blindness in one eye;
- receive a service pension and satisfy the treatments benefits eligibility income and assets test;
- receive a service pension and are permanently blind in both eyes;
- received a disability pension for pulmonary tuberculosis before 2 November 1978;
- served in World War 1;
- are returned ex-servicewomen of World War 2, that is, who served in Australia's Defence Forces between 3 September 1939 and 29 October 1945 and who have qualifying service from that conflict and are 70 years of age or over;
- are World War 2 veterans who served in Australia's Defence Forces and mariners who served in Australia's merchant navy, between 3 September 1939

and 29 October 1945, who are aged 70 years or over, and have qualifying service from that conflict; or

- are veterans of Australia's Defence force who have qualifying/warlike service from any post world War II conflict in which Australia was involved and who are 70 years of age or more.

Some veterans of Commonwealth or Allied forces are eligible for a Gold Card if they are:

- veterans who served with a Commonwealth or Allied force during World War 2 and
- who were domiciled in Australia immediately prior to enlistment in the Commonwealth or Allied force;
- mariners who served on a Commonwealth or Allied ship during World War 2, if they or their dependants were residing in Australia for at least 12 months immediately prior to the commencement of their service on that ship.

Certain dependants are also eligible for a Gold Card:

- a war widow or widower and dependent children under 16 of a deceased veteran whose death has been accepted as war-caused;
- a child of a deceased veteran whose death was not war-caused and who had operational service, if the child is not being cared for by the remaining parent;
- a dependent child, between the ages of 16 and 25, of a deceased veteran whose death has been accepted as war-caused, and the child is undergoing full-time education recognised by the Veterans' Children Education Scheme;
- an invalid child of a deceased veteran whose death has been accepted as war caused, who had treatment entitlement before 6 June 1985;
- a widowed mother or widowed step-mother who was dependent on an unmarried deceased veteran whose death has been accepted as war-caused, who had treatment entitlement before 6 June 1985.

J.2 White Card

Information concerning Repatriation Health Card—For Specific Conditions (White Card) can be found in the following Fact Sheet:

Repatriation Health Card—For Specific Conditions (White) HSV61

This fact sheet describes the health care you can access with your Repatriation Health Card—For Specific Conditions (White Card)

The White Card enables entitled members of the veteran community to obtain health care and related services for accepted war-caused injuries or diseases, and also for non

war-caused malignant cancer, pulmonary tuberculosis or post traumatic stress disorder (PTSD). All veterans are issued with a White card for the treatment of anxiety and/or depression.

A White Card is issued to Australian veterans or mariners with:

- an accepted war or service caused injury or disease;
- malignant cancer (neoplasia) whether war caused or not;
- pulmonary tuberculosis whether war-caused or not;
- post traumatic stress disorder whether war-caused or not;
- anxiety disorder whether war caused or not; and
- depression whether war caused or not.

Treatment benefits for malignant cancer (neoplasia), pulmonary tuberculosis, post traumatic stress disorder, anxiety disorder and depression will be granted to Australian veterans if DVA is provided with a confirmed diagnosis from a suitably qualified medical practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

White Card is also issued to ex-service personnel who are eligible for treatment under agreements between the Australian Government and New Zealand, Canada, South Africa and the United Kingdom for disabilities accepted as war-caused by their country of origin.

Note: Services available to these veterans may be different from those available to Australian veterans.

J.3 Orange Card

Information on the Repatriation Pharmaceutical Benefits Scheme Card (Orange Card) can be found in the following Fact Sheet:

Repatriation Pharmaceutical Benefits Card (Orange Card)..... HSV 69

An Orange Card is issued to British Commonwealth and Allied veterans and mariners who:

- have qualifying service from World War I or World War II;
- are aged 70 years or over; and
- have been resident in Australia for 10 years or more.

The Orange Card allows holders to access the full range of pharmaceuticals and dressing on the RPBS. It is not a treatment card, that is, it does not allow card holders access to health care at no cost to themselves.

Part K Treatment and Transport Services

Information about different treatment services available can be found in the following Fact Sheets:

K.1 Chiropractic and Osteopathic

Chiropractic and Osteopathic Services HSV15

This fact sheet describes how you can access chiropractic or osteopathic services for the treatment of musculo-skeletal conditions, if your doctor thinks it necessary.

Chiropractors treat musculo-skeletal dysfunction. Treatment can include spinal manipulation and corrective exercises.

Osteopaths treat the musculo-skeletal system of the body. Treatment includes manual techniques to alleviate stresses and improve the body's function.

The number of services you receive depends on your clinical need and you must be referred by:

- a Local Medical Officer (LMO);
- a General Practitioner;
- a medical specialist;
- a treating doctor in hospital;
- a hospital discharge planner, after consultation with your LMO; or
- another chiropractor or osteopath who has previously received a referral.

K.2 Community Nursing Services

Community Nursing Services HSV16

This fact sheet describes how you can access community nursing services if your doctor thinks it necessary.

Community nursing is the provision of nursing services to eligible members of the veteran community, in their own home to meet a clinical and/or personal care need. The Department contracts with community nursing providers to deliver these services. To receive personal care services from a community nursing provider, an eligible veteran's need for these services must be greater than 1.5 hours per week. If the need is less than that, and the eligible veteran does not require any nursing services to meet

a clinical need, the personal care services may be delivered under the Veterans' Home Care (VHC) program.

Your doctor, treating doctor in hospital, a hospital discharge planner or a Veterans' Home Care (VHC) assessment agency can arrange for you to receive an assessment for community nursing care from a contracted community nursing provider.

If you have a Gold Card, the Department of Veterans' Affairs (DVA) will pay for all community nursing services that you require to meet an assessed clinical and/or personal care need.

If you have a White Card, DVA will pay for the community nursing services that you are assessed as requiring which are associated with:

- an accepted disability; and/or
- malignant cancer, pulmonary tuberculosis or post traumatic stress disorder, anxiety disorder and depression, if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical practitioner. Treatment for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

K.3 Dental Services

Dental Services HSV17

This fact sheet describes how you can access dental services.

Dental services involve the prevention and treatment of oral disease and include general dental services, the filling and crowning of teeth and the construction of dentures.

Under the Local Dental Officer (LDO) Scheme registered dental practitioners apply to become an LDO and agree to provide a range of dental services to beneficiaries who are eligible to receive dental treatment under Repatriation Commission health care arrangements.

If you are a *Repatriation Health Card—For all conditions (Gold Card)* holder and you have a clinical need, the Department of Veterans' Affairs (DVA) will pay for most dental services, such as fillings, dentures and examinations, at no cost to eligible veterans under the Local Dental Officers (LDO) Scheme. Some items, however, are subject to an annual monetary limit or prior approval arrangements.

If you have *Repatriation Health Card—For specific conditions (White Card)*, DVA will pay for relevant dental services under the Local Dental Officers (LDO) Scheme if you are an eligible beneficiary with a relevant dental accepted disability who is receiving dental treatment related to accepted war-caused disabilities or malignant neoplasia involving oral tissues. Prior approval is required.

You can make an appointment with your dentist to receive dental treatment without a referral from your doctor.

You may also make an appointment with a dental prosthetist without referral from your doctor or dentist.

The number of services you can have is dependent on your clinical circumstances and eligibility. For example, you can receive new full or partial dentures every eight years if clinically necessary. However, an annual monetary limit applies, to some services, for example, bridges and crowns.

K.4 Local Medical Officer Services

Local Medical Officer Services..... HSV 80

This fact sheet describes how you can access medical services from your Local Medical Officer (LMO).

An LMO, commonly known as a family doctor or General Practitioner, provides medical care to eligible members of the veteran community under an agreement with the Department of Veterans' Affairs (DVA).

You can contact your LMO to receive medical treatment. Please ensure that you take your Gold or White Card when you visit your LMO, and present your card at your appointment.

If you have a *Repatriation Health Card—For all conditions (Gold Card)*, DVA will pay for medical services available through DVA arrangements that meet your clinical needs.

If you have a *Repatriation Health Card—For specific conditions (White Card)*, DVA will pay for medical services that are required because of:

- an accepted disability; and/or
- malignant cancer, pulmonary tuberculosis, posttraumatic stress disorder, anxiety disorder or depression if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical practitioner. Treatment for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

If your doctor is registered with DVA under the Repatriation Comprehensive Care Scheme, they will:

- provide necessary prescriptions and referrals
- conduct regular reviews of your medication and treatment
- coordinate all your health services

- prepare a health care plan, health assessment or case conference for you under certain conditions; and
- in some cases, perform acupuncture.

Generally, the only medical services that an LMO may arrange or provide for you are those listed on the Medicare Benefits Schedule, but exceptions can be made in special circumstances.

If you require further treatment your LMO may refer you to a number of other practitioners. Your LMO will bill DVA direct for any care provided to you.

K.5 Optometrical Services

Optometrical Services and Supplies HSV18

This fact sheet describes how you can access optometrical services.

Optometrical services include clinically testing the eyes for defective vision in order to supply suitable spectacles, contact lenses, or low vision aids to entitled veterans.

If you have a *Repatriation Health Card—For all conditions (Gold Card)*, the Department of Veterans' Affairs (DVA) will pay for your optometrical services if your doctor states that you have a clinical need.

If you have a *Repatriation Health Card—For specific conditions (White Card)*, DVA will pay for optometrical services if you have a clinical need and the services are to treat:

- an accepted disability, and/or
- or malignant cancer, pulmonary tuberculosis or post traumatic stress disorder, anxiety disorder or depression if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

You can make an appointment direct with your optometrist without a referral.

Spectacles, contact lenses and low vision aids will only be dispensed by optometrists or optical dispensers who have agreed to supply under DVA arrangements.

In a two year period you may only receive one initial and one subsequent consultation unless there is a clinical need. In a two year period you may receive:

- one pair of spectacles with either bifocal, trifocal or progressive power lenses;
or
- one pair of reading and one pair of distance spectacles.

Note: Eligible veterans may have their lenses replaced within the twoyear period if they have undergone a significant change in visual function (eg. a change in refraction) or a change in their clinical condition. Where possible, the new lenses should be fitted to the veteran’s existing spectacle frames.

K.6 Oxygen

Oxygen HSV24

This fact sheet describes how you can access oxygen supplies if your specialist thinks it necessary.

If your doctor considers you require oxygen, he or she will need to refer you to the appropriate specialist, eg Thoracic Physician, unless you are in a remote area where access to such a specialist is not practical.

Your Thoracic Physician, Cardiologist, Physician, or Oncologist can arrange for you to receive oxygen in your home, if it is medically necessary. The need for oxygen is based on the amount of oxygen in your blood and is determined in line with the Guidelines published by the Thoracic Society of Australia and New Zealand.

If your requirements meet the Thoracic Society Guidelines, and you are eligible to be treated at Departmental expense, then your prescribing physician will arrange with a DVA contracted oxygen supplier to provide you with home medical oxygen under the RAP Scheme for as long as the clinical need for treatment exists.

If your requirements do not meet the Thoracic Society Guidelines, and you are eligible to be treated at Departmental expense, your prescription will be forwarded to DVA where our Department Medical Advisers will review the prescription and discuss a course of action with your prescribing physician.

K.7 Physiotherapy Services

Physiotherapy Services..... HSV19

This fact sheet describes how you can access physiotherapy services if your doctor thinks it clinically necessary.

Physiotherapists treat physical, respiratory and neurological conditions using techniques such as massage, manipulation and exercise.

If you have a *Repatriation Health Card—For All Conditions (Gold Card)*, the Department of Veterans’ Affairs (DVA) will pay for your physiotherapy services, upon referral, to meet a clinical need.

If you have a *Repatriation Health Card—For Specific Conditions (White Card)*, DVA will pay for your physiotherapy services, upon referral, to meet a clinical need that is the result of:

- an accepted disability, and/or

- malignant cancer, pulmonary tuberculosis, post traumatic stress disorder, anxiety disorder depression, if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as causally related to eligible VEA service.

You must be referred to a physiotherapist who is registered with DVA. The referral must come from one of the following:

- a Local Medical Officer (LMO);
- a General Practitioner;
- a medical specialist;
- a treating doctor in hospital;
- a hospital discharge planner; or
- another physiotherapist who has previously received a referral.

The number of services you receive depends on your clinical need.

K.8 Podiatry and Footwear Services

Podiatry and Footwear Services HSV20

This fact sheet describes how you can access podiatry and footwear services if your doctor thinks it necessary.

Podiatry services include diagnosis, routine maintenance, some soft tissue surgery and physical therapy on your feet.

Treatment may also include the prescription of medical grade footwear, footwear modifications and orthotics.

If you have a *Repatriation Health Card—For All Conditions (Gold Card)*, the Department of Veterans' Affairs (DVA) will pay for all your podiatry services if you have a clinical need.

If you have *Repatriation Health Card—For Specific Conditions (White Card)*, DVA will pay for podiatry services if you have a clinical need and services are required to treat:

- an accepted disability, and/or
- malignant cancer, pulmonary tuberculosis, post traumatic stress disorder, anxiety or depression, if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical

practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as causally related to eligible VEA service.

There are a number of people who can arrange for you to receive podiatry and footwear services if you need them. These people are:

- your Local Medical Officer;
- a General Practitioner;
- a medical specialist;
- a hospital discharge planner;
- a treating doctor in a hospital; or
- another podiatrist.

Before you may receive orthoses, you must first be referred to an orthotist by a podiatrist or a medical specialist.

The number of services you receive depends on your clinical need.

If medical grade footwear is prescribed you may be entitled to two pairs of shoes at DVA expense. If you live in a rural or remote area that is 100 kilometres from the nearest footwear prescribing podiatrist you may be issued with three pairs of shoes.

