

# Household Domestic Services brief overview & extract of the policy

## Aim:

The primary aim of rehabilitation is to maximise the potential to restore a client and to promote independence, where a person is experiencing difficulties in managing their normal activities of daily living, consideration must be given to the purchase of other supporting aids and or appliances. This empowers the client and improves their overall ability to function more independently within their family, household and community. The provision of household services of a short-term nature may be relatively common for clients recovering from surgery or other treatment of an accepted service injury or disease. However, long-term approvals should only be for seriously incapacitated clients whose needs will be ongoing, due to the nature of their accepted conditions.

## Provided Under:

Household services are provided for in Division 3 of Part 7 of Chapter 4 of the MRCA and section 29 of the SRCA. A client's need for household services may be identified through a Needs Assessment, an ADFRP assessment if the client is still serving, a Rehabilitation Assessment or a request directly from the client.

<https://www.legislation.gov.au/Series/C1988A00156>

Section 214 of MRCA, and or subsection 29(1) of SRCA, provide that the Commonwealth will meet the cost (to a statutory upper limit) of household services provided that they are reasonably required by the person as a result of a service injury or disease for which liability has been accepted. A formal determination letter must always be sent to a client when a decision is made to approve, extend, or reject provision of household services.

<https://www.legislation.gov.au/Series/C2004A01285>

The household services provisions legislative basis for DVA to provide these services to current serving members of the ADF while the Chief of the Defence Force remains their rehabilitation authority are contained in the compensation provisions in chapter 4 of the Military Rehabilitation and Compensation Act 2004 (MRCA) and in part 2 of the Safety, Rehabilitation and Compensation Act 1988 (SRCA).

## Available to:

Household services may be available to current and former ADF members, including part time Reservists, ADF Cadets, Officers of Cadets and Instructors of Cadets who have suffered a service injury or disease for which liability has been accepted by the Military Rehabilitation and Compensation Commission (MRCC). To be eligible, the person must first make a claim for compensation for household services. Ideally, for most clients, household services will be delivered as part of a “package of support” that may also include rehabilitation services being provided under a whole-of-person rehabilitation plan. This is in keeping with the department's whole of person approach to rehabilitation and allows the client's various needs to be considered and reviewed on a regular basis. However, the provision of household services is not dependent on participation in rehabilitation where the delegate is satisfied that there are no other needs that must be considered and addressed at a particular time. For example, where a client is still serving and their rehabilitation or treatment needs are being provided through the ADFRP.

You may be eligible if you: are unable to manage household tasks because of your accepted service-related injury or condition (accepted under MRCA or DRCA); and are assessed as having a reasonable requirement for household services. If you have a Veteran Gold Card or a Veteran White Card for an accepted service related injury and condition, you are eligible for a VHC assessment. Every Veteran's case is different and will depend on the accepted MRCA / DRCA condition(s) as well as their environment. Therefore, DVA has an Occupational Therapist undertake an assessment to look at the many layers that create a Veteran's individualised approval for compensation through household services. There are limitations that can also affect the amount of household services approved, one of these being the weekly statutory limit

## YOUR Steps in understanding Household Services within DVA

ALL References are from the DVA website <https://www.dva.gov.au/get-support/health-support/care-home-or-aged-care/services-support-you-home/household-services> and Rehabilitation policy <https://clik.dva.gov.au/rehabilitation-policy-library/7-household-services/71-household-services>

The information is not to be construed as any type of advice and we recommend that you research the information, seek professional advice and speak directly to DVA

# 6 Steps for Household Services

**STEP 1:** If you have not already lodged. You will need to lodge a claim with DVA under MRCA <https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-after-30-june-2004/how-make-claim> or DRCA <https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-were-injured-1-july-2004/drca/how-make-claim>

**STEP 2:** If you are accepted under MRCA or DRCA and you are unable to manage household tasks because of your accepted service-related injury or condition, make an appointment with your GP who can help you complete the Household Services claim form D9319, if you are unable to manage household tasks because of your accepted service-related injury or condition . <https://www.dva.gov.au/about-us/dva-forms/claim-household-services> and <https://www.dva.gov.au/sites/default/files/dvaforms/d9319.pdf> .

