

EIN:BLICK 5 – CARE

Disability Orientation Guide




Imprint

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Introduction

People with disabilities and those around them often face hurdles and difficulties in their daily lives. In view of the rather confusing variety of responsibilities, contact points and support services, a possible solution to these problems requires orientation for the time being. This series of publications by the Ministry of Social Affairs is intended to offer you an „**EIN:BLICK**“ (insight).

We have tried to start from questions that you might personally ask and have prepared information for you on the following topics:

- EIN:BLICK 1** Childhood and Youth
- EIN:BLICK 2** Work
- EIN:BLICK 3** Rehabilitation
- EIN:BLICK 4** Senior Citizens
- EIN:BLICK 5** Care
- EIN:BLICK 6** Social Compensation

EIN:BLICK 7 Financial Matters

EIN:BLICK 8 Equality

„**EIN:BLICK**“ on the topic of “care” provides an overview and is intended to offer you guidance. For this reason, the information cannot always be presented in detail. Only the statutory provisions are authoritative for the assessment of individual cases. For more specific questions, please contact the institutions listed in this booklet. The Social Ministry Service and its staff are available to you as a first point of contact for all questions on the subject of disability.

Additional insight is provided in the appendix, where you will find the addresses of the most important institutions as well as other brochures and downloads we have compiled. Financial benefits are only dealt with in general terms in the individual brochures. In order to provide you with better access to the support, exemptions reductions, etc. for you to be considered, we have summarized this information in a separate booklet „**EIN:BLICK 7 – Finanzielles**“ In this way,

we try to provide you with information that is as comprehensive as possible and structured according to your needs.

The last full edition is from 2019. Now booklet 5 has been updated to 2021.

But we would also like to invite you to visit the homepage of the Ministry of Social Affairs sozialministerium.at Here you will find lots of useful information and also have the opportunity to download „**EIN:BLICK**“ texts free of charge at your convenience.

The editors

Care – Legal Matters

More than 466,000 people in Austria need constant care. This figure alone demonstrates the importance of this issue: The need for long-term care has developed from a rather individual marginal phenomenon to a risk for all people in Austria. Austria was one of the first countries to take up this challenge and, after extensive preparation, created a uniform long-term care provision system.

In 1993, the Federal Long-Term Care Allowance Act and the corresponding laws of the federal states brought about a complete reorganisation of long-term care provision in Austria. With the Care Allowance Reform Act 2012, the legislative and enforcement competence was transferred from the federal states to the federal government. This means that around 67,000 recipients of a state care allowance became the responsibility of the Pension Insurance Institution or the Insurance Institution for Public Employees, Railways and Mining (Pensionsversicherungsanstalt /Versicherungsanstalt

öffentlich Bediensteter, Eisenbahnen und Bergbau) as of January 1, 2012.

Those who need care should be able to organise it themselves according to their own needs, for example, by offering family members, friends or neighbours financial compensation for their work. The care allowance contributes to this.

But money is not everything. Elderly people, sick people and people with disabilities should be able to lead largely self-determined, socially integrated lives in their familiar surroundings. The caregivers, who are mostly women, are to be supported and relieved – for example, through the use of professional help. In order to achieve this objective, the obligation to establish or expand outpatient, day-care and inpatient services nationwide was anchored in an agreement between the federal government and the federal states.

While these so-called social services (nursing and care services) also take into account the income situation of the

person in need of care, the care allowance itself is determined exclusively according to the individual need for care, that is, independent of income, age and the cause of the need for care.

What is care allowance?

The care allowance is an earmarked benefit exclusively intended to cover the additional costs of care and therefore does not represent an increase in income. The care allowance supports the coverage of basic care in the form of a level-dependent contribution. Not all care costs are covered by the care allowance. It allows people in need of care a certain degree of independence and to remain (longer) in their familiar surroundings, namely at home.

Care allowance is paid in **7 levels from 162.50 to 1,745.10 Euros** per month, depending on the need for care. Income and assets are just as irrelevant as the cause of the

need for care. The care allowance does not have to be taxed by the person in need of care.

Can I also get care allowance?

You can receive care allowance if

- you have a permanent need for care due to a physical, mental or psychological disability or a sensory impairment,
- your care needs are **more than an average of 65 hours per month** and are expected to last at least six months
- and your habitual residence is in Austria, whereby the granting of care allowance in the European Economic Area and in Switzerland is possible under certain conditions.

The care allowance is already paid from **birth**. However, in the case of children (and adolescents), in principle only the "disability-related" additional expenses for care services

can be taken into account. All children (especially infants and toddlers) need comprehensive care and attention. For example, even healthy and normally developed babies cannot eat, drink, wash or dress and undress themselves independently. Therefore, together with experts, it was necessary to define age-appropriate abilities measured by developmental steps and to regulate them in a separate classification regulation for children and adolescents. Typical care activities for children and adolescents are described here with time values and age limits. Usually, a need for care can only be taken into account once this age limit has been reached.

However, if a child or adolescent has a disability or illness that makes caring for them significantly more difficult, this additional workload may be taken into account when determining the need for care. An example would be: your child suffers from spastic paralysis and therefore dressing and washing your child is particularly time-consuming. This additional expenditure is then also taken into account before the age limit is reached.

You can find out whether you are entitled to benefits under the applicable provisions by contacting the responsible authorities

What is the need for care?

A need for care within the meaning of the Care Allowance Act exists if you need support both in care measures and in performing auxiliary tasks.

When assessing the need for care, it does not matter whether you are unable to perform a task of daily living independently due to a cognitive impairment, a mental impairment, a physical disability or a sensory impairment. The only decisive factor is whether you are dependent on the help of others to do so. In the following section, the individual care and support measures are explained in more detail.

Care measures are all those that concern the personal sphere. Imagine, for example, cooking, eating, taking medi-

cation, dressing and undressing, personal hygiene, relieving yourself or moving around within your home.

Auxiliary tasks are those that concern the material sphere of life. For the assessment of the need for care, only the following five assistance services can be taken into account:

- Procurement of food, medicines and daily necessities
- Cleaning the flat and personal commodities

- Care of body and bed linen
- Heating of the living space including the procurement of the heating material
- Mobility assistance in the broader sense

How many hours are considered for this?

The following time values for **care measures** are flat-rate minimum or guideline values. If, due to special circumstances, considerably more time is required for concrete assistance, this can be taken into account. In the case of a guideline value, there may also be a shortfall, that is, you will be credited with less time for certain care measures than the guideline value provides for. The times given below for the guideline values are therefore to be understood as average values.

Dressing and undressing

Assistance with complete dressing and undressing or the corresponding guidance is taken into account at 20 hours per month (guideline value). For example, if you need someone to prepare your clean laundry according to the weather and you can then dress yourself alone, 10 hours per month are accepted. If, on the other hand, you only need help putting on and taking off a part of your clothes (for example, putting on a garment over your head), five hours per month will be counted.

Daily body care

If you are unable to wash on your own, this accounts for 25 hours per month (minimum). This time frame also includes, for example, blow-drying the hair, pedicure, manicure or washing the back. If you are able to wash yourself daily on your own, but need help with showering or bathing, then ten hours per month will be taken into account by the decision makers.

Relieving oneself

If you cannot go to the toilet, undress, clean and dress on your own, 30 hours per month are estimated (minimum value). However, if you are able to use a commode independently, 10 hours per month (guideline) are recognised for emptying and cleaning the commode.

Cleaning in case of incontinence

If you are incontinent and cannot take care of your incontinence or clean yourself alone, 20 hours per month are taken into account (guideline).

Preparation of the meals

If you need help to prepare a warm, properly cooked meal every day, 30 hours per month are credited for this (minimum value). However, if you do not need this help every day but regularly, if you cannot do the whole cooking process on

your own because you are no longer strong enough to clean and cut the vegetables or too weak to handle heavy pots, 10 hours per month can be taken into account for the assistance. These estimates include that the food is prepared, served, pre-cut or strained according to your needs. If you are not able to prepare the meals accordingly (tube feeding) because you receive nutrition by tube, the full value for the preparation of meals is taken into account as a need for care.

Taking meals

If you cannot eat on your own and have to be fed, 30 hours per month are taken into account for this (minimum value). It makes no difference whether the food is administered by spoon or in liquid form via a bottle or tube. In all cases, a uniform time value of 30 hours per month applies.

Taking medications

If you need someone to give you the right medicaments at the right time or to remind you to take your medications, three hours per month are taken into account (guideline). If you cannot administer subcutaneous injections on your own, five hours per month are considered as care needs. If you also have to take pills and need the help of another person for this, this support is already included in the five hours per month.

Cannula or tube care

Five hours per month each are recognised as care measure for both the necessary tube care and cannula care.

Mobility assistance in the narrower sense

For help with getting up, going to bed or walking in your home, 15 hours per month are calculated (guideline). This

time value is also to be used if you are bedridden and cannot turn over, sit up and the like on your own.

If only occasional support is required – for example, getting up in the morning – 7.5 hours per month are usually taken into account.

