



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Guide for Designated Doctors

Purpose of this booklet

This booklet provides a guide for designated doctors. It outlines the background to the designated doctor programme and provides Work and Income's expectations.

It also provides a step-by-step guide to completing the designated doctor report.

It has been written to help you understand why questions have been asked in the report, and how your responses are likely to be interpreted by Work and Income.

Contents

Introduction	3
Role of designated doctor	3
Relationship with General Practitioners	4
Definition of ‘Work’	4
Work obligations	4
Types of income support	5
Residency criteria for eligibility	5
Sickness Benefit	5
Invalid’s Benefit	6
Independent Youth Benefit (Sickness)	7
Domestic Purposes Benefit – Care of Sick or Infirm	7
Child Disability Allowance	8
When would a case manager refer to a designated doctor?	9
Referral to a designated doctor	10
Client number	10
Designated doctor details	10
Client details	11
Reason for referral	12
Case manager details.....	14
Documents attached	15
Completing the Designated Doctor Report	16
Report form.....	16
Timeframes	16
Requesting a Host Doctor/Usual Practitioner Report	16
Discussion with the person	17
Designated Doctor Report	18
Case manager details.....	18
Client details	19
Sickness, injury or disability	19
Current treatment or intervention	20
Impact on capacity for work	21
Factors which impact on capacity for work.....	25
Planning for employment	26
Comments.....	27
Designated doctor details	28
Billing Statement	28

Payment29
Designated doctor fees29

Further information30

Appendix 1 – Host Doctor/Usual Practitioner Report 31

Appendix 2 – Factors which impact on capacity for work 33

Appendix 3 – Billing Statement 37

Introduction

Our aim at Work and Income is to help people become independent by providing income support, work and training services that suit their individual circumstances.

We believe most people want to work and they can with the right support. For people who are sick, injured or disabled this means making sure they are receiving the correct income support, have access to the right services and are not missing out on training and job seeking opportunities.

We recognise that medical certificates are documents that collect sufficient information from health practitioners for Work and Income to determine entitlement for the majority of people applying for income support. However there are a number of people with complex conditions and instances where further information or clarification is required to assist us to determine entitlement.

Work and Income have established a panel of designated doctors; respected medical practitioners who provide second opinions on medical information. The provision of second opinions will assist Work and Income determine both entitlement to income support and appropriate planning interventions which will enable people to move toward work.

Role of designated doctor

Your role as a designated doctor is to provide an independent medical opinion to Work and Income.

You will usually be asked to assess people who are applying for or reviewing their entitlement to Sickness Benefit, Invalid's Benefit or Independent Youth Benefit (Sickness). You may also provide an assessment on planning for employment or training, the appropriateness of interventions and their impact on a person's capacity for work, where they consent to this.

You may also be asked to assess people who are applying for, or reviewing their medical eligibility to other benefits, eg Domestic Purposes Benefit – Care of Sick or Infirm or Child Disability Allowance.

It will also assist case managers with making a decision about whether a person applying for or receiving the Sickness Benefit should be subject to work obligations.

Relationship with General Practitioners

Work and Income recognise the important relationship between the person and their usual General Practitioner (GP). On the medical certificate we seek information to identify if the person is enrolled with the practice of the GP completing the medical certificate. If the medical certificate is sent to a designated doctor, the case manager will provide the designated doctor with the name of the person's usual GP.

Definition of 'Work'

Work and Income defines work as any suitable employment which the person is familiar with, or other types of work that the person might reasonably be expected to be able to undertake when relevant limitations are accounted for.

For the Invalid's Benefit, work refers to open employment. Open employment is any mainstream employment in the open labour market which pays no less than the minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

A person may be unable to work if:

- they are medically unable to undertake their current occupation now but will return to it soon – and it would be unreasonable to expect the person to undertake alternative work in the interim, or
- returning to work would be detrimental to the person's health in the interim, or
- they are unable to do any reasonable full-time job, either for a short period of time or permanently.

Work obligations

Some people are subject to work-related obligations. They may be required to participate in a planning process and, in some circumstances, may be required to look for part-time employment (15 hours or more per week) or undertake other work-related activities such as training.

A person may be exempt from some or all of their work obligations due to temporary sickness, injury, disability or pregnancy. They are required to provide a medical certificate outlining their current incapacity and expected recovery.

Work and Income may continue to work with people for whom employment is not immediately appropriate, to prepare them to move into employment.

Types of income support

THE ELIGIBILITY CRITERIA FOR SICKNESS BENEFIT, INVALID'S BENEFIT AND INDEPENDENT YOUTH BENEFIT (SICKNESS) ARE QUITE DIFFERENT, HOWEVER THERE IS ONLY ONE MEDICAL CERTIFICATE THAT COVERS THE MEDICAL ELIGIBILITY TO THESE.

THERE ARE SEPARATE, DISTINCT MEDICAL CERTIFICATES FOR DOMESTIC PURPOSES BENEFIT – CARE OF SICK OR INFIRM AND CHILD DISABILITY ALLOWANCE, AS THESE BENEFITS REQUIRE DIFFERENT INFORMATION TO DETERMINE ELIGIBILITY.

Residency criteria for eligibility

To qualify for Sickness, Invalid's, or Independent Youth Benefit (Sickness) a person must:

- be a New Zealand citizen or permanent resident
- have continually lived in New Zealand for 2 years at any one time since becoming a New Zealand citizen or permanent resident (unless a refugee or protected person)
- usually live in New Zealand and intend to stay here.

Sickness Benefit

Sickness Benefit is paid to people at least 18 years of age who are temporarily unable to work full-time (30 hours or more per week) because of sickness, pregnancy, injury or disability. They may have a job but have needed to reduce their hours, work part-time or become unemployed.

If the person is 16 or 17 years old they must be married, in a civil union or defacto relationship and have one or more dependent children to qualify for a Sickness Benefit. A 16 or 17 year old who is single may qualify if they are pregnant or attending a recognised rehabilitation programme.

Medical certification

Applications for Sickness Benefit must be accompanied by a certificate from a:

- medical practitioner
- dentist (in relation to a dental or related condition)
- midwife (in respect of pregnancy, childbirth or related conditions).

The certificate must confirm that the person's capacity for work is affected by sickness, injury or disability and indicate the nature of that sickness, injury or disability. It must also detail the extent to which the person's capacity for work is affected and the length of time that effect is likely to last. This includes how many hours the person could work for if they have capacity to work part-time.

Work obligations

Work and Income uses the information on the medical certificate to help determine a person's capacity for work. When a person is capable of working part-time for at least 15 hours per week, they may be subject to work obligations. A person who has part-time work obligations may be required to:

- be available for, and looking for, suitable part-time employment
- accept any offer of suitable part-time employment
- undertake planning for employment
- undertake and participate in employment-related training, work experience and work assessments.

