

Disability Certificate – Counselling



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Please read this before you start

Disability Allowance can be paid for counselling fees if the:

- need for counselling is directly related to your disability.
- full cost of counselling is not met by another agency (eg, Health, Group Special Education, ACC or Child, Youth and Family).
- the counselling is provided by a counsellor who is a member (or an applicant or provisional member) of any of the following organisations:
 - New Zealand Association of Psychotherapists
 - New Zealand Association of Counsellors
 - Aotearoa New Zealand Association of Social Workers Inc
 - New Zealand Christian Counsellors Association
 - Drug and Alcohol Practitioners Association of Aotearoa New Zealand (this only includes registered competent practitioners and associate practitioners – it does not include support workers), **or**
 - is a Psychologist who holds a current practising certificate, is registered with the New Zealand Psychologists Board, and is registered with either the New Zealand College of Clinical Psychologists or the New Zealand Psychological Society.

Note:

- Assistance can also be provided for the cost of transport to counselling if the need for counselling is directly related to your disability.
- Disability Allowance assistance for counselling is limited to a maximum of 10 sessions in the first instance.
- Assistance for up to a further 20 additional counselling sessions can be considered on the recommendation of the person's registered medical practitioner.
- Assistance with counselling is generally limited to a maximum of 30 sessions. This can be extended if a client is assessed as needing further counselling sessions.

Name

1. What is your name?

First name(s)

Surname or family name

Birth date

2. What is your date of birth?

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Day

Month

Year

Counselling details

3. I wish to apply for assistance with the cost of counselling. Please tick (✓) one.

First application for counselling assistance

Application for additional sessions

4. Have you applied for help with the cost of counselling from another agency?

No ▶ Please go to Client statement

Yes ▶ Please provide details below:

Health

Special Education

ACC

Child, Youth and Family

Other

5. Does the other agency meet the full costs?

No ▶ Please go to Question 6

Yes ▶ You will not qualify to have counselling costs included in your Disability Allowance. You do not need to complete the rest of this application form.

6. How much does this agency help you with your counselling costs per visit? \$

Client statement

I understand I must advise Work and Income if:

- I stop attending counselling **or**
- the frequency or cost of my counselling sessions changes.

Client's name (print)

Client's signature

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Day

Month

Year

Doctor's statement

Please complete all details in this section.

Nature of client's disability:

Please tick (✓) one:

- I certify that counselling is necessary and of therapeutic value to the client because of the stated disability.
- I consider that additional counselling sessions are necessary and of therapeutic value to the client because of the stated disability.

HPI Number:

Medical Practitioner's name

Practice name

Telephone number

Practice address

Medical Practitioner's signature

Date

Day Month Year

Counsellor's statement

Please complete all details in this section.

Frequency: weekly fortnightly monthly

Number of visits recommended:

Start date:
Day Month Year

Cost per visit: \$

Counsellor's full name

Professional membership of:

Practice name

Telephone number

Practice address

Counsellor's signature

Date

Day Month Year