As far as the five **auxiliary activities** are concerned, a monthly fixed time value of 10 hours each is assumed for these, irrespective of the actual expenditure:

Procurement of food, medicines and daily necessities

If you are not able to buy daily necessities and transport them to your home on your own, 10 hours per task must be taken into account when assessing the need for care.

Cleaning the flat and personal commodities

If you need assistance for the ongoing cleaning of your home, such as sweeping, making the bed or dusting, the 10 hours per month provided for this will be taken into account when assessing the need for care.

Care of body and bed linen

If you cannot wash, iron and mend your laundry on your own, such as sewing on a button, the 10 hours per month provided for this will be taken into account when assessing the need for care.

Heating of the living space

If you are unable to operate your heating system on your own, such as heating a coal stove, carrying the coals up and emptying the ashes, the 10 hours per month estimated for this will be charged when assessing your need for care.

However, if you have a central heating system and only need to switch it on or off and set the desired temperature a few times a year, no assistance can be considered for this.

Mobility assistance in the broader sense

If you need help for walks outside your home, the 10 hours per month estimated for this will be used when assessing your need for care.

In the case of children and adolescents in need of care, a time value for mobility assistance in the broader sense of the term of up to 50 hours per month can be taken into account up to the completed 15th year of life.

How is the need for care determined for mentally ill people or those with cognitive impairment?

The special feature of the assessment of the need for care for mentally ill people or those with cognitive impairment is that they could often still perform the individual vital tasks due to their physical abilities, but they must be motivated to do so or guided or supervised during the actual activity.

If motivational talks are regularly necessary for the independent performance of the basic activities (mostly) of several care and assistance measures, a time value of a total of 10 hours per month is taken into account for this (guideline value). During the motivational talks, the caregiver and the person in need of care discuss which activities are to be carried out in the next 2–3 days (for example, discussing the meal plan, the shopping list and the cleaning of the flat, etc.). After this motivational talk, the caregiver leaves the

person in need of care, who now carries out the discussed tasks all by himself or herself and independently.

If a caregiver must be present for guidance or supervision during the performance of the task itself, the time values set for the respective measure are used (for example, 25 hours per month for daily personal hygiene).

How is the special care of children and adolescents considered?

For the assessment of the need for care of children and adolescents up to the age of 14, only the extent of care that exceeds the required extent of non-disabled children and adolescents of the same age is to be taken into account.

The particularly intensive care of severely disabled children and adolescents is taken into account by means of an additional lump-sum hardship supplement if there are at least two independent of each other, severe functional disorders

due to the disability. This applies until the completed 15th year of life. If older, the adult criteria are used.

The hardship supplement is a fixed amount of time and is paid for 50 hours per month until the child reaches the age of 7 and thereafter 75 hours per month until the child reaches the age of 15. This is added to the previously determined need for care as a separate care measure.

Please note:

In order to create uniform standards and legal certainty, a separate ordinance on the assessment of the need for care of children and adolescents (Children's Classification Ordinance) was issued. In this regulation, age limits are set on the one hand, from which a natural need for care is no longer to be assumed, and on the other hand, time values which are to be used as a rule for the assessment of the need for care. Of course, the concrete individual consideration of the care needs of children and adolescents compared to a child of the same age without a disability is possible.

Is a hardship supplement also available for people with dementia impairments or people with a psychiatric illness?

When determining the care needs of people with a severe mental or severe psychological disability – in particular a dementia-related illness – a hardship supplement can also be taken into account from the completed 15th year of life.

This supplement is intended to provide a lump sum to compensate for the additional expenditure for caregiver aggravating factors in the overall care situation for this group of persons. Caregiver aggravating factors are present when deficits in drive, thinking, planning and practical implementation of actions, social function and emotional control are expressed in total as a severe behavioural disorder. In these cases, the hardship supplement, which amounts to 25 hours per month (fixed value), is taken into account.

Are there also diagnosis-related minimum classifications?

People with certain forms of illness have very typical, largely similar care needs. Accordingly, certain care levels result for these people. Therefore, certain care allowance levels are assigned to these disabilities. If you belong to one of the groups listed below, you are entitled to a care allowance of the corresponding level. If you have a higher need for care due to additional ailments, this will be determined in a medical examination and taken into account accordingly, so that you may also be granted a higher care allowance.

Visual impairment

- severely visually impaired people level 3
- blind people level 4
- deaf-blind people level 5

People with wheelchair

You are considered to be a wheelchair user within the meaning of the Federal Long-Term Care Allowance Act if you are at least 14 years old, are predominantly dependent on the use of a mechanical or electric wheelchair, can operate it independently, thus overcome your mobility impairment and move around independently. If the cause of the mobility impairment is paraplegia or bilateral leg amputation or genetic muscular dystrophy or multiple sclerosis or infantile cerebral palsy, the following minimum diagnosis-related classifications are possible:

- Persons with wheelchair without faecal/urinary incontinence or bladder/bowel paralysis and without upper limb restriction level 3
- Persons with wheelchair with faecal/urinary incontinence or bladder/bowel paralysis and without upper limb restriction level 4
- Persons with a wheelchair with a functional limitation of the upper extremities (independent transfer to and from the wheelchair is not possible) level 5

How much is the care allowance?

Long-term care allowance is paid twelve times a year as a lump sum in 7 levels, depending on the extent of the need for care.

Level	Care needs in hours per month	Amount
Level 1	more than 65 hours	162,50 Euros
Level 2	more than 95 hours	299,60 Euros
Level 3	more than 120 hours	466,80 Euros
Level 4	more than 160 hours	700,10 Euros
Level 5	more than 180 hours as well as extraordinary care effort	951,00 Euros
Level 6	more than 180 hours, if <ul style="list-style-type: none"> • care measures are to be provided regularly during the day and night that cannot be coordinated in terms of time, or • the permanent presence of a caregiver is required, because a danger to self or others is likely is probable 	1.327,90 Euros
Level 7	more than 180 hours, if <ul style="list-style-type: none"> • no purposeful movements of the four extremities with functional implementation are possible or • a comparable condition exists 	1.745,10 Euros

For levels 5, 6 and 7, other aggravating circumstances must be present in addition to a need for care of more than 180 hours per month.

The extraordinary care requirement of care level 5

exists in particular, if

the permanent readiness, but not the permanent presence of a caregiver or

- regular follow-up by a caregiver is required at relatively short, but plannable intervals, whereby at least one follow-up must also be required at night, or
- more than 5 care units are required, including one during the night hours (between 10 pm and 6 am).


A person is assigned to **care level 6** if a predefined care plan cannot be adhered to and care measures have to be provided immediately. Even if a caregiver must be present at all times, for example to prevent danger to oneself and/or others, the care allowance is due at this level.



Care level 7 requires that no purposeful movements can be made with the four extremities. A comparable condition will be given, for example, if you as a person in need of care are dependent on the help of vital technical aids (for example, a respirator).

On July 2, 2019, all parties represented in the National Council unanimously passed a motion to amend the Federal

Long-Term Care Allowance Act, which provides for an annual increase of the long-term care allowance in all stages, as a significant improvement for long-term care allowance recipients and to support the care of relatives. The increase of the long-term care allowance in all levels will take place with effect from January 1 each year with the respective adjustment factor according to § 108f ASVG.

If you also receive other care-related benefits (for example, a care allowance or a blind person's allowance according to the social compensation laws, an increase in the family allowance for severely disabled children), these will be offset against the care allowance and thus reduce the amount paid out. However, only an amount of 60.00 Euros of the increased family allowance is taken into account. For example, for a child in need of care with care allowance level 2 amounting to 299.60 Euros, an amount of 60.00 Euros is deducted, leaving 239.60 Euros per month as the amount paid out in care allowance.


The **Citizens' Service** team will also advise you on questions of care allowance, social security coverage for carers, care leave, family hospice leave, (financial) support options for carers, and also about self-help offers for affected persons and relatives. In addition to people in need of care and caring relatives, the Citizens' Service is also available to provide advice and assistance to private and public institutions. For address and telephone number, please see the  appendix.

You can find additional information in the brochures  **EIN:BLICK 1 – Childhood and Youth** and  **EIN:BLICK 6 – Social compensation**, Ministry of Social Affairs.

How do I get care allowance?

You must apply for care allowance, although members of your family or members of your household can also apply. If you live in a home and part of the costs are borne by the social assistance or the minimum income provider, these institutions are also entitled to apply. Only if you have become in need

of care due to an occupational accident or disease will the accident insurance institution initiate the procedure on its own initiative.

If you are a recipient of a pension, submit the application for care allowance to the competent insurance institution. This is the body that also pays your pension ( see appendix). If you have medical certificates or findings from a hospital regarding your current state of health, you can enclose these with the application.

Consequently, the payment of the care allowance depends on the date of payment of your pension or annuity. This means that you usually receive the care allowance monthly in arrears. The entitlement to care allowance expires on the date of death of the person in need of care. Therefore, only the aliquot part of the care allowance is due in this calendar month.

If you are

- working,
- co-insured relative (for example, as a housewife or child),
- recipient of a minimum income scheme

you can apply for the care allowance at the pension insurance institution.

