

# Treatment Expenses

(counselling for a non-professional support person)

This form is to seek reimbursement of expenses for **counselling from a registered health practitioner for a person who is providing non-professional support to a veteran while they are undertaking treatment and rehabilitation for an accepted service-related injury or illness**. The accepted service-related injury or illness must be listed on the veterans treatment card.

VA may fund counselling for a spouse, partner, child, dependant, or other person who is providing non-professional support to a veteran while they are undertaking treatment and rehabilitation. VA will need to provide a letter authorizing the approved funding of the urgent treatment of the mental injury or illness and/or counselling for those persons supporting the veteran.

**Please attach the receipts** for the visits to the health practitioner or for the pharmaceuticals you are claiming on this form.

## Veteran Details

<b>1</b>	<b>Veterans' Affairs number (if known)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2</b>	<b>Title</b>	<b>Rank</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3</b>	<b>Last name</b>	<input type="text"/>							
<b>4</b>	<b>First name/s</b>	<input type="text"/>							
<b>5</b>	<b>Other name/s known as</b>	<input type="text"/>							
<b>6</b>	<b>Date of birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>7</b>	<b>Residential address</b>	<input type="text"/>							
		<input type="text"/>							
		<input type="text"/>							
		<input type="text"/>				<input type="text"/>			
		Country (if not New Zealand)				Post Code			

## Support Person Details

<b>8</b>	<b>Veterans' Affairs number (if known)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9</b>	<b>Title</b>	<b>Rank</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>10</b>	<b>Last name</b>	<input type="text"/>							
<b>11</b>	<b>First name/s</b>	<input type="text"/>							
<b>12</b>	<b>Other name/s known as</b>	<input type="text"/>							
<b>13</b>	<b>Date of birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>14</b>	<b>Residential address</b>	<input type="text"/>							
		<input type="text"/>							
		<input type="text"/>							
		<input type="text"/>				<input type="text"/>			
		Country (if not New Zealand)				Post Code			



# Declaration

***This application form needs to be signed. If someone has completed this form for you, you need to make sure that you agree with what he or she has written prior to signing the form.***

I declare that the expenses I have claimed are in relation to [ ]  
(name of veteran) accepted disabilities. I further declare that the information provided in this application form is, to the best of my knowledge, true and complete. I acknowledge that, as part of processing this application, Veterans' Affairs may seek to verify the information I have provided.

I am aware that under Section 270 of the Veterans' Support Act 2014 it is an offence to mislead Veterans' Affairs. Subsection (4) of this section provides that a person who commits an offence against this section is liable for prosecution for making false statements and the penalties, if found guilty, are:

- (a) imprisonment for a term not exceeding 3 months: or
- (b) a fine not exceeding \$5,000.00.

<b>Signature</b>	/ /
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**Send your completed application to:**

Veterans' Affairs  
PO Box 5146  
WELLINGTON 6140

<b>Office Use Only</b>		
	Total to pay	\$
<b>Accounts officer</b>		/ /
	Name	Signature
<b>Issuer</b>		/ /
	Name	Signature

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## Privacy Statement

The Veterans' Support Act 2014 (the Act) which is administered by the New Zealand Defence Force allows us to obtain further information about you to help us assess your application. This may happen when you apply for or are receiving an entitlement or service. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

In this form Veterans' Affairs seeks the evidence and information it needs to assess your eligibility to entitlements, services and support. If you do not provide all the information we ask for, your application for an entitlement and/or service may not be able to be processed and may be returned to you.

### Why we collect information

The information we collect about you will be held by Veterans' Affairs, which is a unit of the New Zealand Defence Force. We use this information for the purpose of:

- Administering claims, entitlements and services under the Veterans' Support Act 2014
- Enabling a comprehensive claims database to be maintained
- To monitor and evaluate the nature, incidence, severity and consequences of service-related illness and injuries
- The provision of appropriate treatment, rehabilitation and compensation
- Facilitating the monitoring of the operation of the Act and policy development
- The information you give us may be shared with other government agencies for several purposes, such as the Ministry of Social Development – consistency with other benefits, Accident Compensation Corporation – consistency with other claims, Maritime New Zealand – for merchant navy records, Inland Revenue – for payment of tax on taxable entitlements, Archives New Zealand – for service records and the Department of Internal Affairs – to verify your date of birth.

We only collect information needed to manage the entitlements and services we administer.

### Using and sharing personal and health-related information

Veterans' Affairs may exchange information about you with your health practitioner(s) in order to provide you with the correct entitlements and services, to clarify any health-related information you give us and for the purposes of putting in place treatment and rehabilitation if required.

Veterans' Affairs will also collect personal and health information from a variety of sources including information provided when making an application to Veterans' Affairs, information supplied by others including treatment providers, and other government agencies.

The information we collect about you can be via various channels, such as email, telephone, face to face and in various formats, such as letters, forms and electronic file notes.

Veterans' Affairs uses personal information provided only for the purposes consistent with the reason it was obtained and will not share it with other parties unless there is a legal authority to do so.

### You have the right to access and correct your personal information

You may access personal information that we hold about you. You can ask us to correct errors contained in the information we have about you.

You can contact us at anytime if you have concerns on what information about you we are collecting and how it is or may be used.