Invalid's Benefit

The Invalid's Benefit is paid to people 16 years of age or older who are permanently and severely restricted in how much work they can do because of sickness, injury or disability. This means the person's incapacity for work is expected to continue for at least two years and the person is unable to work regularly for 15 hours or more a week in open employment.

It can also mean the person has a terminal illness and is not expected to live more than two years.

People who are totally blind can also receive this benefit.

Medical certification

To decide a person's entitlement to Invalid's Benefit, they can provide:

- a medical certificate from their medical practitioner or
- suitable existing medical or disability assessments or
- an assessment from a designated doctor if they haven't provided medical information.

Where existing information is insufficient or unavailable, an applicant for Invalid's Benefit may be required to undergo an assessment by a medical practitioner or a psychologist.

If we require a person to be assessed by a designated doctor (at application or at review of their medical entitlement) the designated doctor must certify whether, in their opinion, the applicant is totally blind or is permanently and severely restricted in their ability to work. The certificate must state the grounds on which the opinion is founded and a date for review of the permanency and/or severity.

Independent Youth Benefit (Sickness)

The Independent Youth Benefit (Sickness) is paid to young people aged 16 or 17 without dependent children who:

- can not live with their parents due to a family breakdown
- are independent
- are unable to work because of sickness, pregnancy, injury or disability.

Medical certification

Applications for Independent Youth Benefit (Sickness) must be accompanied by a certificate from a:

- medical practitioner
- dentist (in relation to a dental or related condition)
- midwife (in respect of pregnancy, childbirth or related conditions).

The certificate must confirm that the person's capacity for work is affected by sickness, injury or disability and indicate the nature of that sickness, injury or disability. It must also detail the extent to which the applicant's capacity for work is affected and the length of time the effect is likely to last.

Domestic Purposes Benefit – Care of Sick or Infirm

Domestic Purposes Benefit – Care of Sick or Infirm provides income support for a person who is caring full-time at home for a person who has a serious illness disability and who is not their spouse or partner.

The Domestic Purposes Benefit – Care of Sick or Infirm can be paid to a parent who is required to provide full-time care and attention at home to their dependent child who has a significant disability and as a result has high care needs. This benefit is not meant to be paid to parents for children who need only the levels of care required for children typical of their age.

Who qualifies?

To qualify for Domestic Purposes Benefit – Care of Sick or Infirm a person must:

- be 16 years or older
- meet the residency criteria
- provide full-time care and attention at home for another person who would otherwise need care in a hospital, rest home, residential care facility or other equivalent care.

The home can be either the carer's or the supported person's home. A carer may live in the same house as the supported person.

Medical certification

Applications for Domestic Purposes Benefit – Care of Sick or Infirm must be accompanied by a medical certificate from a medical practitioner.

The certificate must state that the supported person needs the person's full-time care and attention and without that care the supported person would require hospitalisation, residential care or equivalent care.

Child Disability Allowance

Child Disability Allowance is a non-taxable allowance that is available to the principal caregiver of a dependent child who has a serious disability. It is paid because of the extra care that may be needed by a child who has a physical, sensory, psychiatric or intellectual disability.

To be able to receive a Child Disability Allowance a person must be 16 years or over and be the principal caregiver of a dependent child with a disability (or if there is no principal caregiver, have the care and control of the child).

The child must also meet qualifying criteria including that they:

- are a dependent child
- have a physical, sensory, psychiatric or intellectual disability
- need constant care and attention because of the disability
- are likely to need care permanently, or need care for more than 12 months
- meet the required living arrangements
- meet the residency criteria

Medical certification

To support a person's application for Child Disability Allowance, they can provide a medical certificate from a medical practitioner. However they do not need to provide a medical certificate when:

- the child is attending a special school or
- a school group or special class for intellectually handicapped children operated by Boards of Trustees (a medical certificate is required if the child is attending any other special class at an ordinary school) or
- when a child aged five years or over has been exempted from attending a normal school and is attending a special day-care centre operated by IHC.

When would a case manager refer to a designated doctor?

A case manager may consider referring a person for an assessment by a designated doctor when:

- the person's GP has indicated in the Work and Income medical certificate that they are not best placed to provide the information
- the diagnosis is unclear
- the information provided in the medical certificate or other supporting health or disability information is ambiguous or conflicting
- a previous Work and Income medical certificate contains a substantially different diagnosis or recommendation
- the person is engaged in activities that appear to be at odds with recorded incapacities or with work capacity information
- capacity for work is unclear
- there is inadequate information in the medical certificate or other supporting health or disability information to establish medical eligibility to Invalid's Benefit (where the person is applying for this benefit type)
- the person is unable to provide existing reports and/or a medical certificate
- the person is applying for Invalid's Benefit and they choose to see a designated doctor.


Referral to a designated doctor

Work and Income will refer people to you using the specific Designated Doctor Referral Form. The form will, in most cases, be completed and sent to you well before your appointment with the person, to enable you and your practice staff to:

- contact the person
- confirm the appointment
- determine if reports might be required from the person's usual GP
- arrange interpreter services if required.

Client number

Referral for a Designated Doctor Assessment



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CLIENT NUMBER | |

The client number is used by Work and Income to uniquely identify a person who is, or has been, receiving some form of assistance from us, or who qualifies for a Community Service Card. Please ensure the client number is recorded in all forms and reports.

Designated doctor details

Designated doctor details

Full name

Practice address

Please ensure we have your correct details. If your details have changed, please also let the case manager making the referral know and we will arrange to change our records.

6. **What is the client's primary language (including sign language)?**

English ▶ Go to Question 8

Other ▶ What language?

7. **Is an interpreter required?**

No ▶ Go to Question 8

Yes ▶ Has an interpreter been arranged?

No

Yes ▶ Please provide the interpreter's details:

Name

Contact details

Where the person's primary language is not English or they are Deaf, an interpreter may be required to assist with the consultation. We can arrange this if required. If an interpreter has not been arranged and you believe one is required, please contact the case manager to arrange this before you see the person.

Reason for referral

This section of the referral form outlines the reason that the case manager has made the referral to you.

Reason for referral		8. Please tick the box to indicate the type of benefit this referral is for.		
Sickness Benefit	<input type="checkbox"/> Application	<input type="checkbox"/> Review		
Invalid's Benefit	<input type="checkbox"/> Application	<input type="checkbox"/> Review	▶ Please send a blank Designated Doctor Report (HDS006W) with this form	
Independent Youth Benefit (sickness)	<input type="checkbox"/> Application	<input type="checkbox"/> Review		
Child Disability Allowance	<input type="checkbox"/> Application	<input type="checkbox"/> Review	▶ Please send a blank CDA Medical Certificate with this form	
Domestic Purposes Benefit – Care of Sick or Infirm	<input type="checkbox"/> Application	<input type="checkbox"/> Review	▶ Please send a blank DPB – CSI Medical Certificate with this form	

To help you plan the consultation, the current type of income support that is being applied for or reviewed is noted. A person who is applying for the first time is likely to have a significantly different range of questions and issues than someone who has been receiving income support for a longer period.

