

Dear Dr. \_\_\_\_\_

I am writing to ask for your help with my application for disability support pension (DSP).

Under s. 94 of the *Social Security Act 1991* (Cth), a person qualifies for DSP when they:

1. are aged over 16 and
2. meet the Australian residence requirements and
3. have participated in a program of support for at least 18 months in the three years prior to applying for DSP (unless a single permanent medical condition scores 20 points or more on the impairment tables listed at [www.legislation.gov.au/Series/F2011L02716](http://www.legislation.gov.au/Series/F2011L02716)) and
4. have **permanent medical condition/s**, which means:
  - a. **fully diagnosed, treated and stabilised** and
  - b. **unlikely to significantly improve** in the next two years and
5. score **at least 20 points** for their impairments on the **impairment tables** and
6. have a **continuing inability to work** more than **15 hours per week for the next two years**.

Please write a letter to Centrelink which answers the following questions about **my mental health condition**:

1. *Fully diagnosed and treated*

- a. What is the name of the doctor or psychiatrist who diagnosed my condition?
- b. When did they diagnose my condition?
- c. What are my symptoms?
- d. What treatments have I had?
- e. What treatments will likely be continued for the next two years?

2. *Fully stabilised and unlikely to improve*

- a. Are further treatments *reasonably* available that are likely to lead to a significant functional improvement in my conditions enabling me to work in the next 2 years?
- b. If there is treatment which is reasonably available which I have not undertaken, is there a medical or other reason for me not to undertake the treatment?

3. *Impairment ratings*

- a. In close reference to Impairment Table 5, what impairment rating do you allocate to my mental health condition?
- b. In close reference to the Descriptors in Impairment Table 5, what are the functional impacts of my mental health condition on the relevant activities?

4. *Continuing inability to work*

- a. Am I unable to *work for at least 15 hours a week* for at least the next two years because of the functional impairments caused by my mental health condition?
- b. Am I unable to undertake *training activities* for at least the next 2 years because of the functional impairments caused by my mental health condition?
- c. If I am able to undertake training, will my impairments still prevent me from working in the next 2 years?
- d. If I have provided you with a Job Capacity Assessment report from Centrelink, is there anything in that report that you disagree with?
- e. Is there any other information that you think is relevant?

I need you to read Impairment Table 5 and the Rules for Applying the Impairment Tables before you write your letter and state which Impairment Tables you are using to rate my impairments.

Please make sure that your letter is on your letterhead and is signed and dated.

Thank you for your support and assistance.

Yours faithfully

Name: \_\_\_\_\_

Date: \_\_\_\_\_