Recipients of a civil servant's pension from a federal state or a municipality submit the application for care allowance to the Insurance Institution for Public Servants, Railways and Mining (Versicherungsanstalt öffentlich Bediensteter, Eisenbahnen und Bergbau).

You can submit the application for care allowance informally. If you have mistakenly sent the application to an office that is not responsible, it does not matter. Each office is obliged to forward your application correctly.

What happens then?

Subsequently, you will be visited at home by medical staff or a qualified health and nursing professional. This home visit is announced in advance. The expert determines your care needs. We recommend that you have a trusted person on hand for this assessment, for example the carer, who can provide information on the specific care situation.

If you are cared for by staff of a social service, the medical expert will take the existing care documentation into account when assessing the need for care. If you live in a home, the information provided by the nursing staff must be taken into account in addition to the nursing documentation.

On the basis of the expert opinion, the competent authority will decide whether you will receive care allowance and, if so, to what amount, and will inform you of this in the form of a decision. You will receive the care allowance retroactively from the month following your application.

What do I do if I do not agree with this decision?

If you believe that your application for care allowance was wrongly rejected or that you were awarded too low a care allowance, you have the possibility to have the decision taken reviewed.

The prerequisite for this is a decision in writing. You can file a complaint against this either at the Labour and Social Court Vienna or at the Regional Court as Labour and Social Court. You may file this **written complaint in duplicate**. You also have the possibility to **file a complaint orally** at the nearest district court or directly at the social court **on the term of court** (protocol complaint). The complaint may also be filed with the decision-making body that issued the decision. The latter shall forward the complaint to the competent court.

It is important that you have filed the complaint **within three months** from the date of service of the notice.

The complaint must contain:

- the presentation of the dispute
- the name of the evidence you are claiming (for example, medical reports on which you are basing your need for care)
- a specific request (for example, "I apply for care allowance to the statutory extent")
- the attachment of the original or a copy of the contested decision

If the complaint is filed in time, the decision shall cease to have effect to the extent of the claim. The court will then review the eligibility requirements and, if necessary, obtain new expert opinions from court-certified medical experts.

In these court proceedings (1st instance), there is no compulsory legal representation before the Social Court. You can therefore also conduct your legal dispute yourself. However,

if you wish to be represented, the following persons, among others, are entitled to do so at courts of first instance:

- any suitable person you trust (for example, spouse, partner, adult children or grandchildren, parents, neighbours, etc.); the court decides on their suitability
- functionaries, employees of an association for people with disabilities, of a statutory representation of interests (for example, chamber of labour) or of a voluntary professional association capable of collective bargaining (for example, trade union)
- lawyers; in this case, however, you have to pay for the lawyer's fees if you lose the case

In these proceedings, you will in principle not incur any court costs and stamp duties by submitting pleadings and powers of attorney. Medical reports by the court experts etc. also cost you nothing. The court decides with a verdict.

If you are not satisfied with this ruling either, you can have the decision reviewed by the Higher Regional Court. First, however, you should be clear about the chances of success at this second instance. The appeal against the judgement of the first instance must be filed in writing with the Labour and Social Court within the stipulated period. In this procedure you must be represented by qualified persons (lawyers, functionaries and employees of a disability association, a statutory interest group or a voluntary professional association under a collective agreement).

If this court also makes a decision that does not meet your expectations, you can have your care allowance application reviewed by the Supreme Court. In this third and final instance, however, you must be represented by a lawyer in court.

Do I also receive care allowance when I am abroad?

While receiving care allowance, you can of course go on longer trips, even abroad, but you should notify the decision-maker in good time. As long as your stay abroad does not last longer than two months in a calendar year, this does not affect the receipt of care allowance. In addition, under certain conditions, care allowance can also be granted in the European Economic Area and Switzerland in the case of a longer stay abroad.

Please note:

If you have failed to report this, you will have to expect a claim for repayment!

Is it true that I don't get a care allowance when I'm in the hospital?

During an inpatient hospital stay you will receive the care you need there. As other institutions (for example, health insurance providers) pay for your additional care-related expenses during this period, the care allowance is suspended from the day following admission to the hospital and is paid again from the day of discharge. This means that the care allowance will no longer be paid to you during your inpatient hospital stay.

In some cases, however, the care allowance continues to be paid **if applied for:**

- if you have hired a caregiver for your care (the employment relationship must at least be subject to accident insurance) and you also incur costs as a result during the hospital stay – for a maximum of three months

in the amount of these costs (in cases of particular hardship, even longer);

- if you have entered into a legal care relationship for 24-hour care and you also incur costs from this during your hospital stay – for a maximum of three months in the amount of these costs (in cases of particular hardship, even longer);
- if your caregiver is insured on the basis of free continued insurance or self-insurance in the pension insurance – in the amount of the insurance contributions (for more information, see → „... and when caring for others?“ on page 45);
- if an accompanying person (for example, mother of a child in need of care) has also been admitted to hospital or a stay at a health resort can only be completed with an accompanying person – to the full amount.

Like every change in connection with the receipt of long-term care benefits, you must also report your inpatient hospital stay to the competent decision-maker **within four weeks**.

... and if I live in a nursing home?

If you can pay the entire nursing home costs with the care allowance, your pension or other income, nothing changes for you. You will receive the care allowance as previously instructed.

However, the pension and the care allowance are often not enough to cover the costs of the home completely. In this case, 80% of the pension and a maximum of 80% of the care allowance are used for payment and the minimum income provider pays the remaining amount. You, as the person in need of care, are left with the special payments, 20% of the pension and part of the care allowance, which is 46.70 Euros as pocket money.

In the case of **partial inpatient accommodation**, it is possible that the care allowance is paid in full to the respective cost bearer (province, municipality or social welfare agency). However, this is only possible with the consent of the reci-

patient of the care allowance or their legal representative. In any case, the person in need of care must have any remaining amount of the care allowance as well as the pocket money amounting to 10% of care level 3 (46 Euros) at their free disposal.

In any case, you are obliged to report the transfer to a home to the responsible decision-maker within four weeks.

My health has changed!

If you are already receiving care allowance and your state of health has deteriorated, you can apply to the paying agency for an increase. You should state how your condition has changed since the last assessment and what you now need care for. Then the same procedure follows as for the initial application.

If less than a year has passed since the last final decision, you must credibly demonstrate a substantial deterioration in your state of health in order to initiate a new procedure. Enclose a medical certificate from your family doctor or any available hospital report with the application for an increase.

If your health has improved to such an extent that you need less care, you must report this to the decision-maker **within four weeks**.

Is the use of the care allowance checked? Which reporting obligations do I have?

During the assessment, the medical or nursing expert determines the condition of the person in need of care, takes a history, talks to the carer or the relatives and can thus gain an insight into the overall situation of the person concerned.

If the medical or nursing expert determines that the person in need of care is not optimally cared for according to their

care needs, this will be recorded in the report. Afterwards, a qualified nurse or a social worker should visit the person in need of care and offer counselling for them and their family.

Through guidance in practical care, passing on information material by means of training courses, meetings with relatives as well as via various social services to relieve the family, there is the possibility that the situation of the person in need of care and their relatives will improve considerably.

The care allowance is an earmarked contribution intended exclusively to cover the additional expenses caused by long-term care. This is to ensure that people in need of care receive the care and assistance they need, regardless of whether the care is provided by family members, social service workers or in a home.

In order to prevent under-provision, the disbursing agencies are entitled to control the use of the care allowance. Only if it is determined that the care was not provided adequately,

will the competent authorities be notified immediately. If the care allowance is not used for the intended purpose or is misused, it is converted into a benefit in kind. This means that a social service is assigned to provide care in order to ensure the quality of care. If you refuse this care service without a reason, the care allowance can be withheld.

If you are cared for by employees of a social service and are at least two months in arrears with the payment of care services, the paying agency can transfer part of the care allowance or the entire care allowance directly to the recipient of the cost reimbursement (for example, the Vienna Social Fund). Only after one year or when no more care is provided by the social service can the care allowance be paid to you in full again.

Please note

that you (or your legal representative) are obliged to notify the decision-maker **within four weeks** of any change in your life circumstances that could have an impact on the receipt

of care allowance. Benefits that have been wrongly received must be paid back.

Shortly after applying for a care allowance, the person in need of care dies. What now?

The entitlement to care allowance expires on the date of death of the person in need of care. Therefore, only the aliquot part of the care allowance is due in this calendar month. If someone who has applied for the award or increase of the care allowance dies before the application has been decided, the decision-maker will generally discontinue the procedure. However, in this case, those persons who cared for the deceased before their death **predominantly and without adequate payment** may apply for continuation of the proceedings.

If such carers are not available, persons who have paid the **majority of** the care costs have the right to continue the proceedings. If the person in need of care was cared for in

a home, the cost bearer (for example, the district authority) can apply for this.

In any case, a corresponding application must be submitted within six months after the death of the person concerned.

If there is no one entitled to continue the proceedings or if no application has been filed within six months, the estate or the legal heirs are entitled to do so.

