

Domestic Assistance Claim Form



Please complete this form if you are making a claim for reimbursement of **pre-approved** domestic assistance expenses that you have paid. This can include things like house-cleaning, lawnmowing and minor garden maintenance.

Please note that icare Dust Disease Care clients who are approved to have a lawn-mowing service are entitled to up to 20 cuts per 12 month period.

Section 60(3) of the Workers' Compensation Act 1987 states that compensation payments can be made only if the costs are properly verified. It is important the form is completed properly and signed by you for your claim to be assessed.

Personal Details

| | | | |
|----------|--|----------|------|
| Name: | | File No: | DOB: |
| Address: | | | |

Please list your domestic assistance details related to your Dust Disease

| | Column A | Column B | Column C | Column D |
|--|---|---|-----------------------------|-------------------------|
| Item Number | Type of claim eg cleaning, lawn-mowing. | Detail of each item or service being claimed. | Date of service | Amount to be reimbursed |
| <i>EXAMPLE</i> | <i>Mow Lawn</i> | <i>Lawn mowing - Fred's Lawn Service</i> | <i>29/11/2016</i> | <i>\$50</i> |
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| 14. | | | | |
| 15. | | | | |
| All receipts <u>MUST</u> be attached. | | | TOTAL FOR THIS CLAIM | |

The above expenses were incurred by me being provided with services that were reasonably necessary as a result of my dust disease.

Signature of beneficiary: _____ Date: _____

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| Please forward this form to: | icare Dust Diseases Authority, GPO Box 5323, Sydney NSW 2001 Tel: (02) 8223 6600 or 1800 550 027 Fax: (02) 9279 1520 Email: DDAenquiries@icare.nsw.gov.au |
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