**STEP 3:** Submit the form to DVA at [hhs@dva.gov.au](mailto:hhs@dva.gov.au) or via post to GPO Box 9998, Brisbane QLD 4001. If you need assistance contact DVA <https://www.dva.gov.au/about-us/contact-us> or an advocate <https://www.advocateregister.org.au/>

**NOTE:** The determination to accept or reject a claim for household services must be based on evidence from an assessment of the person's ability to undertake tasks which are required for the proper running and maintenance of their household. For all new claims and renewals, this assessment would generally be conducted by a suitably qualified and experienced Occupational Therapist\* (OT). Medical information and evidence regarding the practical implications of the person's condition(s) are essential for DVA to make a determination. The D9353 form is the activities of daily living assessment. The Activities of Daily Living (ADLs) is an assessment of the person's ability to undertake tasks which are required for the proper running and maintenance of their household. This form is completed by the Occupational Therapist appointed by DVA, to undertake the [Activities of daily living assessment | Department of Veterans' Affairs \(dva.gov.au\)](#) \* OTs or other suitably qualified health professionals undertaking an assessment for household services do not need to be DVA accredited rehabilitation service providers. They must however, be Comcare accredited, appropriately qualified and experienced.

**STEP 4:** If you are eligible for an assessment, DVA will confirm your eligibility for services, assess your needs and provide you with a determination that will, determine the level of support you can access

**STEP 5:** Once approved. you will need to choose a suitable service provider that has the appropriate insurance coverage. The provider will arrange suitable times for service and ensure that standards of service are maintained. DVA states that "A suitable service provider is someone who holds an Australian Business Number (ABN), is equipped to deliver a high quality of service and has completed the following checks: Working with Children Check, Working with Vulnerable People Check and Police checks. <https://www.otaus.com.au/find-an-ot>

**STEP 6:** Always inform DVA when your circumstances change



**Household services can only be provided when a formal determination has been made by a DVA delegate that the services are reasonably required.**

## What tasks may be considered household services?

Common services may include help with:

- cleaning
- shopping
- childcare in some short-term and crisis care circumstances
- laundry
- ironing
- lawn mowing
- gardening
- meal preparation
- cooking
- dishwashing
- bed making
- general tidy
- window cleaning
- gutter cleaning
- solar power cleaning

## Statutory Limits

The statutory limit for household services is indexed as at 1 July each year by reference to the Consumer Price Index. Current rates are published in the CLIK Compensation and Support Reference Library under Payment Rates, Current Payment Rates. The MRCA limit is listed on the MRCA Rates and Allowances page. The DRCA limit is listed on the DRCA and Defence Act payments page. <https://clik.dva.gov.au/compensation-and-support-reference-library/payment-rates/current-payment-rates>

DVA <https://www.dva.gov.au/financial-support/payment-rates/compensation-payment-rates-mrca> ; and [Compensation payment rates for DRCA and the Defence Act | Department of Veterans' Affairs \(dva.gov.au\)](#)

## Case Studies - Tasks that may not be considered household services

### Household maintenance

The AAT decision in [Todd v Department of Defence \[1993\] AAT No. 9004 \(4 August 1993\)](#) confirmed that household services does not include the provision of household maintenance tasks. Accordingly the following are not household services as they are considered as household maintenance:

- painting and decorating (exterior and interior);
- repairing fences, doors and windows;
- plumbing;
- electrical repairs;
- tree maintenance -includes removing, lopping, trimming, drilling and treating;
- pest control;
- the installation of synthetic lawn;
- landscaping; and
- removal of large items of rubbish, such as old furniture or white goods that do not fit in normal household bins.
- Professional services

In [Lander v Comcare \[2000\] FCA 339 \(14 March 2000\)](#) Finn J stated '...the household services envisaged are those provided by the household members themselves ... they are not services for which those members make provision for the injured employee through the agency of third party providers.' This means that any service which a householder usually or reasonably needs to employ a professional service provider for, would not typically fall within the definition of a household service. An exception may be considered where it can be proved that the person has the appropriate qualifications and accreditation to undertake specific types of household maintenance themselves and would have completed these tasks themselves prior to their service related injury or disease. For example, provision of household services for electrical repairs could be considered if the client was a qualified professional electrician who is now unable to undertake electrical maintenance themselves because of their service related injury or disease.

### Vehicles

The AAT decision in [Pembshaw and Department of Defence \[1996\] AATA 691 \(18 June 1996\)](#) confirmed that interior and exterior cleaning of a vehicle was excluded from the definition of household services as the vehicle is not regarded as part of the applicant's house and curtilage. For this reason, washing, servicing, repairing or maintaining vehicles cannot be considered as a household service.

