

Item 1: Exemption Data

Age	Amount
15-24	<5
25-34	<5
35-44	6
45-54	10
55-64	24
65+	
Total	46

Payment Type	Amount
Carer Payment	6
Disability Support Pension	29
Newstart Allowance	<5
Parenting Payment Single	<5
Sickness Allowance	<5
Wife Pension Disability Support Pension	<5
Total	46

Gender	Amount
Female	20
Male	26
Total	46

Identity	Amount
Indigenous	14
Non Indigenous/Does Not Wish to Answer	32
Total	46



Australian Government
Department of Social Services

Wellbeing Exemption

Cashless Debit Card Trial

s22

Introduction

This document provides information about the Department of Social Services' role to identify participants who may be at risk from the Cashless Debit Card (CDC) and the process of exempting them from the trial.

The exemption process begins with DSS receiving information pertaining to the wellbeing of a trial participant from the local partners, Indue, Centrelink, calls to the hotline or any other avenue.

Reasons for Exemption

DSS can exempt an individual from the Debit Card Trial if participating in the trial would lead to a serious risk to the individual's mental, physical or emotional wellbeing.

Process of Exemption

Once the Cashless Debit Card Operations Section has identified that a participant's wellbeing *may* be at risk due to participation in the CDC program, they will instigate the following process:

1. Create entry in the Exemption Log, which is saved within the Personal Information Management System (PiMS) at [CDC > Operations > Hotline > CDC Operational Logs](#). The log notes the trial participant's details including their name, CRN, payment type, address and date of birth. The entry also needs to note down (with as much relevant detail) the risk to the trial participant's physical, mental or emotional wellbeing.
2. Once the Exemption Log has been updated, pass on the details recorded in the entry in Exemption Log to an ^{s47E(d)}
s47E(d)
3. The ^{s47E(d)} provided information and either:
 - (a) ^{s47E(d)}
s47E(d)
 - (b) recommends exemption (Go to Step 5); or
 - (c) does not recommend exemption (Go to Step 10).
4. ^{s47E(d)}
 - (a): recommend exemption (Go to Step 5); or

- (b): do not recommend exemption (Go to Step 5)
5. Fill in the Exemption Recommendation Minute at **Attachment A**, and the letter at **Attachment B**, save it and provide it to the ^{s47E(d)}
 - (a): decide to exempt (Go to Step 7); or
 - (b): decide not to exempt (Go to Step 10).
 6. Scan the signed minute and the signed letter and save in Arc under **EF16/318398 General Wellbeing Exemption and Trial Exits**. Inform DHS that the trial participant is to be exempted from the trial by using the **Debit Card Project** to email ^{s47E(d)} with the subject line "New Wellbeing Exemption for (participant's name)" along with the trial participant's details.
 7. Receive confirmation from DHS that the trial participant has been exempted.
 8. Call trial participant to tell them that they are exempt from the trial. Send the signed letter which was attached to the Exemption Recommendation Minute to the trial participant notifying them that they are exempt from the trial.

No further steps required, if step 9 is completed.
 9. Inform trial participant that they are not exempt from the trial by using the template at **Attachment C** unless it was an appeal, then use the template at **Attachment D**.
 10. If trial participant provides new information or/ requests an appeal, note that the participant has appealed in the Exemption Log and go to Step 3.

Relevant Supporting Documents:

Social Security (Administration) (Specified Trial Area – Ceduna and Surrounding Region) Determination 2015

Social Security (Administration) (Trial Area - Ceduna and Surrounding Region) Amendment Determination (No. 1) 2016

ATTACHMENT A

Minute

To: s47E(d)
Trial Logistics

From: s47E(d)
Trial Logistics

Date: 3/05/2016

Subject: Wellbeing Exemption for the Debit Card Trial

Background

1. The *Social Security Legislation Amendment (Debit Card Trial) Act 2015* (the Act) provides the legislative basis for the Debit Card Trial. Section 124PD(2) of the Act allows the Minister to specify a trial area by legislative instrument. Section 124PG(1) of the Act allows the Minister to specify who is a trial participant by legislative instrument.
2. The *Social Security (Administration) (Specified Trial Area – Ceduna and Surrounding Region) Determination 2015* and the *Social Security (Administration) (Trial Area - Ceduna and Surrounding Region) Amendment Determination (No. 1) 2016* (the Ceduna Determinations) have been made for the purposes of sections 124PD(2) and s124PG(1) of the Act. The Ceduna Determinations establish Ceduna as a trial region and set out who will become trial participants in the Ceduna trial region. **[USE FOR CEDUNA]**

OR

The *Social Security (Administration) (Trial Area – East Kimberley) Determination 2016* has been made for the purposes of sections 124PD(2) and s124PG(1) of the Act. The Determination establishes the East Kimberley as a trial region and sets out who will become trial participants in the East Kimberley trial region. **[USE FOR THE EAST KIMBERLEY]**

3. Section 7(1) of the **Ceduna Determinations OR East Kimberley Determination** allows the Secretary discretion to exempt persons from becoming trial participants if the Secretary is satisfied that being a trial participant “would seriously risk that person's mental, physical or emotional wellbeing”.
4. The Department has delegations in place to allow you to grant exemptions.