9. Please tick the boxes that best describe the reason for the client's referral.
 Tick as many as apply

Client requested an assessment by a designated doctor

Indicated by the GP on the medical certificate

Unable to determine entitlement from available information

Capacity for work is unclear

Diagnosis is unclear

Conflicting information in the medical certificate

A previous medical certificate contains substantially different diagnosis or recommendations

Person engaged in activities that appear to be at odds with recorded incapacities

Duration exceeds expectations for this condition

Other ▶ Please provide details below:

The case manager will identify the key reason for making the referral to you. It is critical that your report specifically addresses the questions raised by the case manager in the referral. You should also comment on any other issues that may be relevant to the person's eligibility for benefit or ability to work.


There are a range of reasons for a referral to a designated doctor. These include:

- A person applying for an Invalid's Benefit can request an assessment by a designated doctor.
- The Work Capacity Medical Certificate for Sickness Benefit, Invalid's Benefit and Independent Youth Benefit (Sickness), asks if the GP is the best person to complete the medical certificate. The same question is also on the medical certificate for Domestic Purposes Benefit – Care of Sick or Infirm.
- If the GP indicates that a second opinion is appropriate, then the case manager will usually make a referral to a designated doctor. In this case, an independent opinion is sought, so that Work and Income can identify the appropriate form of income support.
- A person applying for an Invalid's Benefit is encouraged to provide the case manager with existing reports, rather than requiring the person to routinely present for a new assessment by a medical practitioner. At times the available information is inadequate to establish entitlement, and so the designated doctor is asked to provide additional information that may be required to determine if the person meets the criteria for benefit.
- When the medical certificate indicates that the person has capacity for part-time work, of at least 15 hours per week, the case manager will make a decision about whether the person should be subject to work obligations. At times the medical certificate may be unclear or the case manager may have conflicting information. In these cases, the case manager may request a designated doctor assessment to provide the information needed to determine a client's capacity for work.

- The diagnosis provided by the doctor may be unclear or the information provided on the medical certificate may conflict. An example would be where the GP has indicated that the person should be able to commence planning for work or part-time work in 1–3 months, and yet indicates on the medical certificate that the person meets the criteria for Invalid’s Benefit with review in 2–5 years.
- The diagnosis may indicate a mild mental illness yet the certificate is written for 13 weeks.
- A previous medical certificate may contain a substantially different diagnosis or recommendations. In this instance a case manager may request an assessment by a designated doctor to clarify the condition.
- The case manager may be aware that the person is undertaking activities that are at odds with the capacity for work recorded on the medical certificate. In this case the case manager will refer the person for an independent assessment of their capacity for work.
- The duration recorded on the medical certificate may exceed the expectation for this condition.
- At application or review of the Domestic Purposes Benefit – Care of Sick or Infirm and the Child Disability Allowance, Work and Income may require a designated doctor to provide a medical assessment to determine medical eligibility.

There may be other situations where a case manager will refer a person to a designated doctor for an assessment and this would be recorded on the referral form as “other” with the details outlined.

Case manager details

Case manager details	Case manager’s name	
	First name(s)	Surname or family name
	<input type="text"/>	<input type="text"/>
	Case manager’s contact details	
	Service centre name	
	<input type="text"/>	
	Service centre postal address	
<input type="text"/>		
Work phone	Fax	
<input type="text"/>	<input type="text"/>	
Email		
<input type="text"/>		
Case manager’s signature	Date	
	<input type="text"/>	
	Day Month Year	

Please feel free to contact Work and Income if you have concerns or questions about the referral.

If you believe you would not be the best person to undertake the assessment, please let us know as soon as possible, and we will make alternative arrangements for a designated doctor assessment.

It is important to ensure the case manager’s name is included on your report. This will ensure the report is delivered to the person making the referral and allow them to process the information without delay.

Documents attached

Documents attached	
<input type="checkbox"/>	Medical certificate
<input type="checkbox"/>	Designated Doctor Report
<input type="checkbox"/>	Child Disability Allowance Medical Certificate
<input type="checkbox"/>	Domestic Purposes Benefit – Care of Sick or Infirm Medical Certificate
<input type="checkbox"/>	Other ▶ Please provide details below:
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

To help provide you with as much background as possible, we will attach the most recent medical certificate to the referral form. Where the person has provided other information to support their application for benefit, a copy of this information will be attached to the referral form.

Completing the Designated Doctor Report

Report form

While much of the Designated Doctor Report reflects the questions in the Work Capacity Medical Certificate, the report seeks considerably more depth in the description of the person's illness, injury or disability and the impact on the person's capacity for work. The Designated Doctor Report has a particular focus on what can be done to assist the person into work.

You do not need to complete the Designated Doctor Report for referrals relating to the Domestic Purposes Benefit – Care of Sick or Infirm and Child Disability Allowance. Instead, you will need to complete the medical certificates specific to these types of benefits.

Timeframes

In your role as a designated doctor you are expected to meet and assess the person within 10 working days of receiving a referral, and provide a completed report to the case manager within five working days of the consultation.

Requesting a Host Doctor/Usual Practitioner Report

Work and Income recognise that the client's usual practitioner often has information about the client which may not be apparent from the medical certificate. This information could be of value to the designated doctor in completing their report.

If you wish to seek additional information from the client's usual practitioner, complete a "Host Doctor /Usual Practitioner Report" and forward it to the client's usual practitioner. The form gives the host doctor the opportunity to suggest if a telephone conversation with you may be more convenient.

It is important that you maintain a written record of any information received which has a material impact on the formulation of your opinion. The date, time and essence of any telephone conversation between practitioners should be recorded. Records of such conversations can be requested by the client and are subject to the relevant privacy principles.

The Health Information Privacy Code 1994 and the Privacy Act 1993 have specific rules regarding the situations where personal information can be withheld from a client. If you are unclear whether information can be withheld in a particular case please feel free to discuss your concerns with the Principal Health and Disability Advisors of Work and Income.

For a usual practitioner to be paid, they must receive a request for information from the designated doctor using the Host Doctor/Usual Practitioner Report form. Work and Income will pay for telephone conversations, provided the call was prompted through the receipt of a Host Doctor/Usual Practitioner Report.

Discussion with the person

Work and Income encourages you to discuss your report with the person. Clinical information collected by Work and Income is governed by the Privacy Act and so is discoverable by the person. They have the right to request access to and correction of, any information that we hold on file about them.