K.9 Rehabilitation Appliance Program

Rehabilitation Appliance Program HSV 107

This fact sheet describes how you can access aids and appliances through the Rehabilitation Appliances Program (RAP).

The Rehabilitation Appliances Program (RAP) assists eligible veterans, war widow(er)s and dependants to be as independent and self reliant as possible. Quality aids and appliances may help minimise the impact of disabilities and assist individuals to care for themselves and to undertake daily activities.

The program provides safe and appropriate equipment:

- according to assessed clinical need;
- in an efficient and timely manner; and
- as a part of the overall management of an individual's health care.

If you have a *Repatriation Health Card—For all conditions (Gold Card)*, you may be able to obtain aids and appliances where your clinical condition warrants it.

If you have a *Repatriation Health Card—For specific conditions (White Card)*, you may be able to obtain aids and appliances where your clinical condition warrants it for:

- an accepted disability, and/or
- malignant cancer, pulmonary tuberculosis, post traumatic stress disorder, anxiety disorder or depression, if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirming diagnosis from a suitably qualified medical practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

Note: Veterans from Allied countries are only eligible for treatment of accepted disabilities and will be limited to the arrangements that apply to the supply of equipment or home modifications in their former country.

Your need must be assessed by:

- your doctor; or
- a health professional, e.g. Occupational Therapist.

If it is clinically necessary a prescription is written for the appropriate rehabilitation appliance.

Note: Standard household equipment or normal domestic requirements will not be supplied.

K.10 Repatriation Pharmaceutical Benefits Scheme

Repatriation Pharmaceutical Benefits Scheme HSV 92

This fact sheet describes who can access concessional pharmaceutical under the Repatriation Pharmaceutical Benefits Scheme.

The Repatriation Pharmaceutical Benefits Scheme (RPBS) provides a wide range of pharmaceuticals for the treatment of eligible veterans, war widow(er)s and dependants.

If you have a *Repatriation Health Card—For all conditions (Gold Card)* you can obtain medicines, dressings and other listed items under the RPBS for all your medical conditions.

If you have a *Repatriation Health Card—For specific conditions (White Card)* you can obtain appropriate items under the RPBS for your accepted disabilities. If you are an Australian veteran you are also covered for malignant cancer, pulmonary tuberculosis, post traumatic stress disorder, anxiety disorder and depression if DVA has granted treatment benefits for these conditions. Treatment benefits will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical

practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

Medicines for the treatment of your other conditions are available under the Pharmaceutical Benefit Scheme (PBS).

Your doctor does not need the Department of Veterans' Affairs (DVA) prior authorisation to prescribe a large range of Scheduled pharmaceuticals listed in the Schedule of Pharmaceuticals Benefits. However, your doctor will need prior authorisation from DVA to prescribe:

- medicines, dressings and other items listed as requiring prior authorisation under both the RPBS or PBS;
- greater quantities and/or repeats of RPBS/PBS listed medicines, dressings or other items;
- medicines, dressings or other items not listed under either the RPBS or the PBS.

K.11 Repatriation Private Patient Scheme

Repatriation Private Patient Scheme..... HSV 76

This fact sheet describes how you can access hospital services under the Repatriation Private Patient Scheme

The Repatriation Private Patient Scheme (RPPS) provides acute hospital care for veterans or war widows(er)s in local facilities. Under the Scheme, a veteran or war widow(er) may be admitted directly to a local public hospital, former Repatriation Hospital (RH) or a contracted Private Tier 1 Veteran Partnering (VP) hospital, as a private patient, in a shared ward, with the doctor of his or her choice.

In short, the RPPS has an order of preference for hospital admissions according to three Tiers:

- Tier 1—all public hospitals, all former Repatriation Hospitals and VP private hospital;
- Tier 2—contracted non-VP private hospitals; and
- Tier 3—non-contracted private hospitals.

Financial responsibility for hospital and medical treatment in a public hospital, a former RH or a VP private hospital is accepted by the Department with no cost to the patient. Should a veteran require hospital care, the treating doctor would be able to arrange treatment for at an appropriate local facility.

Whilst the aim of the RPPS is to use public hospitals, former RHs or VP private hospitals wherever possible, the Scheme also provides a safety net of contracted non-VP private hospitals and day surgery centres.

If an admission to a Tier 1 hospital cannot be arranged within a reasonable time, the treating doctor may obtain financial authorisation from the Department for admission to a Tier 2 private hospital. The decision is made on the grounds of medical need after the circumstances of the individual case have been considered.

In the unlikely event that a bed is not available in a Tier 1 or Tier 2 hospital, authorisation may be given for an admission to a Tier 3 private hospital.

If you have a Repatriation Health Card—For All Conditions (*Gold Card*) DVA will pay for treatment in hospital for:

- treatment in hospital for all your medical conditions; and
- all hospital and medical fees (non-medical expenses, eg phones, TV, newspapers and so on, may not be included).

If you have a Repatriation Health Card—For Specific Conditions (*White Card*) DVA will pay for:

- all hospital and medical treatment for your war or service-caused accepted disabilities (non-medical expenses, eg phones, TV, newspapers and so on, may not be included); and/or
- treatment for malignant cancer, pulmonary tuberculosis post traumatic stress disorder, anxiety disorder and depression if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

If you are a veteran from the United Kingdom, New Zealand, Canada or South Africa your doctor or specialist will need to obtain prior financial authorisation from DVA before admitting you to hospital.

K.12 Repatriation Transport Scheme

K12.1 Ambulance

Ambulance **HSV 120**

This fact sheet describes how you can access ambulance services.

If you have a *Repatriation Health Card—For All Conditions (Gold Card)* you are eligible for assistance towards travel expenses that you incur for the treatment of all health conditions.

If you have a *Repatriation Health Card—For Specific Conditions (White Card)* you are eligible for assistance towards travel expenses that you incur for the treatment of:

- an accepted disability and/or

- malignant cancer, pulmonary tuberculosis, post traumatic stress disorder, anxiety disorder or depression, if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

In an emergency, all veterans are eligible for ambulance travel to the closest hospital. DVA defines emergency as a situation where a patient requires immediate treatment in circumstances where there is serious threat to life or health. If there is a medical emergency and a Local Medical Officer (LMO) is not available, you or someone on your behalf may order ambulance transport.

An LMO can arrange ambulance transport for you in accordance with State or Territory health and ambulance authority guidelines. In some States, where travel is not for an emergency, the LMO may be required to seek financial authorisation from DVA before travel is undertaken.

DVA will normally give financial authorisation for non-emergency ambulance travel if you:

- require transport on a stretcher;
- require treatment whilst in the ambulance;
- are grossly disfigured; or
- are incontinent to a degree that precludes the use of other forms of transport.

K12.2 Community Transport

Community Transport HSV 123

This fact sheet describes how you can access community transport services that may be available in your community.

Community transport is often provided by volunteers who drive frail, aged and disabled citizens of the community when they cannot do this for themselves, eg for transport to doctors or to social events. Volunteers usually work through community transport groups including Home and Community Care (HACC), local councils, Lions, Rotary or other service clubs and some ex-service organisations.

You or your health provider will need to contact the local council, or Health and Community Centre, or the Repatriation Transport Unit in the nearest DVA office to see if community transport is available in your area.

K12.3 Meal and Accommodation Allowance

Meal and Accommodation Allowances HSV 122

This fact sheet outlines the meal and accommodation allowances you may receive under the Repatriation Transport Scheme.

Please note that no dollar amounts have been included in this information. You should refer to the above Fact Sheet or ring DVA for current rates.

If you have a *Repatriation Health Card—For All Conditions (Gold Card)* you are eligible for assistance towards travel expenses for the treatment of all health conditions.

If you have a *Repatriation Health Card—For Specific Conditions (White Card)* you are eligible for assistance towards travel expenses for the treatment of

- an accepted disability, and/or
- malignant cancer, pulmonary tuberculosis and post traumatic stress disorder, anxiety disorder or depression, if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

A meal allowance may be paid if you need to travel for treatment to a health care facility. There are two different rates based on the distance of the facility from your home. You should refer to the above Fact Sheet for the current rates.

Accommodation allowances may be paid if you need to stay away from home for one or more nights while visiting a health provider. A combined accommodation and meal allowance is payable at three different rates depending on where you stay. These allowances are based on the following circumstances :

- commercial accommodation and meal allowance (for hotels, motels or apartments):
 - capital city—single rate or a double per night for shared accommodation with an authorised attendant; or
 - location other than capital city—single rate or a double rate per night for shared accommodation with an authorised attendant.
- subsidised accommodation and meal allowance (for special housing, hostel or special hospital units)
- private accommodation and meal allowance (if staying with family or friends).

Note: The above rates are combined payments for accommodation and meals. Veterans may also be eligible for a meal allowance for travel home on the day immediately following the last night's stay, or for the day of travel to or from a hospital admission, depending on the distance travelled.

Receipts must be provided for:

- commercial accommodation; and
- subsidised accommodation.

Receipts are not required for:

- meals;
- when DVA pays the accommodation provider direct; and
- when the veteran stays in private accommodation

for assistance towards travel expenses for the treatment of all health conditions.

K12.4 Private Motor Vehicle, Bus, Train, Tram, Ferry Travel and Parking Expenses

Under the Repatriation Transport Scheme, DVA may pay travelling expenses for a veteran to attend a health provider that is the closest practicable to their home.

Veterans must travel by the most economical and suitable means of transport available at the time.

If a veteran obtains treatment from a health provider who is more than 50 kilometres from the veteran's home and is not the closest practicable health provider, DVA will pay travelling expenses only for the first 50 kilometres return (ie, 100 kilometres round trip) travelled for that visit.

Private Car, Bus, Train, Tram and Ferry Travel..... HSV 124

This fact sheet describes how you can access private car, bus, train, tram and ferry services through the Repatriation Transport Scheme.

If you have a *Repatriation Health Card—For All Conditions (Gold Card)* you are eligible for assistance towards travel expenses that you incur for the treatment of all health conditions.

If you have a *Repatriation Health Card—For Specific Conditions (White Card)* you are eligible for assistance towards travel expenses that you incur for the treatment of:

- an accepted disability, and/or
- malignant cancer, pulmonary tuberculosis and post traumatic stress disorder, anxiety disorder or depression, if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitable qualified medical practitioner. Treatment benefits are granted whether or not they have been accepted as being causally related to eligible VEA service.

If you incur transportation expenses when you travel by private motor vehicle, bus, train, tram or ferry, or any combination of these, you may receive payment based on the distance that would be travelled by taking the most direct road route from your home to the health provider, multiplied by 25.3 cents per kilometre.

DVA may also meet some parking expenses when the total is greater than \$50 in the six month period from 1 January to 30 June or 1 July to 31 December in any year. DVA will reimburse the balance above \$50 in each period.

DVA will keep a record of parking expense receipts lodged with claims and when these reach the \$50 threshold in a six-month period, you will automatically be reimbursed for any further parking expenses during that period.

Receipts must be provided for:

- all parking expenses incurred.

Receipts are not required for travel by:

- private motor vehicle;
- bus, train, tram or ferry; or
- transport paid directly by DVA.

K12.5 Taxi, Booked Car with Driver and Air Travel

Taxi, Booked Car with Driver and Air Travel..... HSV 125

This fact sheet describes how you may, under the Repatriation Transport Scheme, be able to make use of taxi, air and booked car with driver transport when you visit a health provider.

If you have a Repatriation Health Card—For All Conditions (*Gold Card*) you are eligible for assistance towards travel expenses that you incur for the treatment of all health conditions.

If you have a Repatriation Health Card—For Specific Conditions (*White Card*) you are eligible for assistance towards travel expenses that you incur for the treatment of:

- an accepted disability, and/or
- malignant cancer, pulmonary tuberculosis and posttraumatic stress disorder , anxiety disorder or depression, if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a confirmed diagnosis from a suitably qualified medical practitioner. Treatment for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

Travel by taxi

You may travel by taxi for treatment purposes only if your health provider certifies that you cannot use public transport or a private vehicle due to certain medical conditions.

Reimbursement of your taxi fares may only be made if your health provider certifies on the 'Claim for Travelling Expenses' form that this type of transport was medically required. Without this certification, you will only be paid at the prevailing private transport rate per kilometre at the time of travel, for the distance travelled.

Booked Car with Driver

Where your health provider certifies that it is medically essential that you travel by taxi, DVA *may* provide a booked car with driver for travel to:

- a former Repatriation General Hospital;
- providers of prosthetics, surgical footwear and orthotics;
- Office of Hearing Services accredited providers;
- admission to the nearest suitable hospital; *or*
- specialised treatment not readily available in the community.

A Booked Car with Driver transport can be arranged by contacting the Repatriation Transport Unit in the appropriate DVA office.

Note: Authorisation for reimbursement of taxi expenses or provision of a Booked Car with Driver on one occasion does not necessarily mean that DVA will approve any future requests as this will depend on your medical condition at the time of travel.

Air transport

DVA may authorise air transport in certain circumstances where this is considered the most suitable means of transport. This will depend on your medical condition and/or the availability and cost of other transport. Your health provider must contact the Department so that arrangements can be made. Please contact the Repatriation Transport Unit in the nearest DVA office for further details.

K12.6 Travel with an Authorised Attendant**Travel with an Attendant..... HSV 121**

This fact sheet outlines what expenses you may claim under the Repatriation Transport Scheme for an authorised attendant to accompany you when visiting a health provider .

If you have a *Repatriation Health Card—For All Conditions (Gold Card)* you are eligible for assistance towards travel expenses that you incur for the treatment of all health conditions.