### Packing and unpacking boxes when moving house

Assistance with moving house, including the packing and unpacking of moving boxes, cannot be considered under the household services provisions because:

- it is not a regular task that is required for the proper running and maintenance of the person's home; and
- it is not unreasonable or unusual for a professional removalist to be employed to assist with house moving.
- This applies regardless of whether the person would have undertaken this task themselves prior to their service related injury or disease.

## Period of time for the Household Services

Delegates should not make open-ended determinations for the provision of household services and all determinations must have a start date and an end date. All new claims and renewals that are approved should be for a period of five (5) years. The exception to this is if the client is diagnosed with a degenerative condition with rapid progression; there are extenuating circumstances, such as a change in the client's informal care and support structures; or that the claim is a short term request for support after surgery/ hospitalisation. An ADL assessment must be conducted for every new claim and renewal unless it falls into the emergency/ extenuating circumstances described above. All household services renewals require a new ADL assessment to be completed.

## Hours of Household Services

Approved hours and amounts for household services must be based on evidence from the household services assessment, and/or information from the client's treating health professional and/or the client's rehabilitation provider. Reviewing evidence from all sources will ensure that a whole-of-person approach is utilised.

## Rural or Remote Household Services

Where a client is residing in a rural or remote location, and there are a limited number of providers in their location, it is likely that a service provider may need to travel some distance in order to deliver household services to the client. In these cases, it is entirely reasonable for providers to include travel costs in their quotes and clients should not be disadvantaged because of their location. It is the role of the Rehabilitation Coordinator to determine whether these quotes are reasonable and to ensure that any approval of services are within the statutory limit. The DVA website provides information on the travel for treatment rates.

## Household services and the National Disability Insurance Scheme (NDIS)

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Household services can be provided by both DVA, through a specific services plan, or by the NDIS, through an individual care plan. Where DVA clients are accessing support through the NDIS, they can choose which of these options suits them best. However, an important principle is that the same household services must not be provided by both NDIS and DVA.

## What is reasonable - Household services?

In determining the reasonable requirement for provision of household services, the delegate must consider the criteria in section 215 of the MRCA and subsection 29(2) of DRCA and address all of the matters relevant to the client's circumstances in the determination letter. These criteria are:

- (a) the extent to which household services were provided by the person before the service injury or disease;
- (b) the extent to which he or she is able to provide those services after the service injury or disease;
- (c) the number of other persons (household members) living with that person as members of his or her household;
- (d) the age of the household members and their need for household services;
- (e) the extent to which household services were provided by household members before the service injury or disease;
- (f) the extent to which household members, or any other relatives of the person, might reasonably be expected to provide household services for themselves and for the person after the service injury or disease;
- (g) the need to avoid substantial disruption to the work or other activities of the household members; and
- (h) any other matter that the Commission considers relevant.

The delegate should be satisfied that the person's injury prevents him/her from undertaking the requested household services. Provision of household services may be provided to address short term, or ongoing longer term needs. Longer term services may be required where a person has seriously incapacitating conditions or where the person is prevented from undertaking a task they were previously able to perform due to the nature of their accepted conditions, and the delegate determines that the service is reasonably required. For example, a person may have an accepted knee condition which means they are able to undertake household duties such as cooking and cleaning but are unable to undertake heavier household duties such as lawn mowing. In this example, while the knee condition alone would not be considered 'seriously incapacitating', as the person is no longer able to mow their lawn due to their accepted condition, household services can be considered. Compensation for household services is only payable for those duties that the person is not able to perform because of their service related injuries or diseases.

# Guide - Reasonable level of service

The following examples are provided as a guide to what might be considered a reasonable level of service for specific household services:

- grocery shopping – 1 hour per week. If a person chooses to have their groceries delivered, they are responsible for paying any delivery fees;
- lawn mowing – generally 1 hour per service for a normal sized suburban block with a suggested frequency of: fortnightly from September to February during Spring and Summer; and every three weeks from March to August during Autumn and Winter;
- cleaning gutters (under specific circumstances - see section 7.2.5 of this Guide) – up to 1 hour per service twice a year;
- cleaning solar panels (under specific circumstances - see section 7.2.1 and section 7.2.5 of this Guide) that were in place prior to the client's service related injury or illness - up to 1 hour per service twice a year;
- cleaning windows – up to twice a year;
- cleaning mould from the exterior of a home in humid/tropical locations – 1 service per year; and
- wood chopping and stacking\* where the wood has been delivered to the client's property - up to 4 hours per year if a wood splitting machine is used; or up to 8 hours per year if the wood is split manually. This may either be provided as one 8 hour service, or broken into two 4 hour services.