To see a Host Doctor/Usual Practitioner Report, please see Appendix 1.

Designated Doctor Report

The following section provides a guide to the completion of the Designated Doctor Report.

Designated Doctor Report



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CLIENT NUMBER

Please ensure the client number is recorded in all forms and reports.

Case manager details

Case manager details

Case manager's name

First name(s) Surname or family name

Case manager's contact details

Service centre name

Service centre postal address

Work phone Fax

Email

Please ensure the name and contact details of the case manager who made the referral are completed. If they have not completed these details, their name and contact details should be copied from the referral letter.

Your completed report should be returned to this case manager. If you have any concerns or need clarification on the reason for referral, please discuss these queries with the case manager identified on the referral.

Client details

Please ensure the person's details are recorded on the form. This information will normally reflect the information provided on the medical certificate and on the referral form from the case manager.

You are asked to take note of the person's previous occupation. This information provides context to your later comments on the person's capacity for work.

Where the person has not previously held a job, "No previous occupation" will be recorded.

Sickness, injury or disability

<p>Diagnosis</p> <p>Q1 note: Blindness a person must meet one or both of the following criteria:</p> <ul style="list-style-type: none">• their best visual acuity, with correcting lenses, does not exceed 3/60 or 1/20 and/or• their visual field is contracted to a maximum of five degrees on either side of the fixation point. <p>Q2 note: Please list the condition with the greatest impact on capacity for work first.</p>	<p>1. Is the person blind?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>2. What are the main clinical conditions or disabilities impacting on the person's capacity for work? Please include physical, mental health and intellectual conditions/disabilities.</p> <table border="1"><thead><tr><th>READ Code</th><th>Description</th><th>Date of onset/duration</th></tr></thead><tbody><tr><td>1.</td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td></tr></tbody></table> <p>3. What other conditions are impacting on the person's capacity for work? Please include co-morbidities, pain, stress or other conditions/disabilities.</p> <table border="1"><thead><tr><th>READ Code</th><th>Description</th><th>Date of onset/duration</th></tr></thead><tbody><tr><td>1.</td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td></tr></tbody></table>	READ Code	Description	Date of onset/duration	1.			2.			3.			READ Code	Description	Date of onset/duration	1.			2.			3.		
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Please complete the Read Code and provide the description for that code.

Please indicate in Question 1 if the person is blind. Note the person must meet one or both of the following criteria:

- the best visual acuity (sharpness), with correcting lenses, does not exceed 3/60 or 1/20 and/or
- the visual field is contracted to a maximum of five degrees on either side of the fixation point.

If the person is blind as defined above, they may have an entitlement to Invalid's Benefit irrespective of the number of hours they are able to work or the income they receive from their employment.

If a person is not blind as defined above, but is both permanently and severely restricted in their capacity for work because of visual impairment, they may have entitlement to Invalid's Benefit.

Question 2 seeks to identify the nature of the primary conditions that have given rise to the person's incapacity for work. Codes should be listed in order of their impact on the person's capacity for work, starting with the most significant.

Some examples may include:

- physical or medical conditions
- mental health conditions
- loss of function or body part.

Question 3 focuses on other conditions that compound the person’s capacity for work. Some examples may include:

- long term health conditions
- chronic pain
- obesity
- cognitive impairment
- substance abuse.

To help us understand how we can assist the person into work, or if work is a reasonable outcome, we need to understand both the primary medical condition and also what other factors may impact on the person’s capacity for work.

4. Is the impact of the condition on the person’s capacity for work likely to fluctuate or be intermittent?

No Yes

Where the person’s condition is likely to fluctuate, deteriorate or be intermittent, Work and Income will take this into account when determining the most appropriate income support or services for the person. While the person may present well at a particular interview, the case manager needs to realise this may not represent the person’s usual state of health or ability.

5. Please provide any additional diagnosis details below:

Please provide any other information that may help determine the person’s entitlement to benefit.

Current treatment or intervention

Current treatment or intervention

6. Is the person under the care of a specialist(s)?

No Yes ▶ Please give details of the condition/disability below:

Type of specialist(s) Private Public

Name of specialist(s)

7. What treatment or intervention(s) is the person currently receiving?

Intervention	Provider	Expected date of completion

It is important for Work and Income to know when a person is accessing treatment as this may have an impact on their ability to participate in work or planning, and on the types of work they can do. However, many treatments can happen concurrently with work or work-related activities.

For example, where a person is undergoing intensive treatment such as chemotherapy, adjusting to a new management routine or awaiting imminent surgery, their readiness for work may be substantially reduced.

Impact on capacity for work

Impact on capacity for work

Work and Income would like to help people to help them return to work when appropriate. For many people employment can play a significant role in their recovery.

This section asks you to provide information on how long the person's conditions and incapacity for work are expected to last, when these may change and what is being or could be done to assist the person into work.

Full-time and part-time work refer to suitable open employment that takes into account relevant restrictions.

Open employment is any mainstream employment in the open labour market which pays no less than the minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

8. Do the conditions listed in the Diagnosis section above limit the person's capacity to work for 30 hours or more per week?

No Yes

9. Do the conditions listed in the Diagnosis section above limit the person's capacity to work regularly in open employment for 15 hours or more per week?

No

Yes ▶ Is the person's incapacity for work expected to last at least 2 years? No Yes

OR: ▶ Is the person's life expectancy less than 2 years? No Yes

Impact on capacity for work – continued

10. When is the person likely to be capable of:

	Now	< 3 months	3–6 months	> 6 months	Unlikely in less than 1 year
Work planning					
Limited training (less than 15 hours per week)					
Training (at least 15 hours per week)					
Limited part-time work (less than 15 hours per week)					
Part-time work (at least 15 hours per week)					
Full-time work (30 hours or more per week)					

Q11 note: Please indicate the date from which the person was first unable to work as a consequence of their medical condition, or the date indicated on the client's re-assessment letter.

11. The person is unable to work from:
Day Month Year

12. When should the person's capacity for work next be assessed?

2 years 5 years Never
Day Month Year

(Q8) Do the conditions listed in Question 2 limit the person's capacity to work for 30 hours or more per week?

This question helps Work and Income to assess eligibility for a medical-related benefit or an exemption from work obligations due to sickness, injury, disability or pregnancy.

Work and Income consider a person to be able to undertake regular employment if they are able to work 15 or more hours per week. If it is likely that the person's medical condition or disability only prevents them from working 15 or more hours in some weeks, or they are only able to do this some weeks due to a temporary improvement in their medical condition, then they would not be considered able to undertake regular employment.

(Q9) Do the conditions listed in Question 2 limit the person’s capacity to work regularly in open employment for 15 hours or more per week?

This question helps Work and Income to assess eligibility for a medical-related benefit or an exemption from work obligations due to sickness, injury or disability.

