HEALTH CARE CARD CONCESSION FORM 2026

PARENT OR CARER DETAILS		
SURNAME	**FIRST NAME**	**HCC CARD? (Yes/No)**

STUDENT/S ENROLLED AT ST JOSEPH'S, THE STRAND		
SURNAME	**FIRST NAME**	**YEAR LEVEL**

Highlight Eligible Code Health Care Card Codes:
FA (Family Allowance)
PP (Parenting Payment (partnered)
NSA (New Start Allowance)
PA (Partner Allowance)
SA (Sickness Allowance)
SL (Special Benefit)
WA (Widow Allowance)
LI (Low Income)

Pensioner Concession Card Codes:
PPS (Parenting Payment Single)
PP (Parenting Payment (partnered)
NSA (New Start Allowance)
PA (Partner Allowance)
SA (Sickness Allowance)
SL (Special Benefit)
WA (Widow Allowance) Department of Veteran Affairs Health Card
TPI (Totally Permanently Incapacitated)

Card Expiry Date: _____

Verified By: _____