When considering a reasonable level of service, each case must be considered on its own merits, with reference to each client's individual circumstances.

The following examples are provided to illustrate where a more frequent level of service may be considered reasonable:

in tropical areas where it is consistently warm during winter and grass grows quickly, lawn mowing services fortnightly can be considered;

- if a client is dependent on a wheelchair for mobility and can only access the grassed area of their yard safely if the lawn is very short, a more frequent lawn mowing service may be required;
- where a client lives in a rural location with a very large front and back yard, one hour of lawn mowing may not be sufficient to ensure that the grass remains well kept;
- if a client lives next to the ocean and their home has increased salt spray on their windows as a result, more frequent services than twice per year can be considered.

## Pre-prepared meal delivery

Pre-prepared meal delivery can only be approved for a limited period of time. This service is intended to address temporary changes to a client's ability to manage meal preparation because of a change in circumstances related to their accepted conditions. This type of service is distinct from meal preparation services to meet ongoing needs.

The delegate must be satisfied that pre-prepared meal delivery is necessary under the circumstances, and reasonably required for a short period in-line with the criteria outlined in section 7.2.

Examples of where this type of service may be reasonably required are during a period of recovery immediately after surgery or ill-health related to the client's accepted condition.

The amount that can be funded under this arrangement will be for meal preparation and delivery only. The cost of ingredients cannot be funded.

Where the invoice for delivery of pre-prepared meals is itemised and can be separated into costs for ingredients, meal preparation and delivery, DVA will fund 100% of the specified costs for meal preparation and delivery only up to the approved amount (i.e. the costs of ingredients will not be funded).

## Dog washing and dog walking

As a general rule dog washing and dog walking services cannot be provided through the household services provisions. However, in very exceptional circumstances, when a person is severely impaired, dog walking and/or dog washing services may be considered.

## Moving into care

If the client moves into palliative care or residential aged care on a permanent basis, then the household services payments should be ceased from the date that they entered care on a permanent basis. If the person returns home from care, then their household services payments can be reactivated from the date that they were discharged from the care facility. Another OT assessment may be required if the client's needs have changed as a result of their hospitalisation.

## Family members to contribute

When determining whether a person reasonably requires household services, sections 29(2) of SRCA and 215 of MRCA require a delegate to consider the extent to which household members, or any other relatives of the person, might reasonably be expected to provide household services for themselves and for the person and the need to avoid substantial disruption to the work or other activities of the household members.

What does “reasonably be expected” mean?

Clause 215 of the explanatory memorandum to the MRCA states that household services are not payable if there are other family or household members who could reasonably be expected to undertake those tasks without disruption to that person's employment or to other external commitments.

It is however, important that all cases are considered on their merits, with due regard to each client's individual needs and circumstances.

When making decisions about whether household services are reasonably required, DVA delegates must consider all of the paragraphs in in section 29(2) of SRCA and section 215 of MRCA as a whole. This means that even if the client was responsible for undertaking a task prior to their service related injury or disease and now is not able to do so, the delegate must still consider whether it is reasonable for other household members to be expected to undertake these tasks for themselves and for the client after the injury or disease, given their other commitments and their age.

## Child Care

There are two options for providing time-limited and short term child care support for clients who are struggling to cope with unexpected circumstances that are impacting on their ability to manage their child care responsibilities. These are:

- through the household services provisions where time limited child care support is . “required for the proper running and maintenance of the person's household”; and
- through the psychosocial rehabilitation provisions where a lack of child care support is creating barriers to the person being able to access treatment or programs that will help them to manage the impact of their accepted conditions

## Tasks taken at height

Where a task needs to be undertaken at height, community standards are such that most people would be unlikely to perform the task themselves, for example, where they need to physically get onto a roof or access is precarious. Services for which a person might usually or reasonably need to employ a professional service provider, due to the safety risk associated with the task, would not normally fall within the definition of a household service and the client cannot be compensated for such services. The following circumstances outline when it would not be reasonable to compensate a person for household services, for tasks undertaken at height:

Two storey house - it is reasonable to consider that gutter cleaning, solar panel cleaning and external window cleaning on a two storey house would generally be undertaken by a professional. Accordingly, no compensation for household services can be paid. Single storey house - household services can be considered for gutter cleaning, solar panel cleaning and external window cleaning in the following instances:

- the solar panels were in place prior to the service-related injury or illness;
- the client was responsible for cleaning the gutters, solar panels or windows prior to their injury or illness; and
- the gutter, solar panels or windows are in a position that does not require the person to get onto the roof or place themselves at risk to clean them.