Open employment is defined as any mainstream employment in the open labour market which pays no less than minimum wage and excludes any employment designed to cater for the needs of a severely disabled person.

(Q10) When is the person likely to be capable of:

Impact on capacity for work – <i>continued</i>	10. When is the person likely to be capable of:					
		Now	← 3 months	3–6 months	> 6 months	Unlikely in less than 1 year
	Work planning					
	Limited training (less than 15 hours per week)					
	Training (at least 15 hours per week)					
	Limited part-time work (less than 15 hours per week)					
	Part-time work (at least 15 hours per week)					
	Full-time work (30 hours or more per week)					

Work and Income is asking your opinion on the person’s capacity for work. This will be used to determine their entitlement for benefit and their ability to meet obligations. It is also used to inform the provision of supports to assist the person into work.

It is expected that most people’s ability to work will improve, allowing them to progress towards employment. Although it is not possible to determine the exact date on which a person will be able to start work, we are asking you to indicate what you think their likely progress will be.

In completing this section, please tick the appropriate boxes to show at what stage Work and Income should start to consider that the person may be able to undertake suitable work or work-related activities.

When indicating capacity for planning, training or work, please focus on the person’s condition and its impact on their capacity for work; **not** their ability to gain employment or on other factors such as literacy or the availability of childcare. In determining a person’s ability to work, you should consider the person’s abilities without reference to local labour market conditions. If a person requires assistance to get a job, Work and Income have a range of services available to support people into work.

Although the person may focus on their previous employment, we are interested in their ability to undertake any type of work that they could reasonably be expected to do, given their relevant restrictions.

Where the person is able to work but is unable to find a job, they may be entitled to another benefit or range of other support and assistance.

(Q11) The person is unable to work from:

<p>Q11 note: Please indicate the date from which the person was first unable to work as a consequence</p>	<p>11. The person is unable to work from:</p>	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Day</td><td>Month</td><td>Year</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>						
Day	Month	Year						

Work and Income will use this information when working out the date from which any assistance should commence.

For the first medical certificate, the date should be when the person’s illness, injury or disability first stopped them from being able to work.

For subsequent medical certificates, it should be the date the person’s entitlement was to be reviewed by Work and Income. This is typically the date indicated on the person’s reassessment letter.

Before the person’s entitlement is due to cease, Work and Income sends the person a letter indicating that it is time to reassess their entitlement. The letter indicates the date on which entitlement ceases and suggests actions that may be appropriate. One action is for the person to return to their practitioner for a further medical assessment if they think they are unable to work.

(Q12) When should the person’s capacity for work next be assessed?

<p><i>of their medical condition, or the date indicated on the client’s re-assessment letter.</i></p>	<p>12. When should the person’s capacity for work next be assessed?</p>	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/> 2 years</td><td><input type="checkbox"/> 5 years</td><td><input type="checkbox"/> Never</td></tr><tr><td>Day</td><td>Month</td><td>Year</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 2 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> Never	Day	Month	Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 2 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> Never									
Day	Month	Year												

Please indicate when you believe the person should next have their capacity for work medically reassessed. The date recorded here should be based on the person’s condition and be independent of Work and Income’s set periods for reviewing Sickness Benefit eligibility.

Please note that it may be necessary for person’s medical eligibility to a benefit to be reassessed prior to the date specified on the medical certificate. However, the information you record here provides useful information for Work and Income when considering planning with the person for work.

The impact on capacity for work is likely to last for longer if the person has a permanent and severe sickness, injury or disability. In these cases, the need for assessment may be infrequent and you can indicate a reassessment period of:

- 2 years
- 5 years
- never.

Please select the “never” option where the person has a severe and permanent disability which is unlikely to change or which will deteriorate over time.

When indicating duration of incapacity, please focus on the person’s condition and not their ability to gain employment. Although the person may focus on their previous employment, we are interested in their ability to work in a range of jobs, not simply their former position.

In determining a person's capacity for work, you should consider their abilities without reference to local labour conditions, even though you understand that there may be limited jobs available or no employer likely to offer the person a position.

Where the person is able to work but unable to find a job, they may be entitled to another type of income support or range of services and assistance.

Work planning

Work planning actively engages the person in the process of identifying the steps and services required for them to move into work. These may include health services such as PATHS, but could also include vocational, educational, social, cultural, environmental or legal services.

For people on Sickness Benefit, Independent Youth Benefit (Sickness) and Invalid's Benefit, work planning may include a vocational assessment to identify likely employment options.

Training

While a person may not be ready or able to start work, they may be able to undertake training. Training may include:

- secondary school (for 16 and 17 year olds)
- vocational training or retraining
- literacy skills.

Indicate if the person is able to undertake limited training (less than 15 hours per week) and/or training for longer periods (at least 15 hours per week).

Part-time work

When a person is capable of working part-time, they may continue to be eligible for a benefit. It depends on the benefit type as to how working part-time will affect the person's benefit.

Please indicate if the person is able to undertake limited part-time work (less than 15 hours per week) and/or part-time work for longer periods (at least 15 hours per week).

Full-time work

Work that is 30 hours or more per week is defined as full-time work.

When a person is able to work 30 hours or more per week, they are expected to be in work. However, if they are able to work full-time they may be eligible for other assistance from Work and Income. For example, where a person is able to work 30 hours or more per week and are looking for work, they may receive Unemployment Benefit with the associated obligations to actively seek employment.

Work and Income will consider all the information provided on the medical certificate when determining if the person will qualify for assistance.

