

# Request form for household help services



Household help services include basic and routine housework and gardening tasks the worker performed themselves before their injury and can no longer perform due to their work-related illness or injury.

Household help services support an injured worker during their rehabilitation and are typically short term. All measures should be taken to assist an injured worker in their recovery and to achieve maximum independence.

This information is essential for an agent to make timely, informed decisions around an injured worker's eligibility for household help services. We encourage you to provide as much detail as possible to assist agents in determining eligibility.

This form can be completed by a physiotherapist, osteopath, chiropractor or medical practitioner who is currently providing treatment to the injured worker.

Once completed and signed, provide this form to the injured worker or to the agent case manager directly.

Please ensure that the Household help: worker's declaration is reviewed and agreed to when completing this request form.

For more information about household help visit: [worksafe.vic.gov.au/household-help-services-policy](https://worksafe.vic.gov.au/household-help-services-policy)

## 1. Worker's details

Name	Claim number
<input type="text"/>	<input type="text"/>

## 2. Details of the work-related injury/illness (please include details of any future planned medical interventions or surgeries)

## 3. Capacity assessment

The worker's functional capacity is affected by their work related injury/ condition as follows:

### Physical function

Select all applicable

	Can	With modifications	Cannot
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand/walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use injured arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Physical function- additional comments.

What specific household task/s is the worker unable to do as a result of their work-related injury or illness? Please state any limitations on duration, weight handling capacity, repetitive or sustained postures, movements or forces.

4. Please indicate if the following applies to the worker.

☐ Recent or upcoming surgery as treatment of work-related injury / illness.

Please provide date of surgery.

☐ The household help services are essential for the worker to remain at work.

Please provide your clinical rationale

☐ The household help services are essential in that, if your patient did not have the services, their health and/or ability to undertake the necessary activities of daily living (eating, toileting, dressing or bathing) would significantly deteriorate.

Please provide your clinical rationale

5. Do you believe the need for household help services is solely due to the injured worker's compensable condition?

☐ Yes ☐ No

If no, please provide details

6. Which household help service/s are being requested for this worker?

☐ Housework and / or cleaning tasks for two hours per fortnight

☐ Lawn mowing/edging

☐ Other (Please specify).

If household help services are required in excess of two hours per fortnight, please state the requirement and provide justification.

7. Could an Occupational Therapist's assessment and recommendation for assistive equipment, support the worker's recovery and return to work goals?

☐ Yes ☐ No

8. Household help service requested to commence (date)

Service requested for:

☐ 6 weeks

☐ 12 weeks

☐ Other (Please provide details in question 9).

9. Do you anticipate household help support services will be required after 12 weeks?

☐ Yes ☐ No

If yes, please provide your clinical rationale and suggested time frame for supports

## 10. Declaration

I declare that I have clinically examined this patient. The information and medical opinions I have provided in this form are, to the best of my knowledge, true and correct.

☐ I have reviewed and agree with the information on the Household help: worker's declaration form.

Provider name, address and phone no. (or practice stamp)

Postcode

Telephone

Provider number or hospital name

Signature of Certifier

Date issued

## What happens next?

The case manager will advise the injured worker of the outcome of this request within 10 to 28 working days of receiving this form and the completed **Household help: worker's declaration form**.

The worker's declaration form is required to be completed and returned to the agent on one occasion only.

### More information

Further information for health providers can be found at **[worksafe.vic.gov.au/provider-information](https://worksafe.vic.gov.au/provider-information)**.

### 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](https://worksafe.vic.gov.au)**.

Personal and health information is being collected for the purpose of assessing the injured worker's eligibility to receive household help services and supporting their 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 the injured worker's 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:

- the injured worker's 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](mailto:privacy@worksafe.vic.gov.au)** or access WorkSafe's privacy policy at **[worksafe.vic.gov.au/resources/privacy-policy](https://worksafe.vic.gov.au/resources/privacy-policy)**