

Household help request: Worker's declaration



Use this form to apply for household help services to support you during your recovery. These services can include household and gardening tasks.

The information you provide in this form helps your agent/self-insurer make decisions about your eligibility for household help services. Please provide as much detail as possible. It may help to complete this form with your treating health practitioner. If you need help from an interpreter to complete this form, you can ask your agent to arrange this.

Generally, household help services are temporary and provided for a period of 6 or 12 weeks to support you during your recovery. If you need these services for a longer period, your treating health practitioner will be asked to give supporting information to your agent. Your agent may also request other documents, such as an assessment with an occupational therapist.

To apply for household help, you need to complete the below forms.

- Request form for household help services. This must be completed by your treating health practitioner (physiotherapist, osteopath, chiropractor or medical practitioner/GP). You should make an appointment to have this form completed.
- Worker's declaration form (this form).

Worker's declaration

Name

Claim number

Describe your injury/illness and how it impacts your ability to complete tasks around the house.

Address (at time of injury)

Suburb

State

Postcode

1. Is this a single storey home? Yes No

Number of bedrooms

Number of bathrooms

Number of living areas

Do you still live at this address? Yes No

2. At the time of your injury/illness did you have any pre-existing conditions that prevented you from being able to perform household or gardening tasks?

Yes No

If yes, please provide details.

3. Before sustaining your injury/illness were you accessing household or gardening help, either privately funded or through other programs?

Yes No

If yes, please specify the services including the hours of access to the service a fortnight and how this was funded.

4. Please provide information about the other people living with you.

Number of dependents

Age/s of dependent(s)

Is there anyone who can assist with household tasks? Yes No

If yes, provide details on assistance they can provide.

5. Please list household tasks you were responsible for prior to your injury/illness.

Household task

Average time spent on task a fortnight

6. Please list gardening tasks you were responsible for prior to your injury/illness.

Gardening maintenance task

Average time spent on task a fortnight

7. I declare that the details I have given on this form are true and correct. I understand that it is an offence under the legislation to provide false or misleading information.

Signature of worker

Signature of person completing form *(if done on behalf of worker)*

Date

Date

Relationship to worker

What happens next?

Your case manager will let you know if this request for household help has been approved within 10 to 28 working days of receiving this form and the completed **Request form for household help services** form (which your treating health practitioner completes).

If approved, you will have to find a WorkSafe approved and registered provider that can perform these services. WorkSafe only pays up to a certain amount for these services, found in the fee schedule. If a provider charges more than the fee schedule, you may have to pay a gap.

Occupational therapy support

Your case manager will assist you with arranging professional occupational therapy support if it is determined that providing household help services alone is not going to support you regain maximum independence.

Collection statement

The Victorian WorkCover Authority (**WorkSafe**) is a body corporate established under the *Accident Compensation Act 1985* (Vic). For more information, visit our website: **worksafe.vic.gov.au**.

Your personal and health information is being collected for the purpose of assessing your eligibility to receive household help services and supporting your rehabilitation and recovery as a result of a work-related injury or illness under Victorian worker's compensation legislation.

If you choose not provide us with the requested information, we may be unable to assess your eligibility for household help services.

Any personal and health information will be stored and retained securely in accordance with WorkSafe's Privacy Policy. Access to the information collected is limited to:

- your agent or self-insurer and employees of WorkSafe who have a legitimate interest in the information for the purpose of assessing your eligibility; and
- Occupational Therapists (if required) to support the referral for household help services.

Information collected will not otherwise be shared with any third parties except as required or authorised by law.

Individuals have the right to access and correct any personal information held by WorkSafe. If you have any questions about how your personal information will be handled or would like to gain access to your personal information, please contact WorkSafe's Privacy Team at **privacy@worksafe.vic.gov.au** or access WorkSafe's Privacy Policy at **worksafe.vic.gov.au/resources/privacy-policy**