If you have a *Repatriation Health Card—For Specific Conditions (White Card)* you are eligible for assistance towards travel expenses that you incur for the treatment of:

- an accepted disability, and/or
- malignant cancer, pulmonary tuberculosis and post traumatic stress disorder, anxiety disorder or depression, if DVA has granted treatment benefits for these conditions. Treatment benefits for these conditions will be granted if DVA is provided with a suitably qualified medical practitioner. Treatment benefits for these conditions are granted whether or not they have been accepted as being causally related to eligible VEA service.

If you need assistance because of your medical condition when travelling for treatment, a health provider may approve an authorised attendant to accompany you.

An authorised attendant may accompany you travelling by any form of transport except ambulance. Your authorised attendant is entitled to the same meal and accommodation allowances as you. The allowance is paid to you.

Part L Veterans' Affairs Network (VAN)

Through working in and with local communities, the Veterans' Affairs Network (VAN) assists veteran communities in accessing services and information for an independent and secure lifestyle. Members of the Veterans' Affairs Network work with the veteran community to develop services to address identified gaps in local areas.

VAN will:

- answer queries about entitlements and the Department's services;
- inform clients of the services available in their community;
- assist in developing services in local communities;
- educate service providers about the Department of Veterans' Affairs;
- work with local service providers to give veterans and war widow(er)s access to appropriate services;
- work with veterans, war widow(er)s and ESOs to develop programs to meet their lifestyle and health needs;
- represent and work with other Departmental services to ensure veterans and war widow(er)s receives effective and efficient Departmental services (eg Veterans' Health Week, Health Advisers, Joint Ventures, etc).

VAN offices have been set up around Australia. Capital city offices will be operated from existing Branch Offices with outposted offices located in areas where there are large veteran communities. VAN Offices are located in:

ACT	Canberra
NSW	Gosford, Lismore, Newcastle, Parramatta, Sydney and Wollongong
NT	Darwin
QLD	Gold Coast, Maroochydore, Toowoomba, Townsville and Tweed Heads
SA	Adelaide
VIC	Bairnsdale, Ballarat, Bendigo, Frankston, Geelong, Melbourne, Mildura, Morwell, Warrnambool and Wodonga
WA	Perth
TAS	Hobart

Information about DVA services is also available under contracted arrangements at the following locations:

Retirement Service Centre	Camberwell, Chatswood, Launceston
Centrelink Centres	Bega, Cairns, Coffs Harbour, Dubbo, Gladstone, Mackay, Orange, Port Macquarie, Mount Gambier, Rockhampton, Roma, Tamworth, Thursday Island, Wagga Wagga
Contracted Agents	
Queensland	Babinda, Barcaldine, Beaudesert, Biloela, Birdsville, Blackall, Boonah, Boulia, Cannonvale, Clermont, Collinsville, Cooktown, Crows Nest, Croydon, Cunnamulla, Dirranbandi, Eidsvold, Emerald, Georgetown, Gilgandra, Grenfell, Herberton, Hughenden, Inglewood, Isisford, Julia Creek, Jundah, Kilkivan, Laidley, Malanda, Miles, Mirani, Mitchell, Monto, Moranbah, Mount Garnet, Moura, Mundubbera, Murgon, Normanton, Oberon, Ravenshoe, Richmond, Roma, Sarina, Springsure, St George, Stanthorpe, Stradbroke Island, Texas, Thargomindah, Wandoan, Weipa, Windorah, Winton, Yeppoon.
South Australia	Coonalpyn, Karoonda, Lameroo, Melrose, Pinnaroo, and Tintinara
Tasmania	Beaconsfield, Burnie, Campbell Town, Currie, Deloraine, Devonport, Georgetown, Glenorchy, Hobart, Huonville, Launceston, Longford, New Norfolk, Oatlands, Queenstown, Scottsdale, Sheffield, Smithton, Sorell, St Helens, Triabunna, Ulverstone, Whitemark.

For more information on VAN or any of the contracted services please contact your local office of the Department of Veterans' Affairs

Part M War Graves

For more information on War Graves can be found in the following Fact Sheets:

What does OAWG Do WG01

This fact sheet describes the services provided by the Office of Australian War Graves.

How to Obtain a Memorial WG02

This fact sheet explains the process of how a war grave memorial is provided.

Post War Official Commemoration WG03

This fact sheet describes the types of memorials available through the Office of Australian War Graves for veterans who are eligible for post war official commemoration.

The major task of the Office of Australian War Graves is the official commemoration of eligible veterans whose post-war deaths are related to their war service.

The Office places commemorations in cemeteries, crematoria and Gardens of Remembrance, and maintains these commemorations.

The commemorations take the form of one of the following:

- a full grave cover, headstone and plaque in a civil monumental cemetery;
- a headstone and plaque in a civil lawn cemetery;
- a niche and plaque in a crematorium wall; or
- a plaque in an office of Australian War Graves Garden of Remembrance (if commemoration cannot be made at one of the other above mentioned places). These gardens are an alternative form of commemoration only. There is an official garden in each capital city except Darwin and Canberra.

Those eligible for official commemoration, for which war service is an essential prerequisite, include:

- all Victoria Cross winners;
- those veterans on a Totally and Permanently Incapacitated (TPI) Pension at the time of their death, or those who are granted TPI status following their deaths;
- recipients of a maximum rate pension (see Section 27(1) of the VEA);
- recipients of the Extreme Disablement Adjustment;

- ex-prisoners of war; and
- whose death is accepted as war service-related.

The office also acts as an agent of the Commonwealth War Graves Commission in the care and maintenance of war cemeteries, plots and memorials in Australia and New Guinea.

Leaflets detailing the services provided by the Office of the Australian War Graves and the location of war cemeteries and memorials in Australia and overseas are available from offices of the Department and ex-Service organisations.

For further information about the Office's services, telephone (02) 6289 6509, or contact:

Office of the Australian War Graves
10th Floor, Lovett Tower
WODEN ACT 2606

Postal Address:
PO Box 21
WODEN ACT 2606

Chapter 3 Community Services

Important Information

This information is a guide only and should be confirmed by contacting the relevant Welfare Agency and by reading the latest DVA Fact Sheets to ascertain the most recent information.

Part A Concession Cards, Aged Support and Advocacy

A.1 Pensioner Concession Card (PCC)

Information concerning Pensioner Concession Card (PCC) can be found in the following Fact Sheet:

Pensioner Concession CardIS 125

This fact sheet provides information about some of the concessions available throughout Australia to all Pensioner Concession Card (PCC) holders. There is also a fact sheet for each State detailing concessions offered to PCC holders in that State.

The Pensioner Concession Card (PCC) is issued automatically by DVA and Centrelink to all full or part Service and Aged Pensioners and older long-term Job Search, New Start and other Centrelink beneficiaries.

The PCC entitles the card holder to benefits from the Commonwealth Government. This includes:

- listed pharmaceuticals;
- Telephone Allowance;
- hearing services;
- discounts on Great Southern Railways;
- discounts on Qantas Airlines;
- discounts on mail redirection from Australia Post;
- concession tickets for most ABC Concerts; and
- Telstra concessions on connection fees and other benefits.

It also entitles card holders to benefits from most State and Local Governments such as concessional rebates on property rates and water charges, concession fares on public transport in capital cities (except Darwin), discounts on energy bills and discounts on motor vehicle registration fees. Some State Governments will issue varying rail travel vouchers to PCC holders. Details of current concessions are available from the relevant Department or Authority.

Certain private organisations such as theatres, cinemas, clubs and sporting associations also offer pensioner discounts.

This card does **not** entitle card holders to medical and other treatment at the Department of Veterans' Affairs expense.

Note: A separate income and assets test is still applied to the Service Pension to determine eligibility for DVA Treatment Benefits. This means that a service pensioner whose income or assets are above certain prescribed limits may now hold a PCC but will not be issued with a Repatriation Gold Health Card.

A.2 Seniors' Health Card

Information concerning Seniors Health Card can be found in the following Fact Sheet:

Commonwealth Seniors Health CardIS126

This fact sheet explains who is eligible for a Commonwealth Seniors Health Card (CSHC), and what the card entitles them to.

The CSHC entitles you to concessional rate prescription medicines through the Pharmaceutical Benefits Scheme.

The Department of Veterans' Affairs provides CSHC to:

- Australian, Commonwealth or allied veterans with qualifying service;
- Australian, Commonwealth or allied mariners of World War 2 with qualifying service;
- partners (including widows or widowers) of veterans or mariners with qualifying service; and
- war widows or widowers.

This card does not entitle card holders to medical and other treatment at the Department's Expense.

A.3 Australian Pensioners' and Superannuants' Federation

The Australian Pensioners' and Superannuants' Federation (APSF) is a leading consumer voice for pensioners and superannuants. APSF investigates, researches and organises national campaigns on issues important to their members.

The organisation is a nation-wide network, located in every State and Territory. The network includes groups affiliated with APSF. Services differ between groups. Many provide information and advice. Some organise social and other activities.

For more information contact the Federation. Contact numbers can be found in the Telephone Book.

A.4 Council on the Ageing (COTA National Senior Partnership)

COTA is an independent, national organisation representing older Australians. It provides information, advice and referral for older people. COTA is also involved in policy development and analysis, promoting a positive attitude towards ageing and publishing a range of newsletters, policy papers and a professional journal—*The Australian Journal on Ageing*.

Individuals and organisations can join COTA.

A4.1 Individual Membership Benefits*

Publications to provide information on key issues affecting older Australians:

- ‘Mature Outlook’ insurance policies;
- COTA health benefits;
- pre-paid funeral plans;
- buying guides and discount offers;
- tax help services;
- legal advisory services;
- financial information services;
- retirement education services; and
- travel services.

*Some membership benefits are not available in some States.

For more information on COTA contact the COTA office in your State or the National Office.

Website: www.carersaustralia.org.au

Part B Alcohol and Other Drugs

B.1 Alcohol and Other Drug Services

There are a range of government and community services dealing with alcohol and other drug issues.

These services aim to promote awareness of alcohol and other drug problems and to reduce their prevalence in society. They are involved in training, education, prevention, early intervention and treatment programs. Needle and syringe exchange programs are run in many city and regional areas.

Services differ between States. For more information, contact the Alcohol and Other Drug Service near you. They are listed in the telephone book.

Further information can also be obtained from:

- ‘Smokers’ Information’;
- directories listed under ‘Health/Community Services Information’ and ‘Welfare Services information’, in this part of the Handbook;
- your local council/shire;
- your local Citizen’s Advice Bureau;
- Local Hospital; and
- State Health Departments.

Part C Carer Support

C.1 Carers' Association

The Carers' Association of Australia was set up in 1992. The aim of the organisation is to stimulate change and foster an environment where carers will have access to the best possible quality of life. The Association works at raising community awareness of carers and providing resources and information to carers.

The type of services offered varies from State to State. Generally the Association:

- distributes the Carer's Kit, in all States except WA, where this is done by other organisations;
- offers support (in some States this extends to counselling);
- runs support groups in some States; and
- Organise seminars in some States.

As these activities vary greatly it is best to contact the Carers' Association of Australia Inc. in your State for more information. They can be found in your telephone book.

Website: www.carersaustralia.org.au

C.2 Home and Community Care Program

Information concerning the Home and Community Care Program can be found in the following Fact Sheet:

Home and Community Care..... HSV 04

This fact sheet describes the services available to the veteran community through the Home and Community Care Program.

The Home and Community Care (HACC) Program is a program providing services for:

- frail older people;
- younger people with disabilities; and
- their carers.

The Commonwealth and State/Territory governments jointly fund this program.

Part D Child Support Services

D.1 Child Support Agency

Child support is an important way for both parents to share in the cost of their child's upbringing. If the parents of a child do not live together, one parent usually has day-to-day care of the child. The Child Support Scheme is a system that helps the parent who is living with the child get regular child support payments. Child Support is also called maintenance. The Child Support Agency website is www.csa.gov.au

The way the service works depends on when the parents separated or when the youngest child was born.

Parents who separated on or after 1 October 1989, or have a child born on or after that date

For these cases the Scheme can apply in two ways:

- Parents can make a private agreement for payment of child support. If they wish they can lodge an agreement with the Agency.
- Or if an agreement can't be reached, the Agency can assess how much child support should be paid.

Parents who separated before 1 October 1989, and do not have a child born on or after that date

For these cases the Child Support Agency can collect child support payments if there is a court order or court registered agreement.

Child Support payments are currently paid monthly. They are usually deducted from the paying parent's pay. Self-employed people pay directly to the agency. People who receive Social Security payments may be able to have their maintenance collected by the Agency.

For more information contact the Child Support Agency. The number can be found in your telephone book

D.2 Child Support Review Office

Anyone who has a child support assessment can apply for a review. Both the custodian and the paying parent have this right. There is no charge for the review. Parents who have a court order or registered agreement must still apply to a court to have it changed.

People can apply for a review if they have special circumstances that fit into any of the following grounds:

- the duty to maintain another child or person;
- the special needs of a child or person (eg high medical expenses);
- commitments in supporting yourself, a child or another person;
- high costs of access to a child;
- the cost of caring for or educating a child in a way the parents had intended;
- the assessment has not taken into account the income, earning capacity, property or other assets of a parent or child;
- money or property has or will be given to the custodian or child (or to someone else for the benefit of the child).

For more information on the grounds for review and the review process generally, contact the Child Support Review Office on 13 11 41.

Part E Community Information Services

E.1 Citizens' Advice Bureau

The Citizens' Advice Bureau, sometimes called Community Information Centres & Referral Services, operates in every State and Territory in Australia. The centres:

- provide advocacy, information and support to all sections of the community. This may include shopfront services and the production of information materials;
- act as a referral agency between individuals and organisations;
- maintain community information databases; and
- distribute information for government and community agencies.

Contact your local Bureau for more information. Phone numbers for State Citizens' Advice Bureau/Information Centres are in your Telephone Book.