5. xx has requested exemption from the cashless debit card trial (the Trial) under section 7(1) of the *Social Security (Administration) (Specified Trial Area – Ceduna and Surrounding Region) Determination 2015* as amended by the *Social Security (Administration) (Trial Area - Ceduna and Surrounding Region) Amendment Determination (No. 1) 2016* OR *Social Security (Administration) (Trial Area – East Kimberley) Determination 2016*:
6. Enter Details of the risk to the participant's wellbeing - can spill over into multiple paragraphs

Recommendations

7. That you agree to exempt insert participant's name, CRN: insert participant's CRN Number from being a trial participant on the grounds that being a trial participant “would seriously risk insert participant's name mental, physical or emotional wellbeing”.

AGREED / DISCUSS

8. That you sign the **attached** letter notifying insert participant's name that they are exempt from the trial.

SIGNED/ NOT SIGNED

s47E(d)

Date:

ATTACHMENT B

Insert Name
Insert Email

Dear x x

I write to inform you that you have been exempted from the cashless debit card trial under section 7(1) of the *Social Security (Administration) (Specified Trial Area – Ceduna and Surrounding Region) Determination 2015* as amended by the *Social Security (Administration) (Trial Area - Ceduna and Surrounding Region) Amendment Determination (No. 1) 2016*. [USE FOR CEDUNA]

OR

I write to inform you that you have been exempted from the cashless debit card trial under section 7(1) of the *Social Security (Administration) (Trial Area – East Kimberley) Determination 2016*. [USE FOR THE EAST KIMBERLEY]

This means you will not receive a cashless debit card and will not be on the cashless debit card trial.

If you wish to appeal this decision, please write to:

Branch Manager
Financial and Specialist Support
Department of Social Services
GPO Box 9820
Canberra ACT 2601

Please attach the following details:

- your name;
- your Centrelink Reference Number;
- your permanent address; and
- the reasons you believe the decision is incorrect.

If you have any questions, please phone the Department of Social Services' cashless debit card hotline on 1800 252 604 or email debitcardtrial@dss.gov.au.

Yours sincerely

ATTACHMENT C

x x

x

Dear x x

I write to inform you that the Department of Social Services has completed an internal review of the decision not to exempt you from the cashless debit card trial under section 7(1) of the *Social Security (Administration) (Specified Trial Area – Ceduna and Surrounding Region) Determination 2015* as amended by the *Social Security (Administration) (Trial Area - Ceduna and Surrounding Region) Amendment Determination (No. 1) 2016*. [USE FOR CEDUNA]

OR

I write to inform you that the Department of Social Services has completed an internal review of the decision not to exempt you from the cashless debit card trial under section 7(1) of the *Social Security (Administration) (Trial Area – East Kimberley) Determination 2016*. [USE FOR THE EAST KIMBERLEY]

The Department has decided to uphold its decision not to exempt you under this provision. This means you will continue to be a trial participant.

If you wish to appeal this decision, you can appeal to the Administrative Appeals Tribunal. You can find out more about this process by going to the Administrative Appeals Tribunal website at <http://www.aat.gov.au/applying-for-a-review/how-to-apply> or by calling them on 1800 228 333.

If you have any questions about this decision, please phone the Department of Social Services' cashless debit card hotline on 1800 252 604 or email debitcardtrial@dss.gov.au.

Yours sincerely

ATTACHMENT D

x x

x

Dear x x

I write to inform you that the Department of Social Services has completed an internal review of the decision not to exempt you from the cashless debit card trial under section 7(1) of the *Social Security (Administration) (Specified Trial Area – Ceduna and Surrounding Region) Determination 2015* as amended by the *Social Security (Administration) (Trial Area - Ceduna and Surrounding Region) Amendment Determination (No. 1) 2016*. [USE FOR CEDUNA]

OR

I write to inform you that the Department of Social Services has completed an internal review of the decision not to exempt you from the cashless debit card trial under section 7(1) of the *Social Security (Administration) (Trial Area – East Kimberley) Determination 2016*. [USE FOR THE EAST KIMBERLEY]

The Department of Social Services has decided not to exempt you under this section as the evidence you have provided does not satisfy.... ..

This means you will continue to be a trial participant. evidence you have provided...

If you wish to appeal this decision, please write to the:

Branch Manager
Financial and Specialist Support
Department of Social Services
GPO Box 9820
Canberra ACT 2601

Please attach the following details:

- your name;
- your Centrelink Reference Number;
- your permanent address; and
- the reasons you believe the decision is incorrect.

If you have any questions, please phone the Department of Social Services' cashless debit card hotline on 1800 252 604 or email debitcardtrial@dss.gov.au.

Yours sincerely