I can no longer manage on my own. Who can protect my interests if I am no longer able to do so?

The **2nd Adult Protection Act** came into force on July 1, 2018, replacing the previous guardians with adult representatives. The structure of the representation possibilities is now based on four pillars with varying degrees of authority

and promotes a stronger look, reflection and differentiation of all participants:

1. Health care proxy

If you want to take precautions because you are worried about losing your capacity to act at a later date due to health or other reasons, you have the option of granting a **health care proxy** so that someone else can take care of your own affairs. With this proxy you can determine who should take over certain matters if you are no longer capable of doing so (for example, due to prolonged unconsciousness or dementia).

With a health care proxy, you transfer certain tasks to a person you trust at a time when you are still **capable of acting and being legally competent**, for the time when you are **no longer so**. Similar to a will, you should carefully consider granting this proxy. It is advisable to discuss your

wishes and ideas with this person and also to put them down in writing. Pay attention to the following questions:

- What is particularly important to **me**?
- Which social services or institutions are suitable for me?
- Which situations do I want to avoid, which ones seem desirable to me?

The proxy is practical for almost all matters, in particular for

- asset management
- organisation of aid
- conclusion of contracts
- assertion of benefit claims
- representation in pension matters
- agreements on care services
- conclusion of a home contract
- representation vis-à-vis offices and authorities
- housing matters

- disposition of real property
- representation in medical matters etc.

The proxy should contain the name, date of birth, address and telephone number of the authorised person as well as the tasks they are to perform. Before doing so, you should clarify the personal suitability of the authorised representative for these tasks (whether corresponding experience or knowledge are available or there are no own opposing interests in property matters). In the event that the authorised person cannot be reached or is no longer willing or able to perform the delegated task, other persons should be appointed. **The proxy is unlimited and can be revoked at any time.**

The prerequisite for the validity of such a proxy is that the so-called "precautionary case" (you as the granter of the proxy are no longer capable of making decisions) has occurred and that it has been entered in the Austrian Central Register of Representatives (ÖZVV), which is maintained

by the Austrian Chamber of Notaries. More information on the health care proxy can be found on the website of the Ministry of Justice. You can also download a corresponding form here (see appendix under [☞](#)).

2. Elected adult representative

In contrast to the health care proxy, you can appoint an elected adult representative even if you are **no longer fully capable of acting**. However, the prerequisite is that you understand the scope of a power of attorney at least in outline and can act accordingly. This power of representation also requires entry in the Austrian Central Register of Representatives (ÖZVV) and is subject to judicial review. Also this applies indefinitely.

3. Legal adult representation

This is to be understood as the previous **power of representation of next of kin**. Next of kin in this context are




- the parents
- adult children
- the spouse living in the same household or the partner, provided that the joint household has existed for at least three years
- the registered partner living in the joint household

However, this power of representation is not to come into effect immediately by operation of law, as has been the case up to now, but only if it is entered in the Austrian Central Register of Representatives (ÖZVV). It gives relatives more extensive powers than before, but is now also subject to judicial review. It must be **renewed after three years at the latest**.

4. Judicial adult representation

The **judicial adult representation** is to replace the previous guardianship. However, the powers are more clearly limited to certain acts of representation. A court-ordered adult

representation **for all matters is no longer provided for**. The term of office of such representation ends with the **completion of the task or three years after appointment at the latest**. The appointment of an adult representative by the court should only be a last resort, as is the case under the current law, and the alternatives to this are therefore being further expanded.

For more information, please consult the website of the Ministry of Justice at [justiz.gv.at/home/buergerservice/erwachsenenschutz-27.de.html](https://www.justiz.gv.at/home/buergerservice/erwachsenenschutz-27.de.html), as well as the brochures  **Adult Protection Law** ("Erwachsenenschutzrecht"), BMVRDJ und  **EIN:BLICK 1 – Childhood and youth** and  **EIN:BLICK 4 – Seniors**, Ministry of Social Affairs. On the Internet you will find the information at [justiz.gv.at](https://www.justiz.gv.at), as well as under [vertretungsnetz.at](https://www.vertretungsnetz.at) and [sozialministerium.at](https://www.sozialministerium.at).

How can I be in charge of my life until the end – and how does the living will help me to do so?

We have modern medicine and technology to thank for a significant extension of life and, at the same time, an improvement in the quality of life. Nevertheless, many people are now uncertain – they want quality of life until the end, dignity and respect for their wishes. They want the best pain relief, but not a prolongation of the dying process.

The right to self-determination is a guaranteed right of patients, therefore every person can consent to or refuse medical treatment. However, in order to be able to take your wishes into account even if you are no longer able to express yourself, there is the possibility of a non-binding or binding **living will**. Even if a living will exists, **active euthanasia** (killing on demand or assisting suicide) remains **prohibited**.






Drawing up a **living will** is a great **opportunity to think and talk** about **one's own last phase of life** – and at a time when the person is still in their **right mind** and is talking to their relatives and to a trusted doctor about what they want others to do or not to do when they are no longer able to communicate.

With a living will, certain medical measures are rejected in the event that a patient is no longer capable of insight and judgement or is unable to express themselves.

Emergency medical care remains unaffected insofar as the time involved in seeking a living will seriously endangers the life or health of patients. A living will also does not relieve medical professionals of the decision as to whether treatment is medically indicated or not.

The binding living will is therefore binding like a current refusal of treatment and is subject to strict content and form requirements due to this effect. If it is available, the

doctor is **directly bound by its content** and therefore has no room for manoeuvre. In contrast, the non-binding living will is a guideline for the patient's representative when it comes to the question of whether a medical measure should be carried out. In this respect, a living will can also **provide relief for relatives**.

The legal basis for this is provided by the Living Will Act ("Patientenverfügungs-Gesetz"), which came into force on June 1, 2006. The umbrella organization HOSPIZ Austria (DVHÖ –  see appendix), together with the Association of Austrian Patient Advocates and Caritas, has developed a **standardized form for the establishment of non-binding or binding living will**, which was subsequently coordinated with the Ministry of Health, the Ministry of Justice and other institutions (link see appendix under ). For further information, please refer to the brochures  **Living Will and Self-Determination**, Ministry of Social Affairs and  **Living Will**, HOSPIZ umbrella organisation Austria or on the Internet at  hospiz.at.

Care – Everyday life

I care for my relative myself. Who supports me in this?

The majority of people in need of care in Austria are cared for at home in various care settings. This often difficult task is mainly performed by women. Only this care within the family circle enables comprehensive care for all those in need of care. The state could not afford care provided exclusively by professionals. With the introduction of the care allowance, you as the main caregiver can at least receive a small financial compensation from the person in need of care; It can also be used to organise professional support to ease your burden.

Some organisations offer regional training courses for relatives. These have a second important aspect in addition

to their functional significance

. This way you can also meet other carers who are in a similar situation. The exchange of experiences is an important aspect in managing your tasks. The constant availability, the physical effort and the responsibility are often very stressful. You can also get more detailed information about the offer of social services. You will get to know home helpers and care professionals better and may be less afraid to talk about your specific questions. This situation makes it easier to accept help from professionals (also see in this booklet under → "Who will help me with care?" on page 49).

In the care and support of persons in need of care, it is essential to respond to the respective needs depending on the situation. Due to their individual life situation, each person is to be considered differently and cared for accordingly. Through individual care and nursing, the well-being and quality of life can be increased or secured.

Please note:

You can request a free home visit by a qualified health care worker. The actual care situation is assessed and comprehensive advice and information is provided. Practical care tips (for example, changes of position, body care, etc.), but also specific information, for example on the provision of aids, the range of social services or care allowance, will help you with care at home (also see in this booklet under → "Who can I talk to about my worries?" on page 59).

Practical tips

The need for care is often accompanied by limited physical movement, increasing clumsiness and reduced perceptual abilities. Often, small changes in the home can support independent living or make care and assistance measures easier. Properly planned and appropriate changes can make life easier for all those affected.

With the following examples we want to give you ideas and food for thought:

- Items that are used more often should be stored in those boxes and drawers that are conveniently accessible.
- Avoid "climbing" on stools and bending low.
- Reconsider the previous arrangement of laundry, pots, pans, etc.
- A heat-resistant shelf next to the cooker makes it easier to handle heavy, hot pots.
- Cookers with open flames are always a source of danger. An electric cooker with automatic shut-off reduces the risk of fire.
- Create a stable seating option in the kitchen, in the bathroom and next to the wardrobe.
 - Have grab bars installed where you often sit down and get up again – in the bathroom or toilet, next to the bed or your favourite spot.

- • A shower equipped with a non-slip mat and sturdy stool makes it easier for you to thoroughly clean your body even if you have very limited walking ability.
- • Ensure good lighting in all rooms
- – also in the anteroom and especially at all workplaces where you spend a lot of time. In the bedroom, there should be an easily accessible dimmed light source right next to the bed. This way you avoid stumbling in the dark and you are not blinded by glaring light. Light control by means of a motion detector saves switching on and off (often difficult when using a walker or crutches) and is therefore an investment that pays off and provides safety.
- The bed should have a particularly high lying surface, at least at the seat height of an armchair. This makes it easier for you to get up or slide into the recliner (wheelchair) next to it.
- The bed should be freely accessible all around. You should remove all obstacles, such as bed rugs and other tripping hazards (for example, door thresholds).