E.2 Local Councils/Shires

Local Councils/Shires are a source of information about local health and community services. They may also have local directories of health and community services. For more information contact your local council or shire.

Part F Counselling

NOTE: The religious organisations offering welfare services detailed in this Section provide assistance regardless of any religious affiliation

F.1 Centacare

Centacare is a Catholic Organisation that provides a range of services, one of which is counselling. Mainly professional counsellors staff Centacare, although trained volunteers provide some services.

Centacare specialises in providing counselling assistance to families and couples. They offer family therapy, group therapy, marriage guidance counselling and mediation sessions for couples, adolescents and families.

For more information on other services, call Centacare. The number can be found in your Telephone Book

Website: www.centacare.org.au

F.2 Lifeline

Lifeline is a Christian organisation, which provides a range of services to people, regardless of religious belief.

The services Lifeline offer are:

- Crisis Telephone Counselling
- Face to Face Counselling
- Financial Counselling
- Youth Counselling
- emergency financial relief;
- marriage and family counselling;
- TTY service for hearing impaired people;
- rural crisis counselling;
- grief and loss counselling;
- alcohol and substance addiction counselling; and
- gambling addiction counselling.

These services vary from region to region.

Lifeline can be contacted 24 hours a day on 13 1114 for more details, or for counselling.

Website: www.lifeline.org.au

F.3 Relationships Australia

Relationships Australia, previously known as Marriage Guidance Australia, is a national community organisation which provides a range of relationship support services.

It is a non-profit organisation, which is partly funded by the Federal Attorney General's Department. Clients pay a fee on a sliding scale, according to their ability to contribute.

Among the services offered by Relationships Australia are:

- education for relationships;
- couple and family counselling;
- domestic violence prevention services;
- marriage enrichment courses;
- separation counselling;
- mediation for couples seeking a divorce settlement;
- youth and family mediation;
- re-building courses after separation;
- communication skills and family skills courses;
- gambling counselling (some States); and
- counselling for sexual difficulties.

Services offered by Relationships Australia may differ between centres. For more information on any services, contact the Head Office in your State, or look for a local office in your telephone book.

Website: www.relationships.com.au

F.4 The Salvation Army

The Salvation Army provides a range of services to the needy, one of which includes counselling services. Counselling/Support services include:

- telephone counselling lines—Salvo Careline and Salvo Youthline;
- face-to-face counselling;
- drug and alcohol treatment programs, including counselling;
- marriage and relationship enrichment groups; and
- survivors of suicide groups.

Website: www.salvationarmy.org.au/national

Part G Disability Services

G.1 Independent Living Centres

Independent Living Centres are a non-government, non-profit community service. Centres provide information and advice on equipment and resources for people with disabilities and their carers.

The Independent Living Centres provide:

- an equipment display that contains a range of products and equipment for people with disabilities of all age groups. Displays may include equipment to help with household or work tasks, communication, continence, lifting, mobility, leisure and transport;
- a team of health professionals, primarily Occupational Therapists, but also including physiotherapists, speech pathologists and nurses can discuss practical problems with clients, carers and service providers. It is usually necessary to make an appointment to see one of these health professionals;
- a telephone/fax/mail advisory service staffed by qualified personnel. Detailed information is provided on product suitability, cost and suppliers;
- a comprehensive computerised database on equipment and resources for people with disabilities.
- mobile units in some States which offer a display and information service to country areas;
- computer and communication equipment at some centres;
- a reference library;
- a wide range of publications such as booklets, pamphlets and videos; and
- workshops and seminars.

Independent Living Centres can be used by any interested members of the community. Client groups include:

- the elderly;
- people with disabilities;
- carers;
- self-help organisations;

- students in related fields; and
- architects, designers, engineers and builders.

Fees are charged to clients with a compensable injury/illness and or work related injury/illness and/or their representatives who visit the centres.

For more information contact the Independent Living Centre in your State. The phone number can be found in your Telephone Book.

Websites:

ACT www.health/act/gov.au/ilc

NSW www.ilcnsw.can.au

QLD www.ilcqld.org.au

SA www.ilc.asn.au

TAS www.ilctas.asn.au

VIC www.deis.vic.gov.au

WA www.ilc.com.au

G.2 NICAN

NICAN is a national non-profit, free, information service on recreation, sport, tourism, the arts and much more, for people with disabilities. The service has a database of over 4,000 entries on organisations that offer programs, activities and services, for everyone in the community but specifically for people with a disability. The service will also provide information on wheelchair accessible accommodation throughout Australia.

Calls are free on 1800 806 769 and there is a reply paid postal service:

NICAN

Reply Paid 028

PO Box 407

CURTIN ACT 2605

Website: www.nican.com.au

Part H Domestic Violence

All States and Territories have some domestic violence crisis services that offer:

- immediate referral to safe accommodation for victims of domestic violence;
- varying levels of support in a crisis (most have a 24 hour line and 1800 lines for country callers);
- information;
- referral to other agencies;
- support; and
- community education and awareness.

They are run on a State basis, so services differ. For more information contact your local service. They are listed in the telephone book.

Part I Family and Parenting Support

Family and parenting information, education and support is available from a range of organisations.

Information may also be provided by:

- Local Councils/Shires;
- Citizens' Advice Bureau; and
- State government health and community services departments.

Part J Education, Employment and Financial Assistance

NOTE: The religious organisations offering welfare services detailed in this Section provide assistance regardless of any religious affiliation

J.1 Centrelink

Centrelink is an Australian government agency delivering a range of services to the community. Centrelink is set up so that people can get more of the help they need in the one place.

Centrelink provides options to match personal circumstances with relevant payments and services. These can include experiences such as having a baby, looking for work, planning for retirement or arriving to settle in Australia.

Offices provide information and help previously delivered by several Commonwealth Government Departments. Information on services provided by the Department of Veterans' Affairs is also available at some Centrelink offices.

A vast amount of information is available on the Centrelink website www.centrelink.gov.au

In fact there is even an index page specifically for Community groups such as welfare and advocacy groups. In this part of the site you can find out about the services that Centrelink offers to individuals, including payments, as well as find information that is relevant to you as an intermediary.

One of the most useful links on this page is that to Community Group Publications, which lists an extensive range of publications, newsletters, magazine and other publications, most of which can be accessed via the internet.

Centrelink also has an 'Individuals Index' which will allow you to find out more information, including payment and service information, about any one of the following topics:

- Are you a parent or a guardian?
- Have you recently separated or divorced?
- Are you looking for work?
- Are you planning to study or undertake training (or currently studying or training?)
- Are you self employed or responsible for a farm?

- Are you in a crisis or needing special help?
- Have you recently moved to Australia to settle?
- Are you someone who is ill, injured or has a disability?
- Are you caring for someone who is frail, aged, ill or who has a disability?
- Are you needing help after someone has died?
- Are you planning for or needing help in retirement?

For more information on the above, plus a variety of other topics visit www.centrelink.gov.au or telephone 131 021 for more information.

J.2 Welfare Agencies

A number of welfare agencies can provide financial assistance to the needy. Some examples of national Organisations include:

- The Salvation Army;
- The Smith Family; and
- The Society of St Vincent de Paul.

On a local or regional level there are many other groups who provide help and assistance. See your local white pages or your local council/shire for more information.

Websites:

Salvation Army	www.salvationarmy.org.au/national
Smith Family	www.smithfamily.com.au
St Vincent dePaul	www.vinnies.org.au/index.cfm

Part K Health/Community Issues

K.1 Medicare Card

Every Australian citizen and permanent resident is entitled to hold a Medicare card. All veterans and war widows should hold a Medicare card as well as their DVA Treatment Entitlement Card. In certain circumstances, it may be more advantageous or necessary for veterans and war widows to claim medical and treatment costs through Medicare rather than DVA, for example, when travelling interstate or overseas. White Card holders should have a Medicare card, as they are only covered by DVA for treatment of service related disabilities.

To obtain a Medicare Card you must present the Medicare Officers with a Birth Certificate, Passport or Australian Citizenship Document and 2 other forms of identification, eg: DVA card, driver's license, bank documentation, etc.

Website: www.hic.gov.au/yourhealth/

K.2 Nutrition

For information on nutrition and related services contact the National Heart Foundation, State Cancer societies/councils, local doctors, Community Health Centres or the Dietitians' Association of Australia.

Websites: www.heartfoundation.com.au/
www.cancer.org.au
www.daa.asn.au/

Part L Health Promotion

There are a number of organisations that provide health promotion services. Some of these are described in this section. Further information can also be obtained from your State Health Departments.

L.1 Cancer Societies/Councils

In each State and Territory there is a Cancer Society or Council. The national body is the Australian Cancer Society Inc. These organisations aim to reduce the incidence and impact of cancer in Australia. They provide support for cancer sufferers and their families and undertake education programs for the public. For more information contact the organisation in your State. The numbers can be found in your Telephone Book.

Website: www.cancer.org.au

L.2 Heart Foundation

The National Heart Foundation is a research and health promotion program that aims to reduce the high incidence of premature death and disability caused by heart disease. The Foundation produces many information and education booklets covering a range of topics including:

- healthy eating;
- giving up smoking;
- the need to have blood pressure and cholesterol levels checked regularly; and
- regular exercise.

More information about the Foundation can be found in your Telephone Book.

Website: www.heartfoundation.com.au

Part M Health Support Groups

M.1 Alzheimer's Association

The Alzheimer's Association exists to improve the quality of life of people with dementia and their carers. The Association is self help, non-profit organisations that operate in all States and Territories. The National Secretariat is based in Sydney.

The Alzheimer's Association can assist people with dementia and their carers by providing information, support, counselling and education.

You can call the Alzheimer's Association for more information. The phone numbers can be found in your Telephone Book.

Website: www.alzheimers.org.au/

M.2 Arthritis Foundation

The Arthritis Foundation of Australia provides information and resources on all aspects of arthritis care. The Foundation can also runs arthritis self management courses to help people manage pain and stress and exercise programs. Each State has a network of support groups.

The Arthritis Foundation publishes a large number of information leaflets, covering all aspects of Arthritis. For more information contact the office in your State. The numbers can be found in your Telephone Book

Website: www.arthritisfoundation.com.au/html/index.php

M.3 Diabetes Australia

Diabetes Australia is a community based organisation dedicated to servicing the needs of people with diabetes.

The organisation is involved in many activities:

- **Membership services**—These include information, subsidised products, support groups, health education, camps and product demonstrations.
- **Advocacy Issues**—Assistance, support and information to people with diabetes who may have been discriminated against. These services are limited and each claim is assessed on a case-by-case basis.
- **Commercial services**—The movement negotiates commercial arrangements with respect to life and travel insurance and other travel services.

- **NDSS Administration**—This scheme provides subsidised essential supplies to diabetics such as syringes and test strips. The scheme is administered by Diabetes Australia and includes registration of participants, distribution of products and collection of contributions.
- **Health Care and Education services**—These vary depending on the individual local service. They can include consultations, group discussions and demonstrations on injecting insulin and using blood glucose monitors.
- **Research**—Involved in fund-raising.
- **Literature**—a wide range of approved books and leaflets is available and discounted for members.
- **Public awareness**—National Diabetes Week is held on the third week in July each year.
- **Liaison with governments.**

For more information on any of these services, contact the office of Diabetes Australia in your State. The number can be found in your Telephone Book.

Website: www.diabetesaustralia.com.au/hom/index.htm

Part N Housing/Accommodation

Housing assistance may include:

- Cash payments;
- Short term accommodation (such as refuges and hostels); or
- Longer term assistance (such as accommodation for families, homeless youth, aged people and people with disabilities).

This section covers both emergency and non-emergency housing.

N.1 Crisis Accommodation

N1.1 Refuges/Hostels

There are many refuges/hostels in the community. These offer shelter to people who are in danger if they stay in their usual place of residence, or are homeless. Different refuges and hostels offer services to different groups of people. For example some refuges are for single women, some are for families and others for teenagers. Some hostels may accommodate single males. Although people can contact refuges and hostels directly many people are referred to refuges by a government department, a health professional, the police, a social worker, or a community agency for example; a domestic violence, incest or sexual assault service.

Phone numbers are usually listed under the heading of 'Accommodation', 'Emergency Shelter' or 'Refuges' in the telephone book under the health and community information pages.

N1.2 Welfare Organisations

Many Welfare organisations offer emergency accommodation. These include:

- St Vincent de Paul Society www.vinnies.org.au
- Salvation Army www.salvationarmy.org.au/national
- The Smith Family www.smithfamily.com.au
- Anglican welfare organisations. www.anglicare.asn.au

For more information see:

- your local white pages, particularly the Community Services page;
- your local council/shire; and
- your State Housing Department.

N.2 Veterans' Emergency Accommodation

A number of ex-service organisations have established emergency accommodation hostels for short-term emergency accommodation for veterans and their families who:

- are homeless as a result of crisis;
- are away from home to attend counselling or medical treatment in the City;
- need assistance to move towards independent living; or
- need assistance to re-establish themselves in the community.

The hostels are located as follows:

Western Australia

Cypress Cottage
14 Falkirk Avenue
Maylands WA 6051
Administration: (08) 9221 7010

South Australia

Errol Noack House
18-20 Penrith Court
Mitchell Park SA 5043
Ph: (08) 8277 5485

TPI House

318 South Terrace
Adelaide SA 5000
Ph: (08) 8232 4902

Northern Territory

Coral House
107 Bagot Rd
Ludmilla NT 0820
Ph: (08) 9370 4835

Queensland

Angus House
52 Bayliss St
Toowong QLD 4066
Ph: (07) 3870 8743

VEAC House (Townsville)

715 Ross River Road
Kirwan QLD 4817
Ph: (07) 4773 6980

There are none presently operating in NSW, the ACT or Tasmania.

