

# 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