Often your circulation is still set to sleep immediately after waking up, you get dizzy easily, are clumsy and therefore stumble easily.

- The night stand should be stable, large enough and easy for you to reach, especially if you are bedridden.
- If you find it difficult to sit up on your own, a harness above the bed will help. A thick rope looped around the foot of the bed serves the same purpose.
- For the night, a room toilet often helps to avoid long walks.
- Your telephone should be accessible from your bed. However, make sure that you do not create any trip hazards with long cables.
- Your telephone should be accessible from your bed. However, make sure that you do not create any trip hazards with long cables.
- If your vision is poor without glasses, buy a mobile phone with a large display so you can read the digits without glasses. Mobile phones can be carried in a simple shoulder bag around the neck or on the belt

and are always within reach, thus avoiding falls by rushing to the ringing phone.

- Remove protruding door thresholds and watch out for carpet traps (fix with tape).
- Keep the main walkways to the toilet, bathroom, kitchen free of furniture.

In addition, a few basic considerations that may help you to take concrete steps:

- Do I want to stay in this flat?
- What is difficult for me?
- What can't I manage on my own?
- What would I like to be able to do?
- What can I get help for and to what extent?

Further information on these questions can be obtained by you and your relatives from experts at the rehabilitation facilities, the insurance or benefit providers or in the brochure

 **BARRIERE:FREI! – Handbook for Barrier-free Housing**

and  **Safe Housing – Better Living, both Ministry of Social Affairs.**


What is technical assistance for people with care needs?


The term Active & Assisted Living – AAL for short, is understood to mean "age appropriate assistance systems for a self-determined life", such as concepts, products and services that combine new technologies and the social environment in order to increase the quality of life for people in all stages of life, especially in old age. These technologies are understood to be:


- Individual products – such as sensor mats or bed rails for fall prevention, toilets with lift function and sensors to adapt to the body, emergency call systems, mobility aids
- Complex systems – everything that falls into the area of smart home, e.g. door, window, light control

- Services – Service providers using these technologies, e.g. telemedicine, data exchange in the health, care and nursing sector

Here you can find further information:

AAL-Austria: An information platform on the development and expansion of activities on the topic of Active Assisted Living in Austria:  aal.at

AAL pilot regions: An information platform on test regions with the aim of developing system solutions that enable smart home applications in terms of comfort and lifestyle elements as well as support and care:  aal.at/pilotregionen-3

AAL database: The online catalogue for assisting and smart technologies of the University of Innsbruck:  aal-products.com

My relative has a dementia-related impairment.


What does that mean for me?


In Austria, there are an estimated 130,000 people living with different forms of dementia-related impairments. An even larger number of family members are confronted with the effects of dementia on a daily basis.

The term "dementia" does not stand for a single disease, but describes a certain pattern of symptoms. There is no answer to the question of how dementia generally progresses. All different forms of dementia have in common that mental functions such as thinking, remembering, orientation and the linking of thought content increasingly deteriorate. As the disease progresses, abilities, behaviours and often also the personality change, which makes care and support particularly stressful for the relatives. People with dementia-related impairments may be ill, but they also have individual charac-

teristics and abilities whose preservation must be promoted as best as possible.

The risk of falling ill increases with age. Although dementia cannot be cured, early detection makes it possible to delay and mitigate the course of the disease. Qualified support, counselling and treatment are therefore particularly important to help those affected and their relatives. In case of suspicion, you can contact specialists in neurology or a memory outpatient clinic (✉ can be found in the appendix). In addition, there are regional counselling and support services in the federal states.

The Website  demenzstrategie.at informs you about initiatives on the topic of living with dementia throughout Austria.

The folder  **Living well with dementia – a guide** informs you about existing support services and covers topics such as early diagnosis, support, counselling and therapy after diagnosis.

Who will care for my relative in need of care if I am prevented from attending at short notice?

Every person needs a holiday from time to time, recreation, a change from everyday life. Such recovery phases are particularly important when people are under constant mental tension. Caring for a person can be a particular psychological strain in addition to the physical effort. On the one hand, the responsibility for the other person rests mainly on you as the main carer, on the other hand, the constant availability often requires a lot of energy. Regular holidays are therefore particularly important. It is essential that you then have the security of knowing that your relative is well looked after and cared for and that you do not need to worry about anything for the next few days and weeks.

So-called holiday beds are ideal for such situations. Many nursing homes offer inpatient admission for a short time (several weeks) for care during a holiday or a stay at a health

resort of the main carer. But also in case you are prevented from providing care due to illness, family obligations, training and the like, it is important that adequate substitute care is provided. For offers in this regard, please contact your municipality or your magistrate, your district administration or the competent federal state. You can find more information on the website [infoservice.sozialministerium.at](https://www.infoservice.sozialministerium.at).

Is there financial support for substitute care?

If you as a close relative or close relatives have been predominantly caring for a person in need of care for at least one year and are prevented from providing the care service due to illness, holidays or for other important reasons, you will be granted an allowance from the Support Fund for People with Disabilities if

- the person in need of care is entitled to at least a level 3 care allowance, or



- the relative suffering from dementia is entitled to a care allowance of at least level 1, or
- a minor in need of care is entitled to at least a level 1 care allowance.


The allowance, which is granted if the income of the caregiver does not exceed a certain limit, is intended as a contribution to cover those costs that are incurred for professional or private substitute care due to the prevention of the main caregiver.

The maximum amount of the annual grant is:

- | | | |
|---------------------------------|---------|---------------|
| • care allowance levels 1 bis 3 | maximum | 1.200,00 Euro |
| • care allowance level 4 | maximum | 1.400,00 Euro |
| • care allowance level 5 | maximum | 1.600,00 Euro |
| • care allowance level 6 | maximum | 2.000,00 Euro |
| • care allowance level 7 | maximum | 2.200,00 Euro |

These amounts are increased by 300.00 euros each in the case of care for dementia-impaired or under-age relatives.

You can submit the application for a grant to the Social Ministry Service. Further information can be found on the website of the Social Ministry Service (link in the appendix under ) and in the brochure  **EIN:BLICK 7 – Financial Matters**, Ministry of Social Affairs.

For more detailed information, the **Social Ministry Service** is at your disposal in all matters concerning persons with disabilities ( see appendix).

Please Note:

For periods in which a **Care leave allowance** is taken, no allowances towards the costs of substitute care are possible (also see under → "How can I take care leave or part-time care?" on page 50).

What should be considered if the caring relatives are children and young people, so-called young carers?

Caring children and young people, so-called **young carers**, are something of a hidden phenomenon in our society. According to a study from 2012, around 42,700 children and adolescents aged 5 to 18 are currently affected in Austria. They are mostly female (about 70%) and regularly take over part or all of the care, supervision or support for another family member. The relatives in need of help (a parent, sibling or grandparent) usually suffer from a chronic or mental illness or have a disability.

Depending on where they are needed, these children help in the household (for example, vacuuming, doing the shopping, cooking meals), in caring for siblings (doing homework with them, taking them to bed, school or kindergarten and often preparing meals for them) or in directly caring for the sick


person, giving them both physical and emotional support or, for example, also helping with personal hygiene.

Just under a quarter of young carers help more than average in all three areas, sometimes five or more hours a day. This shows how much responsibility these adolescents have in their everyday lives. Outside help, for example from friends or a professional carer, is rarely sought. For the young people concerned, everyday life in care is normal. Many don't know it any other way. They care because "you just help", out of love, and because it makes them feel good to be needed. They do not want to abandon their relatives and do everything to keep the family together.

What they have in common is the fact that they hardly talk about their care experience with anyone. This also applies to later, when they are already adults. Letting someone from outside into the family is unthinkable for many. Either because they do not see themselves as young carers at all, or because they feel fear or shame and want to protect the fa-

mily. However, due to the early care-giving experience, some children feel burdened, which can also lead to overburdening. The effects are often noticeable in psychological and/or physical terms, and not the least in scholastic achievement.

However, taking on responsibility for the care of others at an early age does not necessarily have to have a negative effect as long as it is within a child-friendly framework. What these children find positive is that they are able to deal well with difficult situations. They also feel more adult than their classmates. The childhood experience of care is in any case formative for the rest of life, although in different ways and to different degrees. However, every young carer should have the possibility to be supported in everyday life if needed.

Affected children and adolescents, but also their parents as well as educators can turn to e.g. **Superhands**, the internet platform for children and adolescents who care for a family member at home. (You can find further offers of help in the appendix under ). More on the topic of young carers can

be found in the folder 📁 "WHO CARES? YOUNG CARERS!" and the brochure 📄 EIN:BLICK 1 – Childhood and Youth, both Ministry of Social Affairs, and the website of the Ministry of Social Affairs 🌐 sozialministerium.at under Topics / Care – Care and Support / Caring and Nursing Relatives / Nursing Children and Adolescents – Young Carers.

