



WHAT IS THE DISABILITY SUPPORT PENSION?

The Disability Support Pension (DSP) is financial support provided by Centrelink to people who have a condition that stops them from working or for people who are permanently blind.

Qualifying for DSP is not about your condition so much as how it limits your ability to work. Centrelink calls it your 'functional impairment'.

If you have a condition, you can make an application, or someone who is supporting or caring for you can make it on your behalf.

What makes me eligible for the Disability Support Pension?

To qualify for DSP, Centrelink will consider:

- If your condition gives you 20 points under the Impairment Tables (this is discussed further below);
- Whether the condition is permanent. It must be: fully diagnosed, fully treated and fully stabilised;
- If the condition reduces your ability to work or learn new skills through training;
- Whether you meet other Centrelink rules, including rules about programs of support.

IMPORTANT:

When Centrelink assess you for DSP, they are assessing your functional ability. For example, how your condition/s reduce your ability to work or learn new skills through training.

How do I get a rating under the Impairment Tables?

You will need a doctor, preferably your specialist, to complete a form which asks questions about how your condition/s affect your everyday life and your ability to work.

Centrelink assess this information against a series of Impairment Tables. The Impairment Tables are a rating system. They determine whether the effect of your condition on your everyday life and ability to work is mild, moderate, severe or extreme. You need 20 points on one Impairment Table to qualify for DSP.

You and your doctor/specialist can find the Impairment Tables here;

<https://www.legislation.gov.au/Details/F2011L02716>

or here:

<http://www.brq.org.au/resources-and-education/social-security-and-centrelink/impairment-tables/>



When your doctor or specialist is reporting on your condition, they should be very clear about the level of functional impairment you experience as described by the Impairment Tables.

If you have a mental health condition, you must have a diagnosis by a psychiatrist or by your doctor. If your doctor (or GP) diagnosed the condition and you haven't seen a psychiatrist, your ongoing treatment must be provided by a clinical psychologist.

Your GP can refer you or the person you are making the application on behalf of to a clinical psychologist for treatment.

Is my condition permanent?

To get a rating on the Impairment Tables, the condition/s must be permanent. It doesn't matter if you or the person you are applying on behalf of were born with the condition/s or if it was acquired as a result of an accident or injury. You must have done all the reasonable recommended treatment and show your condition is unlikely to get better even with that treatment.

Your condition, or the condition of the person you are applying on behalf of, must already be diagnosed by an appropriate doctor or specialist. Your doctor should provide Centrelink with a copy of the report which includes the diagnoses of the condition.

Centrelink may consider you ineligible if you only started treatment for your condition/s a short time ago.

Do I have a continuing inability to work?

To be eligible for DSP you must only be able to work for LESS than 15 hours per week within the next two years.

Based on an interview with you or the person applying on your behalf for the DSP and the evidence provided by your doctor/specialist, Centrelink will make a decision on whether you can work and, if so, estimate the number of hours per week, such as 0-8 hours or 8-15 hours. If Centrelink considers you can work 15-22 hours per week you will not be eligible for the DSP.

Any evidence you provide about your work or training capacity should consider all types of work available to you and should not be limited by your location or previous experience.

What is a program of support? Do I need to do one?

A program of support is a program that helps you to get work with the assistance of a Jobactive/Employment Services Provider or a disability employment services provider.

A program of support might include looking for jobs, studying, work experience or a rehabilitation program.

You may need to do a program of support even if you get 20 points across multiple Impairment Tables. This is because if you have not achieved 20 points on ONE Impairment Table, then you may only qualify for the DSP after participating in or completing a program of support.

Usually, the program of support must have been done for a total of 18 months in the three years before you claim DSP. There are very limited exceptions to this rule.

Periods where you are given an exemption from attending the program do not count towards the 18 months.

You do not have to do a program of support if you get 20 points or more under just ONE Impairment Table.

How can my treating doctor help?

Your treating doctor can help by providing important evidence at the time of the application.

Important evidence includes things like a medical report which includes information and their opinion on the level of your functional ability, or that of the person who you are applying on behalf of.