N.3 Housing Assistance

N3.1 Commonwealth Housing Programs

N2.1.1 Mortgage and Rent Assistance Program

This program supports tenants experiencing housing-related poverty in the private rental market. It is particularly available for those who need short-term help for various reasons, such as illness or unemployment. Other groups serviced by this program are sole parents and custodial parents after marital or partnership breakdown.

While both the Commonwealth and the States provide the money, the program is administered differently in different States. Some States provide a general test for eligibility while others set limits according to loan size and family income.

The scheme is also administered by different organisations in each State. For more information contact:

ACT	ACT Housing and Community Services Bureau
NSW	Department of Housing
NT	Department of Lands and Housing (Northern Territory Housing Commission)
QLD	Department of Public Works and Housing
SA	HomeStart Finance Limited and the South Australia Housing Trust
TAS	Department of Community and Health Services
VIC	Department of Planning and Development
WA	Homeswest (State Housing Commission of WA)

The numbers are listed in the telephone book.

N3.2 State Housing Programs

State Departments may provide a variety of housing assistance to eligible people. The names of these Departments differ from State to State. The numbers are listed in the telephone book.

N3.3 Welfare Organisations

Many Welfare organisations offer short term and longer term housing assistance. These include:

- St Vincent de Paul Society www.vinnies.org.au/index.cfm
- Salvation Army www.salvationarmy.org.au/national
- The Smith Family www.smithfamily.com.au
- Anglican welfare organisations. www.anglicare.asn.au

Part O Legal Advice

O.1 Veterans and Legal Aid

Veterans are entitled to the same legal aid assistance as is available to the rest of the community. A veteran may apply for legal aid for any legal matter that is not directly related to their war service. However, such applications will be considered on the same merits and means test as any other Australian (eg. an application for legal aid for a family law custody matter). For cases in a federal court (ie. Family Court, Federal Court, High Court), a veteran may also apply for a \$4000 grant as assistance towards legal costs.

O1.1 Extra concessions

For AAT cases, veterans may apply to the Commonwealth for legal assistance under section 69 of the AAT Act 1975 (Cth) (ie. legal aid to assist appeals to AAT from the VRB). The Commonwealth Legal Aid guidelines recognise the war service rendered by veterans and offer them non-means tested legal aid for AAT cases. This is potentially a very generous provision, as apart from Aboriginals and Torres Strait Islanders, no other people in Australia are entitled to non-means tested legal aid. Further if the Legal Aid Commission considers that there is a reasonable prospect of success on appeal, then legal aid may be provided to assist appeals to the Federal Court or High Court.

O1.2 Applications

A veteran must apply to the Commonwealth Legal Aid Commission for non-means tested legal aid under section 69 of the AAT Act. The Legal Aid Commission in each State processes the requests by considering only the merits of the case.

O.2 Community Legal Centres

Community Legal Centres provide free advice and are independent from the government and the Legal Aid Commission. They are staffed by qualified workers and trained volunteers and are run by management committees elected from the community.

Community Legal Centres provide:

- Legal advice and information;
- Community legal education; and
- Law reform work.

Generally Community Legal Centres are advice and referral organisations that do not usually represent clients in court. Most centres give general legal advice. However some centres deal with specialist areas of the law like immigration or tenancy and some have social or welfare workers available. The services are not means tested.

For more information contact your local centre. They are listed in the telephone book.

Websites:

QLD www.legalaid.qld.gov.au
NSW www.legalaid.nsw.gov.au/asp/index.asp
ACT www.legalaid.canberra.net.au
VIC www.legalaid.vic.gov.au
TAS www.legalaid.tas.gov.au
SA www.lsc.sa.gov.au
WA www.legalaid.wa.gov.au
NT www.ntlac.nt.gov.au

O.3 Legal Aid Commission

Legal Aid gives assistance in many areas of the law and is staffed by experienced solicitors.

Services include:

- legal advice and referral (means test);
- legal assistance (such as court representation); and
- a duty solicitor (available to help those who have been arrested and are being held in custody).

To decide whether a person is eligible for legal aid the Commission looks at:

- their income and assets;
- their chance of success (merit test); and
- the legal problem itself.

(There are certain guidelines for which cases are not likely to get legal aid. For example to get a grant in a criminal case the client must be likely to get a jail sentence or to lose their job). Some Legal Aid Centres specialise in providing a specific service, for example services dealing with mental health, children, prisoners, veterans and child support.

The cost of legal assistance varies depending on the client's income. If they can afford it, clients make a contribution towards legal costs. The commission may also place a charge over any property that the client owns, so that they will be required to pay the contribution when it is sold. People who are eligible for legal aid usually pay a contribution of at least \$65 and, in the first instance, up to \$130.

To obtain more information on Legal Aid, see the resources in the back of this file, or contact the office nearest you. They are listed in the telephone book.

O.4 Veterans' Advocacy Service (NSW) Legal Aid Commission

The Legal Aid Commission in NSW offers a specialist Legal Aid Centre for veterans. This service provides advice, assistance and representation at the Administrative Appeals Tribunal and higher courts. It deals with cases particularly relating to veterans' pensions, allowances and treatment.

The service is open to:

- all Australian war veterans and their dependants;
- members of the Australian Defence Forces who served after December 1972 and their dependants;
- Australian Mariners and their dependants; and
- allied veterans and their dependants (service pensions only).

In disability and war widows' pension matters no means test applies, but in all other matters the Legal Aid Commission means test applies. In addition the normal legal aid merits test applies. The contact numbers can be found in your Telephone Book.

Website: <http://www.legalaid.nsw.gov.au/asp/index.asp>

Part P Mental Health

P.1 GROW

GROW is a community mental health movement organised and led by people who are recovering or have recovered from mental illness or from other personal problems. GROW originated in Sydney and is now nation-wide and international. GROW groups are held in both rural and metropolitan areas.

GROW members share their own experiences and coping strategies in order to help each other. Groups vary in size from 3 to 15 and are run by their own members. Meetings are held weekly and last for two hours. They combine personal testimonies, reports on progress, group work on members' problems and adult education about rebuilding lives. Between meetings members often keep in touch with phone calls and visits. Basically GROW is about support through friends who understand and care.

Participation in GROW is voluntary, anonymous and free. Generally members only know each other by first names. Many of the members of GROW have a history of hospitalisation due to mental illness, however about half come initially because they need help due to a life crisis such as a death in the family, divorce or a change in career. GROW is not just about rehabilitation. It is about members attaining mental health, personal maturity, social harmony and spiritual integrity.

GROW has no affiliation with any organised church or religion.

To find out more, contact GROW which is listed in the telephone book.

Website: growint.org.au/default.htm

Part Q Reproductive Health

Q.1 Family Planning Australia

The Family Planning Australia is the national body for the eight individual State/Territory Family Planning organisations.

The number of Family Planning locations in a State or Territory can range from one (ACT) to eight (NSW).

Family Planning organisations offer a broad range of services in the area of sexual and reproductive health. There is a degree of variation in these services between States and Territories, but the following are core services that would be provided by all Family Planning organisations.

Q1.1 Clinical Services

Clinical Services which fall into the following categories:

Q1.1.1 Contraceptive Services

- oral contraceptives
- IUDs
- condoms/spermicide
- Diaphragm/caps
- postcoital contraception
- Periodic abstinence
- Depo Provera

Q1.1.2 Sexual and Reproductive Health Management

- menstrual problems
- STD/PID
- cervical smear tests
- breast examinations
- HIV testing
- Rubella and Hepatitis B Immunisation
- ante and post natal checks
- pregnancy testing
- testicular examinations

Q1.1.3 Counselling

- Pregnancy
- Sterilisation
- Subfertility
- Menopause
- PMS
- Sexuality/Relationships
- Sexual
- HIV/AIDS/STDs

Q1.1.4 Referral to other agencies

- Medical
- Social
- Pregnancy Termination
- Ante natal care

Q1.2 Education and Training Services

Family Planning Centres also offer community and professional education. Professional courses are available to doctors, nurses, teachers and health and welfare workers. Community Education is available to schools, tertiary institutions, parents and disability workers. Sessions are also available for any community group such as women, Aboriginal and Torres Strait Islanders and youth.

Q1.3 Information Services

All centres have libraries and either bookshops or books available for sale. In addition a wide range of posters, brochures and videos are available on reproductive and sexual health issues.

Services will vary between Centres, so contact your local centre for more information. They are listed in the white pages of the telephone directory.

Website: www.fpa.net.au

Part R Rehabilitation

R.1 Commonwealth Rehabilitation Service

The Commonwealth Rehabilitation Service (CRS) provides vocational and social rehabilitation for people with a disability, to assist them in gaining paid employment or living independently in the community. Disabilities can include physical, sensory, psychiatric and intellectual impairment. About 80 percent of the CRS clients have paid employment as their primary goal. The remaining 20 percent are assisted to live independently. The CRS has 160 locations throughout Australia.

The CRS employs a wide range of health workers including counsellors, vocational instructors, social workers, physiotherapists, speech pathologists and occupational therapists, using case management techniques. Consequently CRS case management techniques target the specific needs of clients through individually tailored rehabilitation programs conducted in partnership with the clients.

CRS can offer:

- individual assessment of the client's case (including an assessment of functional capacity);
- vocational counselling;
- therapy to increase physical tolerance and strength (eg. physiotherapy);
- formal re-training (eg TAFE);
- on-site work training;
- employment placement for clients with a disability;
- the provision of aids and workplace modifications; and
- vehicle modification and driver training.

To take part in a CRS program a person must:

- be an Australian resident between 14 and 65 years;
- have a disability or injury which significantly affects his/her ability to work or live independently; and
- after participation in the program, be likely to gain or regain employment or substantially increase independence.

In most cases rehabilitation services are free. In some cases clients may also be eligible for a number of allowances from Centrelink, including Training Allowance

and living away from home allowance (if the client has to leave home to do a training course).

Clients do not have to be referred by a doctor. Employers, insurers, doctors, unions can refer them, or they can refer themselves.

For more information contact the CRS office in your local area. They are listed in the telephone book under 'Commonwealth Rehabilitation Service'.

Website: www.csreb.gov.au

Part S Rural Services

S.1 Countrylink

Countrylink is a service provided by the Department of Primary Industry and Energy. It aims to increase access to the range of government services and programs that are available to people who live outside metropolitan areas. Countrylink provides information on government services, particularly geared towards the special needs of rural people. This includes:

- social security pensions and benefits;
- employment, education and training;
- taxation;
- industry assistance and exporting;
- research and development;
- health and community services;
- transport and communications;
- energy conservation; and
- landcare.

Countrylink offers:

- a toll free telephone line on **1800 026 222**, which is staffed between 9 am and 6 pm (EST), Monday to Friday;
- the Commonwealth Regional Information Directory which is a free guide to Commonwealth services, particularly those relevant to people living in non-metropolitan areas;
- a community information stand—an information display unit which is provided to community groups allowing them to inform people of services and activities;
- the Countrylink shopfront—a team of trained officers familiar with rural needs who travel to shows and field days throughout Australia; and
- a video lending library that provides access to videos covering issues relating to Commonwealth Government services and programs.

Fully trained workers staff Countrylink and all assistance are completely confidential. For more information call the Countrylink Answer Line on **1800 026 222**.

Website: www.regionalaustralia.gov.au

S.2 Multi-Purpose Service Program and Multi-Purpose Centres

S2.1 Multi-Purpose Service (MPS) Program

The objective of the Commonwealth-State Multi-Purpose Service Program is to provide improved aged and health care services in small rural and remote communities. It enables the pooling of Commonwealth and State aged care and health funding to provide a more flexible, co-ordinated and cost effective framework for service provision. The Multi-Purpose Service Program has three main objectives:

- provision of an appropriate mix of services to meet individual client needs;
- improved quality of care for clients; and
- provision of an appropriate level and mix of service delivery in a cost effective and co-ordinated manner.

S2.2 Multi-Purpose Centres (MPCs)

A Multi-Purpose Centre is a collection of health and community services that are co-ordinated to meet the needs of a community. Religious, charitable, community-based and local government bodies can get financial assistance to bring a range of services together into one centre to provide a base for home and community care services. A number of centres have been established across New South Wales, Victoria, Queensland, Western Australia, Tasmania and the Northern Territory. The Centres serve as a base for a range of services, including aged care, acute hospital care, Home and Community Care (HACC), and specialist medical services.

The MPC strategy is targeted at rural and remote areas that are not able to sustain existing services or establish new services on a stand alone basis. The strategy is designed to provide a greater range of services, to improve the quality of services or to increase the scale of service delivery in a rural and remote area.

A MPC must involve a minimum of three service types, of which the Commonwealth Department of Health and Aged Care must fund at least one service and Health (including services funded under joint Commonwealth/State programs, such as HACC).

Examples of services provided through MPCs:

- community health services;
- acute hospital care;
- primary health care;
- paramedical services and allied health eg physiotherapy, podiatry, nutritional counselling, occupational therapy, dental service;
- health promotion;

- community care services eg meals on wheels, home help, domiciliary nursing, palliative care, attendant care, community transport services;
- aged care;
- adult day care or day activity services;
- social work and family counselling;
- tenancy advice, consumer advice and financial counselling;
- drug and alcohol counselling;
- rehabilitation services (through Commonwealth Rehabilitation Service);
- sexual assault counselling services;
- emergency housing and crisis accommodation services;
- childcare services; and
- child health services.

Note: not all of these services are available through every MPC.

For further information concerning the MPC strategy, the contact numbers can be found in the Telephone Book.

Part T Sexual Assault

Sexual assault services differ between States. Collectives run some services, while others are run as part of State health departments.