Am I insured during the time I am caring for my child?

Parents, grandparents, adoptive parents, step-parents or foster parents who take care of a disabled child living in the same household may apply for pension insurance themselves. The contributions for this are covered by the equalisation fund for family allowances and by federal funds, so that the self-insured person does not incur any costs. Self-insurance is possible until the child reaches the completed 40th year of life at the latest.

Prerequisites are:

- Shared household of the caregiver with the child
- Residence in Austria
- Granting of the increased family allowance for the child
- Care of the child is the main demand on your labour

However, self-insurance for the care of a disabled child is excluded in the case of:

- Existing compulsory or continued insurance under the pension insurance scheme
- Receipt of a personal pension
- Employment relationship as a civil servant
- Certain substitute periods (e.g. child-raising periods, receipt of weekly, unemployment or sickness benefits)

You can choose the start date of the insurance yourself.

The earliest possible time is:

- The first day of the month from which increased family allowance is granted, or
- The date of fulfilment of the last requirement or
- The day following the cessation of a reason for exclusion.

However, self-insurance can be accepted retroactively for a maximum of one year before the application. Due to changes in the law, most recently as of 1st January 2018, self-insurance is possible under certain conditions for relatives who were employed full-time or part-time while caring for their child, up to 10 years retroactively (but at most retroactively to 1988, as this regulation came into force at that time).

The application for self-insurance shall be submitted


- to the insurance provider with which insurance periods were last acquired under the General Social Insurance Act (ASVG)
- to the Pension Insurance Institution if there are no insurance periods under the ASVG yet (📧 appendix).

Please Note:

If you devote yourself to caring for a disabled child, you can also **self-insure in health insurance** upon application if you are in need of social protection, provided you are not compulsorily insured in health insurance and are not an eligible relative of a person compulsorily insured in health insurance. The prerequisites for this are:

- Care of the child is the main demand on your labour
- Shared household
- Receipt of the increased family allowance
- Residence in Austria

The self-insurance free of charge is possible until your child has completed the 40th year of life. The respective health insurance fund is responsible for **self-insurance in the respective health insurance for periods of care for a disabled child**.

Further information on the topic of "Caring for disabled children" can be found in the brochure  **EIN:BLICK 1 – Childhood and Youth**, Ministry of Social Affairs.

... and when caring for others?

You can acquire pension insurance periods by applying for voluntary (payable) insurance (self-insurance, continued insurance).

Persons with domestic residence are entitled to **self-insurance** in the pension insurance scheme if they have completed the 15th year of life. If, for example, you are a pensioner, a recipient of a minimum income or are already

compulsorily or further insured, you are excluded from self-insurance. The purpose of self-insurance is to create the preconditions for subsequent continued insurance.

In principle, you have to apply for self-insurance or continued insurance with the pension insurance provider with which you were last insured. If you have not yet completed any periods of prior insurance, the Pension Insurance Institution is responsible for you. The insurance provider will advise you on the amounts to be paid.

Are there any benefits for carers in the pension insurance?

Continued insurance
free of charge for family carers

If you have left the compulsory insurance in order to care for a close relative (for example, your spouse, your partner, your child) or if the self-insurance for the care of your disabled

child has ended, you can continue to be insured under the pension insurance on a voluntary basis under preferential conditions.

Prerequisites are:

- Entitlement of the relative in need of care to care allowance of at least level 3
- Total use of labour for care in the home environment
- The monthly contribution basis is determined from the average employment earnings of the calendar year before leaving employment.

The continuation of insurance with the preferential conditions must be applied for within six months after the end of the compulsory or self-insurance with the pension insurance provider with which you were last insured. If you have already completed 60 months of insurance in the statutory pension insurance (excluding months of self-insurance in the pension insurance), you can submit the application at any time. If you have not yet completed any periods of prior insurance,

the Pension Insurance Institution is responsible for you. In principle, you can choose the start of the insurance yourself; however, it shall commence at the latest on the first day of the month following the submission of the application. This benefit is only available for one person per case of care and remains valid even during a temporary inpatient hospital stay of the person to be cared for.

Self-insurance free of charge for family carers


This self-insurance for periods of care for close relatives can also be claimed in addition to a compulsory insurance based on gainful employment.

Prerequisites are:

- Entitlement of the relative in need of care to care allowance of at least level 3
- Significant need of labour for care in the home environment

- Residence in Austria

Please Note:

The Federal Government assumes the contributions for voluntary continued and self-insurance in the pension insurance from care allowance level 3 onwards for an unlimited period of time and in full. This offers you as a carer or family carer the opportunity to acquire insurance periods free of charge. You can obtain more detailed information on these insurance options from the competent pension insurance provider or from the **Citizens' Service of the Ministry of Social Affairs** ( appendix).

Will this time count towards my pension?

All periods of self-insurance for the care of a disabled child or of contributory self-insurance or continued insurance under the pension insurance scheme are taken into account as contribution periods for the pension. Only for the early old-age pension in case of unemployment are the months of voluntary insurance irrelevant.

And am I also covered by health insurance during this time?

If you are not already compulsorily insured or co-insured as a relative (e.g. as a spouse), you can insure yourself in the statutory health insurance.

The prerequisite for this is that you have your residence in Austria (there are special exceptions for pupils and students) and pay contributions, which can also be reduced due to economic circumstances.

If the voluntary insurance does not immediately follow on from a previous insurance, there is generally only an entitlement to health insurance benefits after six months.

The additional contribution to be paid in the **health insurance for co-insured relatives** is not charged if **the relative receives a care allowance of at least level 3** or if the relative cares for the insured person entitled to a care allowance of **at least level 3**.

Relatives are defined as:

- The spouse
- Persons related to the insured person in a direct line (e.g. children, grandchildren, parents, grandparents) or related by birth or marriage up to the 4th degree of the collateral line (e.g. cousin)
- Elective, step and foster children of the insured person
- Elective, step parents and foster parents of the insured person

- A person who is not related to the insured person, if this person has lived in the same household as the insured person for at least ten months, manages the household free of charge and no spouse capable of work lives in the same household.

The prerequisite for claiming non-contributory co-insurance in health insurance is that the care is not provided on a gainful employment basis in a domestic environment and with the predominant demand of labour.

Please Note:


Certain caring relatives can **insure themselves in health insurance** without paying contributions if they are in need of social protection, if they are unable to pursue gainful employment due to the care of a close relative entitled to a care allowance of at least level 3, because they care for the person to be cared for with a very predominant demand on their labour. The prerequisite is that there is no possibility of co-insurance as a relative.

You can find out whether you are entitled to benefits under the applicable provisions by contacting the responsible authorities.

Who will help me with care?

There is a wide range of services offered by public institutions as well as by associations and private organisations. The density of the care network currently still varies greatly from region to region. Before you ask for concrete information from the various agencies (for example, Social Ministry Service, district administration), you should consider what you specifically need and want. You should also be clear about how often you will seek outside help. If you have precise ideas, find out about the services of the individual providers. You can either take advantage of temporary help for a few weeks or permanent support.

The Ministry of Social Affairs has set up a special counselling service for questions related to the care of relatives. Citizens'

Service is aimed at all persons who care for relatives or are confronted with the problems of care in another form. The offer includes information on care options at home, on aids, short-term care and inpatient continuing care, on social law matters and on care allowance, on care leave as well as on self-help groups and much more. For further information, please see the  appendix.

I am employed but would like to care for my relative myself. How can this be done?

In order to ensure a better reconciliation of care and work, there has already been an entitlement to family hospice leave since July 1, 2002. Family hospice leave can be taken in the event of a life-threatening illness of close relatives or to accompany seriously ill children.

In addition, in less serious cases, care leave or part-time care can be agreed for the care of close relatives. The aim of care leave or part-time care is to give the employees concerned the opportunity to (re)organise the care situation, especially

in the case of a sudden need for care of a close relative or to relieve a carer for a certain period of time.

From January 1, 2020, there will be a legal entitlement to care leave or part-time care of up to two weeks for employees in companies with at least five employees. In addition, in the event of a prolonged need for care or assistance, there is the possibility to make an agreement on a longer care leave and/or part-time care. If no such agreement is reached in the first two weeks, the proposed law establishes a legal entitlement to care leave and/or part-time care for a further two weeks. For companies with less than five employees, there is the possibility of a legal entitlement through a company agreement.

How can I take care leave or part-time care leave?


If the other requirements are met, there is a legal entitlement of up to four weeks. The prerequisite for a longer care

leave or part-time care is a written agreement between the employee and the company on the leave or the reduction of working hours for the purpose of caring for a close relative.

Please Note:

The agreement on **care leave** shall include the start and duration of the care leave.

The agreement on **part-time care** must include the start, duration, extent and situation of the part-time employment. The normal weekly working time agreed in the part-time care leave may not be less than **ten hours**.

Sample agreements can be found on the website of the Ministry of Social Affairs (link in the appendix under .