Factors which impact on capacity for work

Factors which impact on capacity for work

13. Please indicate the factors which impact on the person's capacity for work by completing the table below:

Type	Description	Code	Type	Description	Code
Vocational	<input type="checkbox"/> Limited employment history	V01	Personal	<input type="checkbox"/> Motivation	P01
	<input type="checkbox"/> Extended time out of workforce	V02		<input type="checkbox"/> Work attitude	P02
	<input type="checkbox"/> Limited skills/experience	V03		<input type="checkbox"/> Confidence	P03
	<input type="checkbox"/> Workplace limitations	V04		<input type="checkbox"/> Insight	P04
	<input type="checkbox"/> Job seeking skills	V05		<input type="checkbox"/> Energy levels	P05
	<input type="checkbox"/> Job performance history	V06		<input type="checkbox"/> Flexibility	P06
	<input type="checkbox"/> History of poor job satisfaction	V07		<input type="checkbox"/> Worry and stress	P07
	<input type="checkbox"/> Limited work goals	V08		<input type="checkbox"/> Fear of failure	P08
	<input type="checkbox"/> Return to work costs	V09		<input type="checkbox"/> Anger	P09
	<input type="checkbox"/> Workplace intimidation	V10		<input type="checkbox"/> Fear of aggravation	P10
Educational	<input type="checkbox"/> Formal education	E01	<input type="checkbox"/> Personal hygiene	P11	
	<input type="checkbox"/> Literacy/numeracy	E02	<input type="checkbox"/> Environmental awareness	P12	
	<input type="checkbox"/> Limited success at training	E03	<input type="checkbox"/> Home management skills	P13	
Health related	<input type="checkbox"/> Physical limitations	H01	<input type="checkbox"/> Financial management	P14	
	<input type="checkbox"/> Psychological/psychiatric condition	H02	<input type="checkbox"/> Social interaction	P15	
	<input type="checkbox"/> Cognitive/neurological condition	H03	<input type="checkbox"/> Age discrimination	P16	
	<input type="checkbox"/> Sensory impairment	H04	<input type="checkbox"/> Perceived lack of available jobs	P17	
	<input type="checkbox"/> Learning disabilities	H05	<input type="checkbox"/> Appearance	P18	
	<input type="checkbox"/> Substance abuse	H06	Legal	<input type="checkbox"/> Ex-offending history	L01
	<input type="checkbox"/> Undergoing current treatment	H07		<input type="checkbox"/> Legal action pending	L02
	<input type="checkbox"/> Frequent hospitalisations/treatment demands	H08		<input type="checkbox"/> Family law issues	L03
	<input type="checkbox"/> Imminent terminal illness	H09	Environmental	<input type="checkbox"/> Accommodation	No1
	<input type="checkbox"/> Episodic fluctuations	H10		<input type="checkbox"/> Transport	No2
	<input type="checkbox"/> Awaiting health service	H11		<input type="checkbox"/> Geographic isolation	No3
	<input type="checkbox"/> High levels of physical support	H12		<input type="checkbox"/> Lack of employment opportunities	No4
	<input type="checkbox"/> Endurance limitations	H13		<input type="checkbox"/> Employer resistance to beneficiaries	No5
	<input type="checkbox"/> Concentration limitations	H14		<input type="checkbox"/> Employer resistance to conditions or modifications	No6
	<input type="checkbox"/> Manual dexterity limitations	H15		<input type="checkbox"/> Benefit disincentives/stand down periods	No7
	<input type="checkbox"/> Mobility restrictions	H16		<input type="checkbox"/> Case management	No8
	<input type="checkbox"/> Physical fitness	H17		<input type="checkbox"/> Provider relationships	No9
	<input type="checkbox"/> Chronic pain	H18		<input type="checkbox"/> Conflict between agencies	No10
Socio-cultural	<input type="checkbox"/> Reliability limitations	S01	<input type="checkbox"/> No identified factors impact on the person's ability to seek or undertake work		
	<input type="checkbox"/> Cultural factors	S02			
	<input type="checkbox"/> Language/communication	S03			
	<input type="checkbox"/> Relationships/family	S04			
	<input type="checkbox"/> Support network	S05			
	<input type="checkbox"/> Caring responsibilities	S06			

The “Factors which impact on capacity for work” table has been compiled from a range of national and international evidence on factors that impact on a person’s ability to work.

The factors are clustered into five areas – vocational, educational, health, personal, legal and environmental barriers to work.

Please tick all those areas that you believe are a material barrier to the person entering employment.

You are then asked to indicate the most significant factors into the report and comment on how these specific factors impact on the person’s capacity for work.

For more information on ‘Factors which impact on capacity for work’, refer to Appendix 2.

Planning for employment

Planning for employment		
<i>The client's consent is needed for this section.</i>		
14. Using the completed table from Question 13, which factors have the most significant impact on the person's capacity for work?		
Description	Code	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
15. Please comment on how these factors impact on the person's capacity for work:		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
16. How could these factors best be addressed?		
Intervention	Suggested provider	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
17. If these treatments or interventions were made available, how likely is it that the person will be able to commence work in the next 12 months?		
Very unlikely	Likely	Very likely
18. What residual impairment do you think the person will have in 2 years time?		
Impairment	Impact on the person's ability to work	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

Answers to these questions are not mandatory as they relate to planning, however they are important when considering the person's pathway into employment. Please ensure the person is happy for you to complete this section.

Having identified the factors which impact on the person's capacity for work, we are now seeking your advice on what treatment or intervention could best address these factors.

The treatment or intervention may be provided as part of Work and Income's work related service – such as education and training, or vocational services.

It may also be an employment focussed service such as Providing Access to Health Solutions (PATHS) or a Targeted Health Intervention (THI).

- PATHS is an employment-focused programme targeted to people with complex health and disability needs who want to work. PATHS is available in selected DHB regions and involves a partnership between Work and Income, a DHB or PHO and a community mental health agency. The PATHS programme facilitates access to services tailored to the person's needs – this may include health interventions or other services where these would otherwise not be available.
- THI is funding to assist people access health interventions within 3 months in areas where PATHS and other health and disability services are not available. The person needs an offer of full-time ongoing employment and must be unable to access the treatment from other publicly funded sources.

Designated doctor details

Designated doctor details	HPI number <input type="text"/>
	Designated doctor's name <input type="text"/>
	Practice name and address <input type="text"/>
	Telephone number (<input type="text"/>) <input type="text"/>
	Date referral received <input type="text"/> <input type="text"/> <input type="text"/> Consultation date <input type="text"/> <input type="text"/> <input type="text"/>
<i>Clarification or current information may be required if there have been more than 20 working</i>	Day Month Year Day Month Year

It is important to us that you include your Health Practitioner Index (HPI) number. Your HPI number is a unique number that appears on the second line of your annual practicing certificate. If this is not completed, you may be contacted and asked to provide it.

If your HPI number indicates that you are not registered as a medical practitioner, we will be unable to accept the Designated Doctor Report from you.

<i>days between examination and completion of the certificate.</i>	Usual GP/host doctor contacted <input type="checkbox"/> No <input type="checkbox"/> Yes
	Report requested from usual GP/host doctor <input type="checkbox"/> No <input type="checkbox"/> Yes

Please send a copy of this report to the person's usual GP. Providing a copy of the report to the GP ensures that the GP understands what recommendations have been made about interventions, rehabilitation and the person's ability to work. This will assist in making sure consistent messages are available to the person.

Designated doctor's signature 	Date <input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year

Once you have completed the report, please send it to the case manager who made the referral.

Your account should be sent to our National Accounting Centre in Rotorua for payment and will be paid once we have received your report.

Reports that comply with these guidelines will be processed promptly, ensuring minimum delays in payment.

Billing Statement

Attached to the referral should be a billing statement. Please attach this billing statement to your invoice so that when the National Accounting Centre receives your invoice they can ensure it is paid against the appropriate person. The billing statement form also ensures we are able to pay the person's usual GP where you have requested information from them using the Host Doctor/ Usual Practitioner Report Form.