Generally centres have two types of services:

- 24 hour crisis assistance. This service offers counselling, and will also accompany women to the police and doctor whenever possible;
- 9 am-5 pm non-crisis counselling. This provides face-to-face long-term counselling.

Both services are available for anyone who has been abused, regardless of type of assault and how long ago the assault took place. Some centres only treat women, but these centres will refer men to other services who can help.

Services include:

- Support for survivors of rape, incest and sexual harassment;
- 24 hour crisis service;
- information about the legal, medical and police process;
- practical and confidential support;
- ongoing counselling; referral services;
- support groups for survivors; and
- education workshops for the community.

Services may differ from region to region. Contact the centre near you for extra information. They are listed in the telephone book. Many centres list both a business and a counselling number.

Part U Smokers' Information

U.1 Quit Smoking Agencies

Quit smoking agencies operate independently in each State. They aim to:

- help people give up smoking; and
- reduce the exposure of non-smokers to the harmful effects of tobacco smoke.

Quit campaigns use a range of strategies that include:

- preventing young people taking up smoking (through education, lobbying for legislative changes etc);
- encouraging and assisting smokers to quit (through education and self-help material);
- reducing exposure to and increasing awareness of passive smoking (through education materials and lobbying for legislative changes); and
- supporting legislative and policy change aimed at smoking control.

A range of information resources is available, although these vary from State to State. They include:

- general resources for adults such as self help books, quit smoking courses and information about the effects of smoking;
- special resources targeted at Aboriginal and Torres Strait Islanders, teenagers, children, parents and people from non-English speaking backgrounds; and
- information on tobacco advertising, current research and legislative and policy changes.

For more information contact Quit on 13 18 48.

Website: www.quitnow.info.au/index1.html

Part V Sport and Recreation

For more information on sport and recreation services contact:

- your local Citizens Advice Bureau;
- your local shire/council; and
- your State Department concerned with sport and recreation.

Part W Support Groups for Victims of Crime

There are a number of organisations throughout Australia that provide support to victims of crime. Support is provided to the direct victims, their families and the wider community.

The organisations aim to:

- promote community awareness of victims of crime;
- lobby for the development of better services for victims of crime and their families; and
- promote the rights of victims of crime and their families.

Services include:

- counselling, advocacy and support;
- information about victim's rights and criminal injuries compensation claims;
- support groups;
- court preparation programs;
- community and professional education;
- de-briefing after traumatic events;
- support for people going to court; and
- advocacy for reform of the criminal justice system.

Services may differ between groups. For more information, numbers can be found in the Telephone Book.

Part X Welfare Services Information

NOTE: The religious organisations offering welfare services detailed in this Section provide assistance regardless of any religious affiliation

The following agencies are examples of key national welfare agencies. More information on local agencies can be obtained from the telephone book, especially the community services pages in the front of the white pages.

X.1 Anglican Community Services

Anglican community services exist in every State. Many are called either Anglicare or Careforce, but each one is separately run. They are linked through their national association the National Anglican Caring Organisations Network (NACON).

The services provide a range of support, care and training for disadvantaged or poor Australians. Services include:

X1.1 Housing, Income and Labour Market programs

- emergency financial and material assistance;
- financial counselling;
- labour market training; and
- emergency and short term housing.

X1.2 Community Programs

- life skills education; and
- neighbourhood houses.

X1.2.1 Families and youth, family support:

- personal counselling (family, individual, adolescent);
- youth housing and support;
- support to prisoners and their families; and
- pregnancy support.

X1.2.2 The aged:

- hostels, nursing homes and independent units;
- respite care;
- dementia care; and
- day programs.

X1.2.3 Other specialised programs:

- intellectual disability programs and housing;
- drug and alcohol support and housing;
- HIV/AIDS programs; and
- palliative care.

Website: www.anglicare.asn.au

X.2 Centacare

Centacare is a Catholic organisation, providing generic welfare services to the needy. The emphasis of the programs is on empowering people to take control of their lives. There is a strong emphasis on preventative and therapeutic types of programs. Centacare is staffed mainly by professionals, with trained volunteers providing some services.

The range of services offered include:

- Counselling services including family therapy and group therapy;
- Children's services such as foster care and respite care;
- Programs for the disabled or aged, eg. community options;
- Employment and industrial programs, eg. Assessment, Training and Employment;
- Educational services, eg. early childhood programs for children with disabilities;
- Skillshare programs; and
- Mediation Programs for couples, adolescents and families.

Generally there is a sliding scale of payment for services, based on the income of the recipient. However people who cannot afford to pay a fee are never turned away. The range of services varies greatly from region to region. If your area has a Centacare service it will be listed in your telephone book.

Website: www.centracare.org.au

X.3 St. Vincent De Paul Society

The Society of St Vincent de Paul is a Catholic organisation providing assistance to the needy, regardless of religious affiliation. The Society is a volunteer organisation that also runs a wide range of professional services across Australia. While all services will not be available in all areas, they include:

X3.1 Families

- Child care
- Holiday camps
- Budget counselling
- Pregnancy counselling centres

X3.2 Youth

- Drug and alcohol rehabilitation
- Crisis centres
- Adoption service
- City homes for country students

X3.3 Homeless Persons

- Hostels and refuges
- Meal centres and meal vans

X3.4 Disabled and Mentally Ill

- Community homes
- Activity centres
- Work centres

X3.5 The Aged

- Hostels and nursing homes
- Home care services
- Retirement villages

X3.6 Prisoners

- Visitation
- Half-way houses

X3.7 Migrants and Refugees

- Visiting and accommodating new arrivals
- Assistance and counselling

The Society also operates 'Centres of Charity' in most areas of Australia. These shops sell cheap second hand clothing, furniture and goods, as well as provide referral to all other Society services.

Society members are extensively involved in home visitations, which are made in response to calls of assistance. The assistance provided varies and may include financial aid, counselling, companionship, and referral to other Society services or to other agencies.

To find out what services they provide in your area, ring your local office of the Society. They are listed in the telephone book (under Saint Vincent...).

Website: www.vinnies.org.au/index.cfm

X.4 The Salvation Army

The Salvation Army provides a range of welfare services to needy people across Australia. The services they offer include:

- telephone and face-to-face counselling;
- crisis accommodation such as emergency shelters for the homeless, youth refuges and accommodation for women escaping domestic violence;
- medium term accommodation;
- long term accommodation for the aged or disabled;
- drug and alcohol services such as treatment programs, detoxification centres and education programs;
- family welfare services, such as food vouchers and other forms of emergency relief;
- marriage and relationship enrichment groups;
- employment services such as training programs, employment creation programs and supported employment programs;
- youth services such as drop-in centres and support programs;
- aged care services such as nursing homes, hostels and community outreach; and
- survivors of suicide groups.

Services offered by The Salvation Army differ from region to region. For more information contact your local Salvation Army Office, which is listed in the telephone book.

Website: www.salvationarmy.org.au/national/

X.5 Smith Family

The Smith Family is a national organisation that provides emergency relief for individuals or families in need.

Services of the Smith Family include:

- Financial assistance;
- Accommodation (for the aged and families in crisis);
- Advice and referrals;
- Home visits;
- Vouchers for electricity (NSW);
- Vouchers for water rates (Sydney, Illawarra and Blue Mountains areas);
- Financial Counselling;
- Clothing;
- Household goods;
- English lessons for migrants;
- EDU-CATE scheme (assistance for high school students); and
- Christmas hampers and toys.

Services provided may differ from region to region. Contact your local office, listed in the telephone book, for more information.

Website: www.smithfamily.com.au

Chapter 4 Abbreviations and Medical Classifications

Part A Service Abbreviations

A

AA	Anti-Aircraft
AA	Army Act
AAF	Australian Army Form
AAMC	Australian Medical Corps
AAMWS	Australian Army Medical Women's Service
AANS	Australian Army Nursing Service
AAOC	Australian Army Ordinance Corps
AAPC	Australian Pay Corps
AASC	Australian Army Service Corps
AAT	War Pensions Assessment Appeals Tribunal—(Defunct)
AATTV	Australian Army Training Team Vietnam
AB	Apex Beat or Able Seaman
AC(A)	Assistant Commissioner (Appeals)—(Defunct)
ACD	Australian Convalescent Depot
ADC	Assistant Deputy Commissioner
ADMS	Assistant Director Medical Services
ADS	Advanced Dressing Station
AFC	Australian Flying Corps (1914 War)
AFI	Australian Field Hospital (First)
AFPD	Application for Pensionable Degree
AFSR	Application for Special Rate
AFU	Advanced Flying Unit
AGH	Australian General Hospital
AGX	Act of Grace—1939 War
AIF	Australian Imperial Forces
Alb +/-	Albumen present/absent
AJ +/-	Ankle Jerks present/absent
AJ ++	Ankle Jerks increased
AJ +++	Ankle Jerks markedly increased

AMD	Army Medical Directorate
AME	Aero Medical Evacuation Squadron (RAAF)
AMES	Aero Medical Evacuation Squadron (USAF)
AMD	Army Medical Directorate
AMF	Australian Military Forces
AMR&O	Australian Military Regulations and Orders
AMS	Adequate means of support
ANGAU	Australian New Guinea Administrative Unit
ANMEF	Australian Naval and Military Expeditionary Force, New Guinea
ANZAC	Australia New Zealand Army Corps
ANZUK	Australia New Zealand & United Kingdom
AOiC	Assistant Officer-in-Charge
ARL	Annual Recreation Leave
Art	Arteries
ARVN	Army of the Republic of Vietnam
A&SD	Administrative and Special Duties—RAAF (normally ground staff)
AS(A)	Assistant Secretary (Appeals)
ASH	Australian Special Hospital
AV MED	Aviation Medicine (RAAF)
ASH	Australian Special Hospital
AV MED	Aviation Medicine (RAAF)
AWAS	Australian Women's Army Service
AWL	Absent Without Leave
AWOL	Absent Without Leave (Army and RAAF)

B

Ba	Barium
BAGS	Bombing and Gunnery School (RAAF)
BCOF	British Commonwealth Occupation Forces
Board	Repatriation Board for a State
BO	Branch Office
BP	Blood pressure
BP 120/80	BP Systolic 120 millimetres Mercury & Diastolic 88mm Mercury
BPX	British pension—1939 War

BS	Breath Sounds
B&T	In Boots and Trousers
BMH	British Military Hospital
BTM	Benign Tertian Malaria
BU	Bring up
BW	Bullet (or Bomb) Wound

C

Ca	Carcinoma
CAN	Canada
CARO	Central Army Records Office
CB	Confined to Barracks (punishment)
CCOM	Chronic Catarrhal Otitis Media
CCP	Casualty Collecting Post
CCS	Casualty Clearing Station (medical)
CDMS	Chief Director, Medical Services
CDS	Camp Dressing Station (medical)
CH	Camp Hospital
C ₂ H ₆₀ or C ₂ H ₅ OH	Alcohol
CiC	Clerk-in-Charge
CMF	Citizens Military Forces
CMO	Commonwealth Medical Officer
CMR	Central Medical Records (Service Documents)
CO	Central Office, Veterans' Affairs
CO	Complains of
CO	Commanding Officer (Army and Air Force)
CPO	Command Pay Office (Army)
Creps	Crepitations
CSF	Cerebrospinal Fluid
CSS	Cerebrospinal Syphilis
CZ	Combat Zone
C&V off	Coat and Vest off

D

DA	Domestic Allowance
DAH	Disorderly Action of the Heart
DAPU	Discharged as Permanently Unfit
D&R	Diagnosis and Report
D or BC	Defaulter or Bestial Conduct (referred to on some 1914 War Attestation Papers)
DCM	District Court Martial (a Military Court)
DCM	Distinguished Conduct Medal (an award for gallantry)
DCDMS	Deputy Chief Director, Medical Services
DCP	Deputy Commissioner of Pensions, London
Del	Delegate of the Repatriation Commission
Div 10	Division 10
DMO	Departmental Medical Officer
DMS	Director, Medical Services
DMU	Discharged Medically Unfit
DMZ	Demilitarised Zone
DRO	District Records Office (or Officer)
DR&Q	Discipline Rations and Quarters
DSO	Distinguished Service Order
DWS	Due to War Service

E

EA	Education Allowance
EAT	War Pension Entitlement Appeal Tribunal (Defunct)
EATS	Empire Air Training Scheme
ECG	Electro-cardiogram
ECT	Electro-convulsive Therapy
ED	Embarkation Depot (RAAF)
EEG	Electro-encephalogram
EFTS	Elementary Flying Training School (RAAF)
EMS	Emergency Medical Services
ENT	Ear, Nose and Throat

ETA	Evacuate to Australia
ETM	Evacuate to Mainland

F

FDS	Field Dressing Station
FESR	Far East Strategic Reserve
FGCM	Field General Court Martial (a Military Court)
FIELD	(or 'In the Field' Army—indicates that at the time stated soldier was not in a hospital, GDD, LTD, etc)
FMB	Final Medical Board
FND	Flinders Naval Depot
FP	Field Punishment
FSU	Field Surgical Unit
FTD	Full-time Duty

G

GA	General Anaesthetic
GD	General duties—RAAF (normally air-crew)
GDD	General Details Depot (base area)
GIT	Gastrointestinal
GOA	General Orders Accounts
GOE	General Orders Entitlement
GOGA	General Orders General Assistance
Gon	Gonorrhoea (VD 20)
GOP	General Orders Pensions
GOR	General Orders Registry
GOT	General Orders Treatment
GSW	Gun Shot Wound

H

HKK	Hong Kong 1939 War
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I

ICT	Infected Subcutaneous Tissue (Army)
IFBA	Interim Forces Benefits Act
IMI	Instructions for Medical Institutions
IP	In-patient
I & R	Investigation and Report
IR	Intermediate Rate
IVP	Intravenous Pyelogram