For the duration of care leave or part-time care leave, there is a so-called protection against dismissal on grounds of motive as well as social insurance coverage in the form of non-contributory health and pension insurance. In addition, a severance payment entitlement continues to be paid.

For which relatives can I arrange care leave or part-time care leave?

Employees with employment relationships under private law, as well as federal, state and municipal employees, have the possibility to agree on care leave or part-time care leave to care for relatives who are entitled to care allowance from level 3. Likewise, recipients of unemployment benefits or unemployment assistance can de-register from receiving these cash benefits for the purpose of care leave if the other requirements are met (for example, family relationship, etc.). The option of care leave is also available to persons who are insured for health and pensions under the provisions of the of the Unemployment Insurance Act (AIVG), but who are not entitled to unemployment assistance because their partner's income is taken into account.

In the case of care for close relatives suffering from dementia or minors, the receipt of a care allowance from level 1 is sufficient. The agreement of care leave or part-time care

leave may only be made if the employment relationship has lasted at least three months.

Close relatives are considered to be:

- Spouse
- Parents, grandparents, adoptive and foster parents
- Children, grandchildren, stepchildren, adopted and foster children
- Civil partner and their children
- Registered partner and their children
- Siblings
- Parents-in-law and children-in-law

A joint household with the close relative is not required.

How long can care leave or part-time care leave last?

The duration of care leave or part-time care leave is fixed at 1 to 3 months. Within the framework of part-time care leave, the reduced weekly working time may not be less than 10 hours. It is not permitted to break up the leave into several parts.

Care leave or part-time care leave can only be agreed once for one and the same person to be cared for. Only in the case of an increase in the care allowance level of the person to be cared for is a new agreement on care leave or part-time care leave permissible.

Under what conditions am I entitled to care leave allowance?

Persons taking care leave or part-time care leave and persons taking family hospice leave for the purpose of providing end-

of-life care to a close relative or accompanying seriously ill children are **legally entitled to care leave allowance**.

As a close relative, you can draw care leave allowance for the duration of one to three months if you take care leave or part-time care leave (depending on the agreed duration). In principle, the care leave allowance can be drawn for up to six months per relative in need of care (provided that at least two close relatives go on care leave/part-time care leave). In the event of an increase in the need for care by at least one care allowance level, the same relative may receive care leave allowance again, provided that the legal claim is asserted again or a new agreement on care leave or part-time care leave exists.

How much is the care leave allowance and how is it calculated?

The basic amount of the care leave allowance depends on income and is generally paid in the same amount as unemplo-

yment benefit (55% of the daily net income, calculated on the basis of the average gross salary), but at least in the amount of the monthly low-income limit (475.86 euros for 2021).

Persons who have de-registered from unemployment benefit or unemployment assistance for the purpose of care leave are entitled to a daily care leave allowance in the amount of the daily unemployment benefit or the daily minimum income which was or would be received before the start of the care leave or the family hospice leave, but at least in the amount of the monthly marginal earnings threshold (see above). In the case of persons who did not receive any cash benefit due to the partner's income but were insured with the AMS for health and pension benefits, the care leave allowance is recalculated. Even in the case of unemployed persons, the care leave allowance is due in any case at least to the amount of the monthly marginal earnings limit.

In the case of part-time care leave (or part-time family hospice leave), the basic amount is 55% of the difference

between the average gross remuneration calculated in the same way as unemployment benefit and the remuneration received during part-time care leave without special payments. Additional child supplements are payable for dependent children.

How and at which authority can I apply for care leave allowance?

The Social Ministry Service, State Office Styria (Steiermark) decides on the granting, withdrawal or reassessment of a care leave allowance. The respective application form is available for download on the website of the Social Ministry Service (link in the appendix under [🔗](#)).

If the application is filed **within two weeks** from the start of the care leave, part-time care leave or family hospice leave, the care leave allowance is already due from the start of this measure. If the application is submitted after this deadline but before the end of the care leave, part-time care leave or

family hospice leave, the care leave allowance shall be due from the day of submission of the application.

Please Note:

Applications submitted after the end of care leave, part-time care leave or family hospice leave must be rejected as late.

...and what about family hospice leave?

You also have the option of taking time off to care for close relatives or seriously ill children living in the same household, or to request a change in working hours. The group of persons for whom you can take leave extends to you:

- Spouse
- Life partner and their children
- Registered partner and their children
- Parents, grandparents, adoptive parents and foster parents

- Children, grandchildren, adopted children, stepchildren and foster children
- Siblings and
- Parents-in-law and children-in-law

This is either a leave of absence without pay or a reduction or change in your working hours. If you are a recipient of unemployment benefit or unemployment assistance, you can de-register from the benefit to accompany your relative and do not have to be available to the labour market during this time. Hospice leave is also possible for persons who are insured with the AMS for health and pension benefits, but who are not entitled to unemployment assistance because their partner's income is taken into account.

You can apply for both in writing to your employer for a maximum of three months at first. This must be done at least five days before the intended start date. You must substantiate the reason for the measure (for example, by means of a medical certificate) and the family relationship to the cared-for

relative. An extension to six months is permissible. You must report this in writing at least 10 days before the intended extension. You can initially apply for family hospice leave for a maximum of five months to accompany your critically ill child; an extension to a total of nine months is possible.


Within these time limits, the employer can file a complaint against this with the court. However, even in this case you can take the leave for the time being. Only if the court issues an interim injunction prohibiting you from taking the leave until further notice due to urgent work-related requirements, you cannot take the leave for the time being.

From the announcement of the family hospice leave until four weeks after its end, you are protected against termination. As a further safeguard, you will continue to be covered by health and pension insurance during your leave. In addition, you also retain your severance entitlements.





Do I also receive care leave allowance during family hospice leave?


The complete loss of income can cause considerable financial burdens. Therefore, there is also an entitlement to care leave allowance for the period of family hospice leave, which is calculated in the same way as for care leave. You can also find this application form on the website of the Social Ministry Service (link in the appendix under [65](#)).

In addition, the Federal Chancellery offers the possibility of financial support for caring relatives in the form of **hardship compensation for a maximum of nine months**. The prerequisite for this is that a financial emergency situation arises as a result of the leave. This is the case if the weighted average household income (depending on the number and age of the persons) falls below 850.00 euros per month as a result of the loss of income. The average grant amount in 2018 was 357.45 euros per month (ranging from 20.03 euros to 1,530 euros per month depending on the respective household income). There is no legal entitlement to this financial support, but if

all requirements are met, support can be expected. Please use the form to apply for the care leave allowance (link in the appendix under )

Under the Federal Care Allowance Act, the person who provides care and accompaniment can also receive care allowance directly; this would have to be applied for by the person in need of care to the agency paying the care allowance. In addition, at the request of the person in need of care, an advance payment may be granted in the amount of level 3 or, if a level 3 care allowance has already been awarded, in the amount of level 4.

Further information on income limits and application procedures can be obtained from the Family Service ( see appendix) and on the internet on the website of the Federal Chancellery (link in appendix under ) or in the brochures  **Family Hospice Leave** and  **EIN:BLICK 7 – Financial Matters**, Ministry of Social Affairs. The Citizens' Service of

the Ministry of Social Affairs is also available for telephone enquiries ( see appendix).

Can I get funding for 24-hour care?

Since July 1, 2007, the legal basis for legal contractual care relationships in private households has been in place. Such care relationships may take the form of a service contract with a dependent care worker or a contract with a non-profit provider (for example, a social service) or by employing a self-employed care worker.

Financial support may be granted for the additional costs incurred under the following conditions:

- Existence of a care relationship within the meaning of the Home Care Act
- Entitlement to care allowance at least equal to level 3 of care allowance under national legislation

- Need for 24-hour care; when receiving care allowance from level 5 onwards, the necessity of such care will be assumed as a rule. In the case of recipients of care allowance levels 3 and 4, the necessity of 24-hour care must be examined ex officio by the competent regional office of the Social Ministry Service.

Please Note that funding for 24-hour care is not possible for periods in which care leave or part-time care leave has been agreed.

Since January 1, 2009, the caregiver must either have:

- Theoretical training that is essentially equivalent to that of a home helper, or
- Been providing care within the meaning of the Home Care Act or the Trade Regulation Act for at least six months in accordance with the requirements of proper care for the grant applicant, or
- A specialist authorisation to carry out nursing measures under the instruction and supervision of a qualified

health care worker and nurse under the Health Care and Nursing Act or under the instruction and supervision of a doctor under the Medical Act 1998.

What income limits apply to this funding?

Funding can be granted if the total monthly net income of the person in need of care does not exceed an amount of 2,500.00 euros. In the case of fluctuating income, one twelfth of the income earned within a calendar year is considered monthly income. This income limit is increased by 400.00 euros for each dependent relative, and by 600.00 euros for a dependent relative with a disability.

Income is generally understood to be the sum of all benefits that accrue to a person from permanent sources of income in the form of money or goods and that they can consume without diminishing their wealth. Income does not include, among other things, care allowance, special payments family allowances, childcare allowance, study allowances or housing allowances.