To see the Billing Statement, go to Appendix 3.

Payment

When a case manager refers a person to a designated doctor, the consultation is paid for by Work and Income through our National Accounting Centre. We will ensure your fee is forwarded promptly. If we have your bank account details this can be done more quickly.

Designated doctor fees

DESIGNATED DOCTOR FEES	
Completion of a report by designated doctor	\$106.00 (plus GST)
Non-attendance fee	Up to half the usual fee
Mileage allowance where the doctor is required to visit the person away from their surgery	\$1.32 per km
Administration fee for designated doctor arranging a host doctor report	\$20.00 (plus GST)
Participation on Medical Appeal Board	No set fee
Host doctor report	\$40.00 (plus GST)

Rates as at 1 April 2011

The GST Invoice should be forwarded to:

Work and Income
National Accounting Centre
Private Bag 3050
Rotorua

The invoice must include:

- the person's client number
- the person's name and address
- designated doctor's name, address and HPI number
- designated doctor's GST number
- the date the assessment was completed
- the basis for the assessment (Invalid's Benefit application, Invalid's Benefit review, Sickness Benefit application, Sickness Benefit review, Independent Youth Benefit second opinion, Domestic Purposes Benefit – Care of Sick or Infirm application or review, Child Disability Allowance application or review).

Further information

If you have any further questions about the financial assistance available from Work and Income for carers, or any other types of assistance available to disabled people or people with ill health, please contact your local Work and Income Health and Disability Team.

If you do not have their contact details, please call our General Enquiries number 0800 559 009 and one of our Customer Services Representatives will arrange for them to contact you.


If a person is deaf or find it hard to communicate by phone, they can send a message to our Deaf Link free-fax on 0800 621 621 or email MSD_Deaf_Services@msd.govt.nz

More information about the types of assistance we offer can be found at:

- www.workandincome.govt.nz or
- call us on 0800 559 009 from 7am to 6pm Monday to Friday and Saturday 8am to 1pm.

Appendix 1 – Host Doctor/ Usual Practitioner Report

Host Doctor/Usual Practitioner Report



Work and Income
Te Hiranga Tangata
A service of the Ministry of Social Development

HDS012 – JULY 2008

CLIENT NUMBER | |

Information for designated doctors

This form should be used by a designated doctor to request additional information from a client's host doctor/usual practitioner. To ensure prompt payment is made to the practitioner, the designated doctor must ensure their billing statement reflects this request.

Designated doctor details

Full name

Practice name

Phone **Fax**

Client details

Client's name

First name(s) Surname or family name

Date of birth
Day Month Year

Further information required

Please record the specific questions or issues you would like the client's usual practitioner to address.

Information for host doctor/usual practitioner

The client named above has been referred for a designated doctor assessment by Work and Income. To complete their report the designated doctor is seeking further information from you. To allow for a timely review please return the report to the designated doctor within two working days. If you do not wish to use this template, your own report should cover the information requested above.

Host doctor/usual practitioner response

Please note that any information exchanged with the designated doctor will become part of the client's medical record. Medical records are discoverable.

It would be more convenient to discuss this information by phone.

Host doctor/usual practitioner details

Full name

Practice name

Phone **Fax**

Signature

Date
Day Month Year

Host Doctor/Usual Practitioner Billing Statement



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

HDS012 – JULY 2008

CLIENT NUMBER

Information for host doctor/usual practitioners

This information is to be completed by the host doctor/usual practitioner and will be used to ensure that the correct payment is made where a written report has been requested by a designated doctor.

Client details

Client's name

First name(s)

Surname or family name

Date of birth

Day Month Year

Designated doctor details

Please record the details of the designated doctor who requested the report.

Full name

Practice name

Host doctor/usual practitioner details

Full name

Practice name

Assessment completed and forwarded to the designated doctor.

Host doctor/usual practitioner's signature

Date

Day Month Year

Payment is made on the 20TH of the month unless stated otherwise on your tax invoice.

Mailing instructions

Your GST invoice must include:

- the client number
- the client's name and address
- your name and address
- date the assessment was completed.

To ensure that you receive your payment promptly, please complete this form and return it with your tax invoice for \$40 plus GST to:

Work and Income
National Accounting Centre
Private Bag 3050
Rotorua 3046

Appendix 2 – Factors which impact on capacity for work

	DESCRIPTION	CODE	EXPLANATION
Vocational	Limited employment history	Vo1	Having a limited range of past work experience
	Extended time out of workforce	Vo2	Being out of the workforce for an extended period resulting in lost skills or confidence
	Limited skills/experience	Vo3	Limited skill set, or few transferable skills
	Workplace limitations	Vo4	Need for workplace modifications or conditions
	Job seeking skills	Vo5	Limited ability and skills in seeking employment
	Job performance history	Vo6	Poor or unsatisfactory employment record
	History of poor job satisfaction	Vo7	Expressed dissatisfaction with recent employment
	Limited work goals	Vo8	Limited understanding of the scope of potential employment opportunities
	Return to work costs	Vo9	Actual or perceived costs to return to work are substantial – ie clothes, transport or childcare
	Workplace intimidation	Vo10	History of lack of support and encouragement from workmates and colleagues
	Lack of a driver license	V11	Does not have a driver license
	Other vocational (specify)	V12	
Educational	Formal education	E13	Incomplete high school education
	Literacy/numeracy	E14	Limited reading/ writing or numeracy skills
	Learning disabilities	E15	Restricted ability to retain new knowledge. May include intellectual disability
	Limited success at training	E16	History of incomplete training or education programs
	Other educational (specify)	E17	
Health Related	Physical limitations	Ho1	Physical impairment which reduces work capacity. May involve musculo-skeletal, respiratory, cardiac or other body systems.
	Psychological/Psychiatric limitations	Ho2	Mental health condition which reduces work capacity
	Cognitive/neurological condition	Ho3	Impaired neural functioning. May be due to congenital, acquired brain injury, intellectual disability or other cause.
	Sensory Impairment	Ho4	Loss of sensory function. May require technological support or equipment.
	Substance abuse	Ho5	Significant effects from regular use/abuse of alcohol and/or other drugs (including abuse of prescribed medication)