K

KIA	Killed in Action
KJs +/-	Knee Jerks present or absent
KJs ++	Knee Jerks increased
KJs +++	Knee Jerks markedly increased
KLB	Klebs Loeffler bacilli (Diphtheria)

L

LA	Living apart
LA	Living Allowance
L & A	Light and Accommodation
LC	Life Certificate
LDH	Lady Davidson Hospital, Turramurra, New South Wales
LDO	Local Dental Officer
LF	Letter Form
LO	Liaison Officer
LOE	Loss of Earnings Allowance
L of C	Lines of Communication (base area)
LTD	Leave and Transit Depot
Lues	Syphilis, leucic syphilitic
LWOP	Leave Without Pay
LWP	Leave With Pay

M

MAETU	Medical Air Evacuation Transport Unit
MACV	Military Assistance Command Vietnam
MAL	Malaya
MASH	Mobile Army Surgical Hospital
MCS	Military Compensation Scheme
MCS	Medical Clearing Station
MEDCAP	Medical Civic Action Program
MD	Military District
	1 MD Queensland
	2 MD New South Wales
	3 MD Victoria
	4 MD South Australia
	5 MD Western Australia
	5 MD Tasmania
	7 MD Northern Territory
	8 MD New Guinea
MDS	Main dressing station
ME	Middle East
MEDEVAC	Medical Evacuation
MF	Medical Form
MI	March In (to a unit, GDD, LTD, etc)
MIA	Missing in Action
MID	Mentioned in Dispatches (award)
MLO	Medical Liaison Officer
MO	Marched Out (from a unit, GDD, LTD, etc)
MO	Medical Officer
MOSU	Medical Operational Support Unit (RAAF)
MLO	Medical Liaison Officer
MRU	Medical Rehabilitation Unit
MS	Medical Superintendent
MTM	Malignant Tertian Malaria
MU	Medically Unfit

N

NA	Not Applicable
NAD	Nothing Abnormality Detected or No Appreciable Disease
NB	New Britain
N/C	New Claim
N/D	New Disability
NDF	No Disability Found
NEI	Netherlands East Indies
NFD	Newfoundland
NG	New Guinea
NGAWWC	New Guinea Air Warning Wireless Co
NH	Naval Hospital
NHL	Non Hodgkins Lymphoma
NICA	Netherland Indies Civil Administration
NIE	No Incapacity Established
NIF	No Incapacity Found
NL	Nipple Line
NME	Non Military Employment
NOLD	No osseous lesion detected
NPD	Not of Pensionable Degree
NPI	Nil Pensionable Incapacity
NSR	Non Service-related
NSU	Non specific urethritis
NVA	North Vietnam Army
NWTB	Non War TB
NYD	Not yet Diagnosed
NZ	New Zealand 1914 War
NZR	New Zealand Regiment
NZX	New Zealand 1939 War

O

OBU	Operational Base Unit (RAAF)
OCTU	Officer Cadet Training Unit
OE	On Examination

EE P/R	On Examination Per Rectum
OiC	Officer-in-Charge
OP	Out-patient
OPC	Out-patient Clinic
OPD	Out-patient Department
OTC	Officers Training Course
OTU	Operational Training Unit

P

PC	Pension Certificate
PCB	Procurement and Contracts Board
PD	Personnel Depot—RAAF (Similar to Army GDD)
PF	Pension Form
PM	Post Mortem
PMRAFNS	Princess Mary's Royal Air Force Nursing Service
PMRB	Permanent Medical Referee Board
PN	Percussion note
PO	Petty Officer
POP	Plaster of Paris or Paired Organs Policy
POW (E)	Prisoner-of-War (Europe)
POW (J)	Prisoner-of-War (Japan)
PR	Per rectum
PT +	Pulse Tension High
PTD	Part-Time Duty
PTE	Prior to Enlistment or Prior to Eligibility
Pte	Private
PU	Permanently Unemployable
PUGS	Permanently Unfit—General Service
PUHS	Permanently Unfit—Home Service
PUO	Pyrexia of Unknown Origin
Pupils =	Pupils equal
PV	Per Vagina
PWO	Pre-war Occupation

Q

QAINS	Queen Alexandra's Imperial Nursing Service (British)
QAIMNS	Queen Alexandra's Imperial Military Nursing Service
QARANC	Queen Alexandra's Royal Army Nursing Service
QARNNS	Queen Alexandra's Royal Naval Nursing Service

R

RAA	Royal Australian Artillery
RAAF	Royal Australian Air Force
RAAFNS	Royal Australian Air Force Nursing Service
RAAMC	Royal Australian Army Medical Corps
RAANC	Royal Australian Army Nursing Corps
RAASC	Royal Australian Army Service Corps
RAE	Royal Australian Engineers
RAEME	Royal Australian Electrical and Mechanical Engineers
RAF	Royal Air Force
RAInf	Royal Australian Infantry
RALAC	Repatriation Artificial Limb and Appliance Centre
RAN	Royal Australian Navy
RANNS	Royal Australian Navy Nursing Service
RANS	Royal Australian Nursing Service
RANVR	Royal Australian Navy Volunteer Reserve
RAP	Regimental Aid Post (Medical, Army)
RAPWI	Repatriation of Allied POWs and internees
RAR	Royal Australian Regiment
RBS	Right Border Sternum
RCAF	Royal Canadian Air Force
RCD	Right Cardiac Dullness
RD	Receiving Depot (RAAF)
R/E	Review of entitlement
Regs	Repatriation Regulations
RGH	Repatriation General Hospital
RMO	Regimental or Resident Medical Officer
RN	Royal Navy

RNZAF	Royal New Zealand Air Force
RNZNC	Royal New Zealand Nursing Corps
RRD	Recruit Reception Depot
RR & GDD	Recruit Reception and General Details Depot
RRT	Repatriation Review Tribunal
RTA	Returned to Australia
RTA	Recreation Transport Allowance
RTO	Rail Transport Officer
RTU	Returned to Unit
RVN	Republic of Vietnam (South)

S

SA	South Africa—1914 War
SA	Supplementary Assistance
SAI	Standard Allowed Income
SAP	Standard Allotment Pension
SAS	Special Air Service
SAX	South Africa—1939 War
SCES	Soldiers' Children Education Scheme
SEAC	South East Asia Command
SFTS	Special Flying Training School
SMR 6/12	Blood Test
SOS	Struck Off Strength or Special Overseas Service
SPOA	Service Pension—Old Age
SPPU	Service Pension—Permanently Unemployable
SPTB	Service Pension—Pulmonary Tuberculosis
SR	Service-related
SSQ	Station Sick Quarters (RAAF)
STS	Soft tissue sarcoma
SVN	South Vietnam
SWP	Seamen's War Pension
SWPA	South West Pacific Area
SWP&AAct	Seamen's War Pension and Allowance Act

T

T & A	Tonsils and Adenoids
TB	Tuberculosis
TCDD	Tetra-chloro-dibenzo-paradoxin (dioxin) Agent Orange
TMB	Travelling Medical Board
TOS	Taken on Strength
TOW	Theatre of War
TPE	Termination of Period of Enlistment

U

URTI	Upper Respiratory Tract Infection
UTI	Urinary Tract Infection

V

VAD	Volunteer Aid Detachment
VC	Victoria Cross
VDC	Volunteer Defence Corps
VDH	Valvular Disease of the Heart
VDU	Visual Display Unit
VMO	Visiting Medical Officer
VR	Vocal Resonance

W

WAAAF	Women's Auxiliary Australian Air Force
WAG	Wireless Air Gunner
WAGS	Wireless Air Gunnery School
WO	Warrant Officer
WOAS	While on Active Service
WPAAT	War Pensions Assessment Appeal Tribunal—(Defunct)
WPEAT	War Pensions Entitlement Appeal Tribunal—(Defunct)
WRAAC	Women's Royal Australian Army Corps
WRAAF	Women's Royal Australian Air Force

WRANS	Women's Royal Australian Naval Service
WS	War Service

X

'X' List	(Transfer to or from) Non effective service (eg hospital, detention, leave, etc)
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Symbols

✓	Ticked (correct, present, checked)
○	Circumference
∴	Therefore
∨	Because of
△	Triangle
≍	Dullness
>	Greater Than
<	Less Than
∠	Angle

Part B Department of Veterans' Affairs Abbreviations

A

AAT	Administrative Appeals Tribunal
ACAT	Aged Care Assessment Team
AFI	Application for Increase

B

BP	British Pension
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C

CCPS	Compensation Claims Processing System
CSHC	Commonwealth Seniors Health Card

D

DC	Deputy Commissioner
DHA	Department of Health and Ageing
DMO	Departmental Medical Officer
DP	Disability Pension
DSH	Defence Service Homes
DFCSIA	Department of Family, Community Services and Indigenous Affairs
DVA	Department of Veterans' Affairs

E

EDA	Extreme Disablement Adjustment
ESO	Ex-service Organisation

F

FOI	Freedom of Information
-----	------------------------

G

GARP Guide to the Assessment of Rates of Veterans' Pension

H

HACC Home and Community Care

I

ISS Income Support Supplement

L

LDO Local Dental Officer
LMO Local Medical Officer
LOE Loss of Earnings
LPR Legal Personal Representative

M

MCS Military Compensation Scheme

N

NHRC Nursing Home Resident Contribution

O

OAWG Office of Australian War Graves

P

PBS Pharmaceutical Benefits Scheme
PCC Pensioner Concession Card
PTEC Personal Treatment Entitlement Card
PTSD Post Traumatic Stress Disorder

R

RA	Rental Assistance
RAP	Rehabilitation Appliances Program
RGH	Repatriation General Hospital
RMA	Repatriation Medical Authority
RPBS	Repatriation Pharmaceutical Benefits Scheme
RPPS	Repatriation Private Patient Scheme
RTA	Recreation Transport Allowance

S

SDA	Specific Disability Allowance
SOP	Statement of Principles
SP	Service Pension

T

TA	Telephone Allowance
TFN	Tax File Number
TIA	Temporary Incapacity Allowance
TTI	Temporarily Totally Incapacitated
TPI	Totally & Permanently Incapacitated

V

VAFIS	Veterans' Affairs Financial Information Service
VAN	Veterans' Affairs Network
VAS	Vehicle Assistance Scheme
VCES	Veterans' Children Education Scheme
VEA	Veterans' Entitlements Act
VITA	Veterans' Indemnity and Training Association Inc
VRB	Veterans' Review Board
VVCS	Vietnam Veterans' Counselling Service
VVRS	Veterans' Vocational Rehabilitation Scheme

Part C Navy, Army and RAAF Medical Classifications

C.1 Army Medical Classifications—World War I

The following is a list of the medical classifications of members of the AIF, which appear in the medical history and other service documents, particularly those of AIF Depots in the United Kingdom:

A1	Fit for Active Service
A2	Fit for Active Service when fully trained
A3	Fit for overseas training camp, to which transferred for hardening, prior to rejoining unit overseas
A4	Fit for Active Service when of age (Military)
B1A1	Fit for light duty only—4 weeks
B1A2	Fit for overseas training camp in three to four weeks
B1A3	Fit for overseas training camp in two to three weeks
B1A4	Fit for overseas training camp when passed dentally fit
B1B	?B2B or ?B1A1 'Observation'
B2B	Unfit for overseas training camp six months, and temporarily unfit for Home Service
C1	Fit for Home Service only
C2	Unfit for Overseas Temporarily unfit for Home Service
C3	Permanently Unfit for service

Note: Practically all those coming under the classification of B2B, C2 and C3 were sent back to Australia.

C.2 Army Medical Classifications—World War II

Up to 7th August 1942, the medical classification of recruits was as follows:

Class 1	Fit for active service with field formations
Class 11A	Fit for specified duties in any unit in which the particular disability was no bar
Class 11B	Fit for any duty other than with field formations
Class 111	Labour Units, CMF Temporarily Unfit; Unfit

By amendment (A287 of 7842) to the publication 'Instructions for the Medical Examination of Recruits' (3091941), issued by the Military Board, the following medical classifications of recruits were adopted:

- | | |
|----|---|
| A1 | Medically fit for all active service duties |
| A2 | Medically fit for active service for which the particular disability is not a bar |
| B1 | Medically fit for active service, except with field formation |
| B2 | Medically fit for sedentary duties only |
| B3 | Fit for service in labour units only |
| C | Temporarily unfit |
| D | Permanently unfit for military service |

The above was cancelled by A546, of 13111942, and replaced by:

- | | |
|----|---|
| A1 | Medically fit for all duties |
| A2 | Medically fit for all duties for which the particular disability is not a bar |
| B | Medically fit to carry out certain duties which require only restricted medical fitness. These duties will be shown in war establishments |
| C | Temporarily medically unfit |
| D | Medically unfit for military service |

C.3 Royal Australian Naval Medical Classifications—World War II

(Navy Order 412/1942 {which cancelled No 103/1941})

Naval personnel who have been the subject of medical survey, or who have undergone or are undergoing a period of medical treatment were, for drafting purposes to be placed in one of the following categories:

- | | |
|-----|--|
| (A) | Medically fit for draft anywhere |
| (B) | Medically fit for draft to a ship of establishment where a medical officer is borne |
| (C) | Under medical treatment, unfit for draft or duty anywhere (Anticipated period to be stated) |
| (D) | Medically unfit for sea service temporarily, but fit for duty in a shore establishment (Anticipated period to be stated) |
| (E) | Medically unfit for sea service permanently but fit for duty in a shore establishment as a result of survey |

- (X) Permanently unfit for sea service or for service in a shore establishment or depot ship north of Brisbane or Fremantle on the recommendation of a Board of Medical Survey
- (Y) Temporarily unfit for sea service or for service in a shore establishment or depot ship north of Brisbane or Fremantle (Anticipated period to be stated)
- (M) Temporarily medically unfit for appointment or draft to a potentially malarious area

In all signals and correspondence referring to these cases, the letters indicated above follow the name of the individual concerned.