## Catastrophic Injury (and Disease) Provisions for Household Services

For the purpose of MRCA and DRCA, a client can be considered to have a “catastrophic injury” if both of the following conditions are satisfied:

The Catastrophic Injury Provisions Instruments under MRCA and DRCA provide detail on the scope of each condition type, or presenting issues for the purpose of eligibility. The conditions are based on the minimum benchmarks for eligibility to catastrophic traumatic injuries for the workplace accidents stream of the NIIS, and are also equivalent to those contained in the motor vehicle accidents stream of the NIIS. To be eligible for Catastrophic Injury provisions, a formal determination must be made in writing by a Commission Delegate and communicated to the client. Any formal decision made by a Commission Delegate regarding the outcome of a catastrophic injury claim must be evidence-based as outlined in the Catastrophic Injury Guidelines.

Legislative authority is given under the [Military Rehabilitation and Compensation \(Catastrophic Injury or Disease\) Determination 2018](#) and the [Safety, Rehabilitation and Compensation \(Defence-related Claims\) \(Catastrophic Injury\) Rules 2018](#) (‘the Catastrophic Injury and Disease provisions’).

This policy is informed by Comcare’s [Safety, Rehabilitation and Compensation Act 1988](#) (SRCA), and the [Safety, Rehabilitation and Compensation \(Catastrophic Injury\) Rules 2018](#).

## Rental properties

When considering whether someone reasonably requires household services, it does not matter if the person owns the property or is renting. The prime consideration is whether the person is actually responsible for undertaking the tasks that they are requesting assistance with as part of their obligations under their tenancy agreement. The best way to ascertain this information is for the OT undertaking the ADL assessment to confirm whether the client's rental agreement stipulates the tasks that the client is responsible for outside the home.

## Cleaning associated with moving house.

Cleaning prior to moving house can also be provided through the household services provisions. As with all other requests for household services, the delegate must be satisfied that a "move clean" is reasonably required, using the criteria outlined in section 7.2 of this chapter, and that the total amount of household services to be provided does not exceed the weekly statutory limit. Even though cleaning before moving house can be approved, it should be noted that the removal of home contents is not an eligible household service as the removal is not reasonably required for the proper running and maintenance of the client's household.

## Lawn Mowing for Rural or Semi Rural Properties

Two AAT cases, Keefe and Dept of Defence (1988) and Ryan v Telstra (1995) have specifically dealt with lawn mowing request from client living on rural and semi rural properties. The AAT found that a household service (such as lawn mowing and gardening) should be reasonably construed as referring to the entire domestic establishment, comprising both the house and curtilage.

In general terms curtilage can be defined as that "area, usually enclosed, encompassing the grounds and buildings immediately surrounding a home that is used in the daily activities of domestic life."

Under the VEA, DVA applies a specific definition for the term curtilage in determining a veteran's Income Support Assessment specifically for assets testing. The area that is defined as the curtilage for this purpose is:

- the land adjacent to the veteran's principal home, and
- is not more than 2 hectares, and
- is primarily used for private and domestic purposes in association with the dwelling-house.

In the AAT cases noted above, a generous approach was taken as to what could comprise a curtilage in a rural or semi rural setting, as opposed to that in crowded suburbia, with the AAT narrowing the requested maintenance of a large (5.06h) block to a smaller defined curtilage while all of a low maintenance smaller (1.25h) block was included. This outcome focuses on the area that comprises the immediate household and curtilage that is used in the daily activities of domestic life of the client. This home area in semi rural or rural areas can be identified through the rehabilitation or activities of daily living assessment process and more detailed knowledge of the property and maintenance requirements. Delegates considering requests for mowing assistance for rural or semi-rural properties should take into consideration, as well as the usual tests for household services:

- the area requested for the provision of mowing services;
- the definitions or application of the curtilage in similar cases such as the AAT rulings and similar legislation such as the VEA; and
- the need for an independent assessment around the level of mowing being requested.