	DESCRIPTION	CODE	EXPLANATION
Health Related <i>continued...</i>	Undergoing current treatment	Ho6	Undergoing current treatment (eg surgery) which requires hospitalization or results in significant incapacity.
	Side effects of medications	Ho7	Current medication reduces ability to work
	Energy levels	Ho8	Difficulty finding the energy to work
	Frequent hospitalizations/ treatment demands	Ho9	Medical condition that requires repeated attendance or admission to medical services.
	Imminent terminal illness	H10	Medical condition that is reasonably expected to result in death within 2 years.
	Fluctuations in health condition	H11	Health condition or disability which results in regular/varied episodes of significant impairment
	Awaiting health service	H12	Waiting for assessment, treatment or rehabilitation to address an active condition
	High levels of physical support	H13	Requires attendant care to assist in activities of daily living and personal support
	Endurance limitations	H14	Inability to work 8 hours per day and/or every week day. Reduced ability to stand or sit for extended periods
	Concentration limitations	H15	Lack of ability to concentrate. Difficulty comprehending complex information or following multi-part instructions.
	Manual dexterity limitations	H16	Restricted fine motor skills resulting in reduced capacity to manipulate everyday objects. Includes writing implements, telephone, food utensils, computer keyboard and mouse.
	Mobility restrictions	H17	Reduced ability to freely move around. Includes reduced ability to access public transport, climb stairs or navigate rough terrain
	Physical fitness	H18	Diet or lifestyle limit physical fitness
	Pain condition	H19	Significant pain which interferes with activities of daily living.
	Tolerance limitations	H20	Health conditions limit ability to attend or persist at work activities
	Other health (specify)	H21	
Socio-Cultural	Cultural factors	So1	Culture or beliefs create a barrier to accessing help. Need to rely on others for support and understanding
	Language/communication	So2	Difficulty in understanding or speaking English or the language of the case manager or health professional
	Relationships/family	So3	Family or friends not able to give support. May include recent relationship breakdown, family violence

DESCRIPTION

CODE

EXPLANATION

	DESCRIPTION	CODE	EXPLANATION
Socio-Cultural <i>continued...</i>	Support network	So4	Limited support network or isolation from regular community life.
	Caring or support responsibilities	So5	Sick or disabled dependents who have high support needs
	Other social (specify)	So6	
Personal	Motivation	Po1	Limited drive to establish or pursue work or life goals
	Work attitude	Po2	Negative sentiments towards work which compromise ability or willingness to seek employment
	Confidence	Po3	Limited self confidence/self esteem. Fear of rejection.
	Insight	Po4	Inappropriate (high or low) expectations and understanding of work capacity or job safety.
	Flexibility	Po5	Resistance to considering alternate employment or environmental changes
	Reliability and Punctuality	Po6	Frequent missed appointments or consistently late
	Worry and stress	Po7	Concern that taking up employment may have a damaging impact on the person's future.
	Fear of failure	Po8	Concern that employment will not work out, leaving the person worse off than their current position.
	Coping	Po9	Loss of resilience. Reduced ability to recover from life stressors.
	Anger	P10	Restricted ability to deal effectively with conflict or feelings of anger
	Fear of aggravation	P11	Worry that work will aggravate a condition
	Personal hygiene	P12	Poor level of personal hygiene and grooming.
	Environmental awareness	P13	Limited ability to manage own affairs. Poor orientation or time management.
	Home management skills	P14	Requires assistance with activities of daily living
	Financial management	P15	Limited ability to manager personal finances.
	Social interaction	P16	Limited ability or tolerance to effectively interact with others
	Discrimination	P17	Perceived negative attitudes to age, gender, sex, race or religion
	Perceived lack of available jobs	P18	Belief that there are no suitable jobs available
	Appearance	P19	Presence of tattoos, scars or poor dental status that may interfere with ability to gain employment
	Multiple external stressors	P20	A range of external factors which combine to significantly reduce work capacity
	Other personal (specify)	P21	

	DESCRIPTION	CODE	EXPLANATION
Legal	Ex-offending history	Lo1	History of recent or current incarceration, parole, community order or justice requirements
	Legal action pending	Lo2	Major legal issues/court cases pending for serious offending in civil or criminal courts
	Family law issues	Lo3	Unresolved divorce, custody or access issues
	Other legal (specify)	Lo4	
Environmental	Accommodation	No1	Housing that is inadequate or inappropriate to meet the person's needs
	Transport	No2	Limited access to public transport or inability to travel alone.
	Debt	No3	Debt which cannot be reasonably managed.
	Geographic isolation	No4	Limited local availability of services, training or programs
	Lack of employment opportunities	No5	Difficulty finding jobs in the region where the person lives
	Lack of education opportunities	No6	Difficulty finding or accessing education in the region where the person lives
	Employer resistance to beneficiaries	No7	Employers having negative attitudes to beneficiaries
	Employer resistance to conditions or modifications	No8	Employer does not support the person and their vocational needs.
	Benefit disincentives/ stand down periods	No9	Concern that taking up employment will reduce income or result in cumbersome re-entry requirements
	Case manager relationship	N10	Lack of constructive engagement with case manager
	Provider relationships	N11	Lack of constructive engagement with health or service provider
	Conflict between agencies	N12	Disagreement between agencies or providers in relation to entitlement, assessment or service funding or provision
	Discrimination	N13	Negative attitudes to age, gender, sex, race or religion
	Other environmental (specify)	N14	

Appendix 3 – Billing Statement

Designated Doctor Billing Statement



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER | |

This information will be used to ensure that the correct payment will be made to the designated doctor and the client's usual GP (where a written report has been requested).

Case manager – please complete all of this section.

Client details

First name(s) Surname or family name
Date of birth
Day Month Year

Billing instructions Office use only

WORK AND INCOME SERVICE CENTRE
DATE STAMP

The preparation for this report should be billed as

- | | |
|--|--|
| <input type="checkbox"/> Invalid's Benefit Application | <input type="checkbox"/> Invalid's Benefit Review |
| <input type="checkbox"/> Sickness Benefit Application | <input type="checkbox"/> Sickness Benefit Review |
| <input type="checkbox"/> Domestic Purposes Benefit –
Care of Sick or Infirm Application | <input type="checkbox"/> Domestic Purpose Benefit –
Care of Sick or Infirm Review |
| <input type="checkbox"/> Child Disability Allowance Application | <input type="checkbox"/> Child Disability Allowance Review |
| <input type="checkbox"/> Independent Youth Benefit (sickness)
Application | <input type="checkbox"/> Independent Youth Benefit (sickness)
Review |

Payment is made on the 20th of the month following unless stated otherwise on your tax invoice.

Designated doctor – please complete all of this section.

Designated doctor details

Please print or stamp your full name,
address, telephone number and HPI
number.

This information is required under
the Social Security Act 1964.

HPI number
Full name
Practice name

Assessment completed and forwarded to the local Work and Income Service Centre.

Medical practitioner's signature Date
Day Month Year

Report request

Has a report been requested from the client's usual GP?

No Yes ▶ Please provide usual GP's details below:

Usual GP's contact details

Full name
Practice name

Mailing instructions

Your GST invoice must include

- client number
- client name and address
- your name and address
- date the assessment was completed.

To ensure that you receive your payment promptly, please complete this form and return with your tax invoice to:

Work and Income
National Accounting Centre
Private Bag 3050
Rotorua



New Zealand Government