Categories (D) and (E): Personnel in these categories were temporarily or permanently unfit for service in sea-going ships. They were fit for duty in all shore establishments, whether in the tropics or not, and were also fit for duty in harbour craft unless specifically stated to be unfit for this duty.

Categories (X) and (Y): Personnel in these categories were permanently or temporarily unfit for service in sea-going ships or shore establishments and depot ships north of Brisbane and Fremantle. They were fit for duty in shore establishments south of and including Brisbane and Fremantle, or in harbour craft in the same area unless specifically stated to be unfit for such duty.

The term 'Harbourcraft' did not cover local defence vessels that kept at sea for any appreciable time.

Invaliding categories:

PUNS	Physically unfit for naval service
BNPS	Below naval physical standard

C.4 Royal Australian Air Force Medical Classification, World War II

The letter 'A' represents fitness for air duties, and the letter 'B' fitness for ground duties. Numerals qualifying fitness for air duties were added as requisites after the letter 'A' as follows:

- | | |
|---|---|
| 1 | Full duties as pilot |
| 2 | Limited flying |
| 3 | Combatant passenger (piloting excepted), such as wireless, air gunner or observer |
| 4 | Non-combat passenger |

Letters were subsequently added after both 'A' and 'B' for the purpose of indicating limitations of fitness as follows:

h	Home service only
t	Temporarily unfit
b	Permanently unfit

Hence:

A1B	Fit full flying duties as pilot and fit ground duties
A2B	Fit limited flying duties and fit full duties on ground

Limitations vary for various reasons and the reason is always indicated. Thus a pilot might be classified:

A2B	Non-operational flying
A2B	Limited flights, one hour daily
A2B	Limited to flights of 10,000 feet and so on
A3B	Fit air gunner and air observer and fit ground duties

A man over 72 inches tall or over 175 pounds cannot be assessed fit air gunner. Therefore, you will sometimes come across 'A3B' (AO only), that is, air observer only:

A1b-A3B	Fit both pilot and air gunner and observer
A4B	Fit ground duties and fit to fly as non-combatant passenger. An assessment used mostly for A and SD officers
A1hBh	Fit fly as pilot in Australia only and fit ground duties in Australia only
A3HBh	Fit air gunner or observer in Australia only and fit ground duties in Australia only
AtBt	Temporarily unfit for all duties
AtB'\	Unfit flying duties temporarily but fit ground duties
ApB	Unfit flying permanently but fit ground duties
ApBp	Permanently unfit all duties

Part D Text of Army Instruction Relative to the General Principles of the PULHEEMS System of Medical Classification

These instructions are intended as a guide to non-medical officers on the method used to determine and record a PULHEEMS assessment, and an explanation of the use of PULHEEMS employment standards. The instructions are applicable solely to the AMF and apply to all ranks serving in the PMF (including Army Reservists) and CMF. Although they are worded to apply to males, the provisions are, except where stated to the contrary, equally applicable to female members.

The PULHEEMS system of medical classification is designed to:

- a) provide a functional assessment of a member's capacity for work;
- b) assist in expressing the physical and mental attributes appropriate to individual trades and employment;
- c) assist in the economy of manpower by posting members to the employment for which they are most suited in the light of their physical intellectual and emotional make-up; and
- d) provide a system which is administratively simple to apply in both peace and war.

The allocation of a PULHEEMS classification is a medical responsibility. The assessment is considered and recorded under the following qualities:

- a) **Physical Capacity (P)**—a member's general physical characteristics and his potential capacity to develop physical stamina with training;
- b) **Upper Limbs (U)**—the functional use of the hands, arms, shoulders, upper spine and, in general, the member's ability to handle weapons. Disabilities of the upper limbs which also affect general physical capacity may also affect the assessment under (P);
- c) **Locomotion (L)**—a member's ability to march. Disabilities affecting marching ability which also affect general physical capacity, may also affect the assessment under (P);
- d) **Hearing (H)**—the hearing acuity. Diseases of the ears are assessed under the (P) quality;
- e) **Eyesight (EE)**—the visual acuity in the right and left eyes. Diseases of the eyes are assessed under the (P) quality;

- f) **Mental Capacity (M)**—a member’s ability to learn army duties. Assessment under this quality is based on:
- 1) the impression given on personal interview with particular regard to alertness and the ability to apply inherent intelligence;
 - 2) record of school and occupational progress;
 - 3) selection tests results, particularly those most closely concerned with the measurement of intelligence itself and of acquired ability.
- g) **Stability (S)**—emotional stability.

D.1 Degrees of Assessment

- a) **Physical Capacity (P)**—assessed within degrees 0-8. In this quality, degrees 1, 2 and 3 signify fitness for unrestricted service; degrees 4, 5 and 6, which are equivalents of 1, 2 and 3, restrict a member to service in a temperate climate; degree 7 restricts a member to non tropical parts of Australia; degree 8 signifies ‘Permanently Unfit for Service’, while degree 0 indicates ‘Temporarily Unfit’.
- b) **Upper Limbs (U) and Locomotion (L)**—assessed within degrees 1, 2, 3, 7 and 8
- c) **Hearing (H)**—assessed within degrees 2, 3, 7 and 8
- d) **Eyesight (EE)**—visual acuity (ie ability to see) in both eyes is recorded in certain ratios, i.e. 6/6, 6/9, 6/12, 6/24 etc. They show a member’s visual acuity without the aid of glasses. Normal vision is expressed as 6/6 which means that the member can read at 6 metres, what is regarded as being normal for him to read at 6 metres 6/24 vision means that the member can read at 6 metres what could normally be read at 24 metres. In recording a PULHEEMS assessment, these ratios are expressed in degrees of 1-8 as follows:

6/6 or better	= 1
6/9	= 2
6/12	= 3
6/18	= 4
6/24	= 5
6/36	= 6
6/60	= 7
less than 6/60	= 8

Visual acuity for the right eye is recorded under the first E and the left eye under the second E. The degree of unaided vision is recorded immediately below the letter symbol and the degree of aided vision, where applicable, is shown under the degree of unaided vision. Thus, a member whose visual acuity is unaided right eye 6/12, left eye 6/18 and whose aided right eye is 6/6, left eye 6/9, will be recorded as:

E	E
<u>3</u>	<u>4</u>
1	2

A member whose unaided vision in both eyes is 6/6 will be recorded as:

E	E
<u>1</u>	<u>1</u>

- e) **Mental Capacity (M)**—assessed within degrees 2, 3, 7 and 8
- f) **Stability (S)**—assessed within degrees 2, 3, 6, 7 and 8. An assessment of degree 6 restricts a member to service in a non-tropical climate.

D1.1 Use of degrees 8 and 0 under any quality except EE

When it is considered that a candidate for entry into the Army is unfit for any form of Army service or a member is unfit for further service and should be invalided immediately, he is assessed as degree 8 under the appropriate quality.

When a medical board finds that a member is unfit for duty and is to remain under medical care, but should not be discharged medically unfit immediately, he is assessed as degree 0 under the appropriate quality.

D1.2 Method used to record remediable defects

If a member has a condition which may be remedied by surgery and/or treatment but he remains on duty because admission to hospital is postponed or not indicated he is to be assessed on his present capacity. The degree recorded under the affected quality is to be not less than 7 and is to be followed by the letter R. In such cases the operation and/or treatment should be judged as giving a reasonable promise of success within three months.

When a member is admitted to hospital, he will appear before a medical board after 8 weeks absence from duty due to illness. When a member appears before a medical board before he is discharged from hospital he is to be assessed on the lines given in the **PULHEEMS** Medical Pamphlet.

When a member is on discharge from hospital is fit to return to duty, but not full duty, and cannot be assessed under the original degree in qualities P, U, L or S, he is to be assessed under his present capacity and provided he is likely to show improvement within a reasonable time the letter R is to be inserted immediately after the degree affected. An appropriate note is to be added in the lower half of the medical box indicating the period for which R is applicable.

D1.3 Effect of loss of sight in one eye

Applicants who have lost sight in one eye are not normally accepted for service, except under special circumstances where the persons have special professional, technical or other qualifications which they can perform adequately in the Army. Such cases are referred to AHQ (DMS) for decision as to acceptance and appropriate grading.

The loss of sight in one eye does not preclude members from further service provided their sight in the remaining eye, physical capacity and stability (PES) are up to the minimum level for retention.

Assessment for loss of sight in one eye under the EE qualities is recorded in the following way:

- | | | | |
|----|---------------------------------|---|---|
| a) | where one eye has been removed | E | 8 |
| b) | where vision in one eye is lost | E | 8 |

D1.4 Effect of loss of a Limb

Applicants who have a limb amputation are not normally accepted for service, except under special circumstances where the persons have special professional, technical or other qualifications which they can perform adequately in the Army. Such cases are referred to AHQ (DMS) for decision as to acceptance, appropriate grading and recommendation for employment.

D1.5 Special Appliances

Whenever a member is required to wear a special surgical or medical appliance (excluding spectacles, artificial eyes and artificial dentures), the assessment under the quality affected is marked with an asterisk and an entry made in the AF Med Series of forms. This entry is made by the president of the medical board authorising the use of the special appliance and is the authority for issue of the appliance.

D1.6 PULHEEMS—employment standards

Since the standards on which a PULHEEMS assessment are based are constant throughout the Army, except for the women's corps which has a lower standard in P, U and L, and since the functions of the corps vary, it would be uneconomical in manpower to require the same minimum PULHEEMS assessment for combatant and communication zone duties.

To simplify the application of the system, the PULHEEMS assessment acceptable to each corps for each zone of operations have been grouped and are expressed in a letter code known as a ***PULHEEMS EMPLOYMENT STANDARD (PES)***. The interpretation of this code is given below:

- a) ***FE (forward everywhere)***—Employment at full duties (in any area) in any part of the world in any zone of operations.
- b) ***FNT (forward non-tropical)***—Employable at full duties in any area in temperate climates only in any zone of operations.
- c) ***CZE (communication zone everywhere)***—(Normally employed in communication everywhere) zone in any part of the world but may be employed in a combat zone in any role that is not primarily a fighting one.
- d) ***CZNT (communication zone non tropical)***—Normally employed in the communication non tropical) zone or areas in non tropical climates only but may be employed in a non tropical combat zone in any role which is not

primarily a fighting one (The tropical regions are defined in Section 11, paragraph 3).

- e) **BE (base everywhere)**—Employable in the base area only in any part of the world.
- f) **BNT (base non tropical)**—Employable in the base area only in non tropical climate.
- g) **HO (home only)**—Employable in urban areas of Australian only.
- h) **TMU (temporarily medically unfit)**—To be used when a member is found by any medical board to be temporarily medically unfit for service.
- i) **MU (Tent) (tentatively unfit)**—To be used:
 - 1) by a re-classification medical board when it considers that a member is medically unfit for further service (Note: a re-classification medical board is not empowered to classify a member as MU);
 - 2) by a final medical board when it is of the opinion that a member requires further treatment.
- j) **MU (medially unfit for further service)**—To be used by a final medical board.

D1.7 Method of calculating

Officers

PULHEEMS employment standards for officers are not linked to specific employment in any area, as an officer must normally be capable of carrying out any duty of his corps in any area in which he is fit to serve.

Male and other ranks

The PULHEEMS employment standards for male, other ranks, are linked to specific trades and employments for each arm.

Other ranks of the women's corps

In the women's corps the PULHEEMS employment standards are linked, in all areas, to specific trades and employments.

Members assessed 0

When a member is assessed 0 and P, U, L or S, the PES is to be expressed as TMU (Temporarily medically unfit). The period and the assessment is to be shown in brackets, i.e. TMU (PO + 3/12).

Part E Australian Defence Force Medical Employment Classifications

In accordance with the principles of a joint organisation and the Defence Reform Program, a new joint system of medical employment classifications will be introduced during 1999.

The fundamental principle underpinning the new policy is that if a member can undertake the military duties within their occupation whilst deployed or on seagoing service, they will be determined to be medically fit. The determination of classification by occupation is very significant as it recognises that the physical demands of various occupations vary, and therefore different medical standards are needed for different jobs.

E.1 Medical Employment Classifications

MEC 1. Medically fit, without restriction, for deployment or seagoing service. Personnel who are classified as MEC 1 are eligible for the full range of posting and employment opportunities applicable to their military occupation.

MEC 2. Medically fit for deployment or seagoing service, but with some restrictions. These may include limitations on the range of duties able to be performed, geographic restrictions, and/or requirement for access to health support. Personnel who are classified as MEC 2 are eligible for a range of posting and employment opportunities applicable to their military occupation, within their defined employment restrictions.

MEC 3. Medically unfit for deployment or seagoing service for between two and twelve months. Personnel who are classified as MEC 3 may be subject to posting action if serving in an operational unit. Such personnel may be employed in a non-operational environment within medically advised constraints.

MEC 4. Medically unfit for deployment or seagoing service in excess of twelve months. Personnel who are classified as MEC 4 will be subject to review by personnel managers with appropriate medical advice. Possible outcomes of this review include reclassification to another MEC; reallocation to another military occupation; granting of a waiver by their Service Chief for a specified time period; or decision to separate on grounds of medical incapacity.

E1.1 Temporarily Medically Unfit.

Personnel who are assessed as medically unfit, but for less than two months, are not reclassified and remain in their unit employed within medically advised constraints.

The new ADF medical employment classifications will lead to much better management of personnel with significant medical problems, by clearly distinguishing those who have temporary conditions from those whose problems are permanent. The

new system will also ensure that personnel managers receive the proper medical advice to enable them to make sound decisions.

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