You should ask your doctor to:

1. Read the template letter included with this fact sheet.
2. Look at the Impairment Tables here
<https://www.legislation.gov.au/Details/F2011L02716>
3. Decide which Impairment Table applies to your condition.
4. Make an assessment of how many points you should receive based on the descriptions in each section of the table.
5. Complete a medical report which gives an opinion on the following points:
 - whether the condition is fully diagnosed
 - if the condition is fully treated and whether or not there are other treatments available which might improve your condition
 - how the level of your functional ability has been affected by the condition/s. The doctor should refer to the specific Impairment Table that is relevant to the condition
 - if the level of your functional ability restricts your capacity to work to LESS than 15 hours per week.

What if my application is rejected?

If the application is rejected there is an appeal process.

Information about the appeal process will be included in the letter of rejection from Centrelink.



How do I appeal a decision?

You should tell Centrelink as soon as possible if you want to appeal their decision. You should appeal a decision made by Centrelink that you disagree with within 13 weeks of being notified of their decision in order to receive maximum back pay. You will only receive back pay if you are successful in your appeal.

The first step is to write a letter or just tell a Centrelink officer in person at a Centrelink office or over the phone that you want to appeal the decision. You should inform Centrelink that you want to have an Authorised Review Officer review the Centrelink decision. You should outline why you believe Centrelink has made a mistake.

SSRV recommends that you make your appeal in writing and keep a copy of this appeal for your records. This will make it easier for you in the future if you need to appeal the Authorised Review Officer's decision.

If you are unhappy with the initial response to your appeal, you may be able to apply to the *Social Services and Child Support Division of Administrative Appeals Tribunal*. It is best to contact SSRV to get a better understanding of your rights in this process.

The result of an appeal will be one of three outcomes:

- *Affirmed*: the original decision is not changed.
- *Overtured*: your appeal is successful and the decision has been reversed.
- *Varied*: this means the decision has been modified. This often relates to issues of times and dates.

What if my condition gets worse while I am waiting for a review?

It is worth noting that if you appeal a decision relating to accessing the DSP and your condition deteriorates during this time, Centrelink and the Administrative Appeals Tribunal are only able to assess your suitability for the DSP from the time you lodged the application. This means that if your condition has worsened it may be worth simply reapplying to the DSP rather than appealing the original decision.

This fact sheet contains general information only. It does not constitute legal advice. If you need legal advice, please contact SSRV on either 94810355 or www.ssrv.org.au. SSRV is a community legal centre which specialises in social security law, administration and policy. SSRV is independent of Centrelink and all assistance is free.

This fact sheet was funded by the Victorian Law Foundation. This fact sheet was developed with reference to the work of the National Welfare Rights Network and Basic Rights Queensland.

Template letter for medical practitioner

[Date]

Dear Dr [Name],

I am applying for a Disability Support Pension.

To be qualified for a Disability Support Pension, I must:

- Have a physical, intellectual or psychiatric condition that has a rating of at least 20 points under the Social Security Impairment Tables; and
- Be fully diagnosed, treated and stabilised, and my condition must be unlikely to significantly improve, with or without reasonable treatment, within the next two years;

and

- Be prevented, because of my impairment, from working more than 15 hours per week for the next two years; and
- Be prevented, because of my impairment, from undertaking a training activity that would equip me to work 15 hours per week within two years, independently of a program of support.

Unless I score 20 points under a single Impairment Table, I will be required to go onto Newstart Allowance and try to find work or participate in a training activity with the help of a program of support for a reasonable period.

It would be helpful if you could write a brief letter that addresses my situation in relation to the above criteria, including:

How many points, in your opinion, I should receive according to the Impairment Table(s).

- Whether my condition has been fully diagnosed. Please specify what treatment you are giving me for each of my conditions.
- Whether the treatment I am currently receiving, or any treatments reasonably available to me, are likely or unlikely to make a significant difference to my condition to the point that I could work for 15 hours a week or more within the next two years.
- Whether you think my condition is likely to get better, stay the same or get worse in the next two years (including with the treatments I am currently receiving or likely to receive).
- Whether you think I am unable to do any type of work for 15 hours a week or more over the next two years.
- Whether you think my medical condition means that my participation in a program of support program is likely or not likely to improve my capacity to find, get or stay in work.

Please address the letter "To Whom It May Concern" as I will likely be forwarding this letter to Centrelink and / or the Administrative Appeals Tribunal.

My only income is a Centrelink benefit. Can you please bulk bill this consultation and any other work done on my behalf.

Yours faithfully,

[Your signature]

[Your name]

[Your address]