Another matter which may arise in relation to semi rural or rural areas is that of the client's capacity to maintain the property due to other issues – such as where undulating topography is too dangerous for them to use a conventional grass slasher/tractor and requires a contracted provider to undertake the services. In such cases, the inability to mow the property may not be due to a compensable injury. Delegates are also required to consider whether it is reasonable to provide an increased level of lawn mowing assistance if the client has moved from an urban to a rural block, or to a larger block within a rural areas, knowing that they will have difficulties in managing the maintenance of the increased area of land due to their service related injury or illness. When making a decision about whether it is reasonable to approve an increased level of lawn mowing assistance, delegates must utilise a whole-of-person focus and ensure that they consider issues that may be relevant to why the person chose to move to a rural location. For example, a delegate may consider that an increased level of service can be approved if the client has moved to the rural location to assist them to manage their accepted conditions more effectively; or the client has a strong family or community support network in the rural area that they have moved to.

## Household services for serving members

Before DVA can provide household services to serving members, the following additional criteria must be met:

- the need for household services is supported by an ADFRP or Rehabilitation for Reservists Program assessment report; and
- the ADF Regional Rehabilitation Manager requests that DVA provides household services to a client; and
- DVA has agreed that household services can be provided.

The exception to this general rule is if the serving member approaches DVA directly for household services support.

This approach ensures that both the ADF's Rehabilitation Programs and DVA are aware of the client's needs, circumstances and the range of services that may be provided while they adjust to, and learn to manage, their service related conditions or injuries. If the ADF Rehabilitation Program assessment report does not provide sufficient information to support the provision of household services by DVA, the Rehabilitation Coordinator must arrange for a follow-up assessment to be undertaken by a qualified Occupational Therapist. DVA is responsible for all costs associated with that assessment.

Serving members can approach DVA directly for household services assistance. Household services are provided through the compensation provisions of the MRCA and the SRCA. This means that there is no barrier to a serving member contacting DVA directly for household services. This applies regardless of whether the serving member is participating in an ADF rehabilitation program. A requirement for household services may be identified through the needs assessment process, or through a claim for household services submitted to DVA. In each of these cases, the DVA delegate should consider the person's request for household services using the usual processes. In most circumstances, this will include a home/activities of daily living assessment by an independent and suitably qualified Occupational Therapist. It is important that the Rehabilitation Coordinator does not refer the client back to the ADFRP or the Rehabilitation for Reservists Program for an activities of daily living/home assessment. This is because DVA is responsible for organising the assessment to determine whether household services are reasonably required due to the client's service injury or disease, and for all costs associated with that assessment.

If the serving member receives a home-based OT assessment which identifies a rehabilitation need, then the ADFRP or Rehabilitation for Reservists Program should be notified of this by sending a referral to the ADFRP or the Rehabilitation for Reservists Program through the appropriate email address. The OT report can only be provided to Defence if the client has provided their explicit consent for this to occur. It is mandatory that R&C ISH standard letters are used when referring clients to the Defence rehabilitation programs. Letters generated from R&C ISH will automatically attach to the client's UIN folder in TRIM. Rehabilitation Coordinators must refer to the section titled Procedures for providing household services to serving members, in chapter 7 of the Rehabilitation Procedures Guide, for procedural information.

## Obtaining household services

The serving member should clearly understand that, for the purposes of household services, at all times they are responsible for:

- choosing a provider;
- the standard of service provided;
- arranging the times when the provider can undertake the household services and the conduct of the service provider in the person's home; and
- any public liability issues arising from having service providers undertake work in and around their home.

The contract is between the person and the provider.

DVA is only responsible for determining:

- whether household services are reasonably required;
- the amount of compensation that is payable; and
- making payments of compensation for household services.

The intent of this approach is to encourage the person to be responsible for self-managing as many aspects of their daily life as possible. However, if the serving member is experiencing major difficulties with managing their household services responsibilities, then it may be beneficial for them to discuss this with their ADFRP or Rehabilitation for Reservists Program Rehabilitation Consultant.





**This document is for you to walk away with a little more knowledge on Household Services.**

**This document is not to be construed as any type of advice or the full content. We recommend that you read the content in full on the DVA website and use it in conjunction with the Consolidated Library of Information and Knowledge (CLIK) (under review).**

**The information we have extracted is for you to peruse as a basic overview, which we hope will interest you to learn and develop a little more understanding.**

ALL References are from the DVA website <https://www.dva.gov.au/get-support/health-support/care-home-or-aged-care/services-support-you-home/household-services> and Rehabilitation policy <https://clik.dva.gov.au/rehabilitation-policy-library/7-household-services/71-household-services>