If the income exceeds the respective income limit by less than the maximum grant (1,100.00 euros for two employment relationships, 550.00 euros for one employment relationship), the difference can nevertheless be granted as a grant if it amounts to at least 50.00 euros.

Please Note:

Funding can be claimed regardless of the assets of the person in need of care.

How much funding is available and where can I apply for it?

The amount of the subsidy, which is paid out twelve times a year, depends on whether dependent care workers or self-employed personal care workers are employed.

If there are two employment relationships with employed persons, the allowance amounts to 1,100.00 euros per month; if there is one employment relationship, the grant amounts

to 550.00 euros per month. In the case of two self-employed personal care workers, funding of 550.00 euros can be paid, and in the case of one personal care worker, half of this amount.

The first point of contact for all questions in this context is the Social Ministry Service. You can also submit your application for funding here (📄 Application see appendix). For information about caring for your relative, contact the Ministry of Social Affairs' Citizens' Services. Further information you can find in the brochure 📖 **24-hour care at home** (also in easy-read version), Ministry of Social Affairs.

For more detailed information, the Social Ministry Service is at your disposal in all matters concerning persons with disabilities (✉️ see appendix).

What is the Austrian Quality Certificate for placement agencies in 24-hour care?

Personal care workers in Austria are often placed with persons in need of care by placement agencies. The Austrian Quality Certificate for Placement Agencies in 24-hour Care (ÖQZ-24) was developed to verify the quality of these agencies. Certification according to the ÖQZ-24 is voluntary and is intended to give those placement agencies that meet higher quality standards than those required by law the opportunity to prove this in the certification process.

The right to use the certificate is granted for a period of three years. Afterwards, recertification is possible. In case of violations, the certificate can also be withdrawn.

The ÖQZ-24 is intended to be a visible sign of high quality standards and to contribute to improving the situation of all concerned.

You can find more information on the ÖQZ-24 at oeqz.at or at sozialministerium.at.

Who can I talk to about my worries?

Care and support of relatives in need of help is psychologically very stressful. Typical effects of caring at home are stress and overwhelm, but also anxiety and worry about what the future will bring. The **interview with relatives** is intended to work through psychological problems that may arise due to the stressful care. The aim is to maintain or improve one's own health.

These interviews identify individual options for action and point out available support services, e.g. through:

- Making people aware of their own strengths and powers
- The recognition of personal limits
- Paying attention to one's own well-being

- Information and education for situation management.

Psychologists are available for this opportunity for discussion. The interview is **free of charge** and can take place at home or at another location, as desired. If necessary, you can make a second appointment at a later date.

Where can I get information and advice on care at home?

In addition, you have the option of requesting a **free home visit by a qualified health and nursing professional**. In the process, the actual care situation is assessed and comprehensive advice and information is provided in order to ensure the best possible framework conditions for everyday care. The focus is on practical care tips (for example, change of position, body care, etc.), but also on specific information, such as the provision of aids, the range of social services or care allowance.

The Competence Centre for Quality Assurance in Home Care at the Social Insurance Agency for the Self-Employed organises and coordinates both the home visit by a certified health and nursing professional and the interview with relatives throughout Austria. The prerequisite is the receipt of care allowance, **both offers are free of charge** (✉ see appendix).

Care – Services

What do social services do for me, who offers them and which professions are affected?

If you are in need of care, social services can make your life easier and enable you to remain in your home. Such services are mainly provided by non-statutory welfare organisations, but also by federal states and municipalities. The type and range of social services varies from federal state to federal state. Work has started to expand the system to cover the entire country.

The practical implementation is ensured by various professional groups such as, in particular, professionals from the social care and health professions. An important step towards upgrading the professions in the field of the elderly and disabled is **the agreement pursuant to Article 15a B-VG between the federal government and the federal states**

on social care professions. With this agreement, which came into force in July 2005, the federal states undertook to issue uniform regulations throughout Austria on the job description, areas of activity and vocational training of social care professions.

In this context, social care professions are considered to be **specialised social care workers** and **certified social care workers** specialising in work with the elderly, work with the disabled and assistance for the disabled, **certified social care workers** specialising in family work, as well as **home helpers**, which are provided for in all federal states.

The **federal government** has made corresponding adaptations to the health care and nursing law, which are associated with a qualitative improvement in the **training** of these professions, which should ultimately also ensure better care for you as the person being cared for. For example, a module "Support in basic care" was introduced for home helpers and specialised and qualified social care workers with the specialisation of assisting people with disabilities.

Specialised and qualified social workers specialising in work with the elderly and the disabled as well as certified social workers specialising in family work also complete training as care assistants). Since 2007, trainings have been conducted according to this new system.

In the federal states, the corresponding **federal state laws** on social care professions have been enacted. The agreement, which was implemented by the federal states through social care professions laws, is also intended to increase the **attractiveness of these professions**, in particular by creating a modular training system, uniform quality and training standards, uniform professional recognition and permeability between the individual occupational groups, as well as extensive harmonisation of job profiles and designations.

This not only **upgrades** the social care professions and increases **opportunities** and **mobility** in the labour market, but also contributes significantly to **quality improvements** in practice. And this should primarily benefit you as cared-for people.

Social services – which ones are suitable for me?

Home help

Home helpers care for and support people of all ages in need of care with household management and activities of daily living. The services of home help include in particular:

- Domestic tasks
- Assistance with errands outside the living area
- Support for the maintenance and promotion of physical well-being
- Securing basic social needs by maintaining and promoting independence
- Elderly care / nursing assistance

Mobile help and care comprises the care for the social and physical well-being for people in every age group by providing holistic assistance with the aim of promoting,

supporting, maintaining and supplementing all abilities of the people cared for, in particular, in:

- Household maintenance by assisting with household chores
- Maintaining and promoting physical well-being, e.g. by assisting with physical hygiene, dressing, preparing meals, performing basic nursing techniques, observing the sick, performing basic mobilisation techniques, feeding and adhering to diets under the supervision of a specialist
- Securing basic social needs, e.g. accompaniment to authorities and doctors, motivation to carry out daily activities independently, etc.

Before the agreement pursuant to Article 15a B-VG between the federal government and the federal states on social care professions came into force, the federal states sometimes had different job titles for the professional groups working in this field. In order to make the transition to the new system

easier for social workers, those who have already completed their training before are allowed to keep their previous professional titles. All those who have been working **since 2007** carry the **new job titles** mentioned above (see at → "What do social services do for me, who offers them and which professions are affected ?" on page 61).

Everyday companionship and aid services lasting several hours

This includes offers of care for several hours in the home environment of the clients and the promotion and maintenance of a self-determined lifestyle.

Day centres/day care

In the day centre, people in need of care who live at home are cared for on weekdays and sometimes also at weekends. The offer, which can also be taken up on a day-by-day basis, relieves the burden on caring relatives in particular.

Family support

Family assistance serves to bridge difficult family situations (for example, illness of the person running the household, high-risk pregnancies, care of disabled children, psychological overload, etc.). It helps with daily living and household chores and takes care of the children. Family support is provided by trained certified social workers with a focus on family work and is offered on a half-day or full-day basis.

Home care

Home care is the care and support of clients in their living quarters. This care is provided by persons who are authorised to do so under federal regulations (Health Care and Nursing Act). Care covers illnesses of all types and ages. It also includes guidance, counselling and support for relatives and other persons involved in care and nursing. An individual care plan and a suitable care arrangement are drawn up. The care and support provided by qualified nurses and nursing assistants,

as well as the care provided by home helpers and social workers, aim to support you so that your resources can be restored or improved. The regulations for the implementation of home care vary in the federal states.

The competences of the upper grade health care and nursing service in medical diagnostics and therapy comprise the autonomous performance of medical-diagnostic and medical-therapeutic measures and activities according to a doctor's orders.

Medical home care, on the other hand, is granted for one and the same insured event for a maximum of four weeks. In addition, it will continue to be granted after a chief physician's or control physician's approval has been obtained. If there is a prescription from the health insurance fund, the costs are covered by the respective health insurance. Otherwise, you will have to clarify the amount of the costs with the respective provider of mobile home care.

Meals on Wheels/Delivery of Meals/Meal Service

Meals on Wheels is the delivery of meals for case-by-case or permanent catering of persons who are not able to provide for their daily hot lunch. Meals on Wheels is offered in different types (frozen, warm) and food forms (normal food, diabetic food, etc.).

Visiting service

The visiting service is an offer to (re)establish, continue and promote social contacts of lonely people and/or people in need of care. The visiting service is mostly carried out by volunteers under professional guidance.

Emergency telephone/Call assistance

The emergency telephone enables physically impaired persons to call for help around the clock. The technical system can trigger an automatic emergency call.

Organised neighbourhood assistance

Within the framework of organised neighbourhood assistance, activities are carried out in the home. This service is carried out under supervision and in cooperation with other professionals. The legal relationships for the use of organised neighbourhood assistance vary depending on the organisation and the federal state.

Mobile therapeutic services

Mobile physiotherapy, occupational therapy and speech therapy is the holistic rehabilitation of patients in their private homes with the aim of maintaining or restoring the greatest possible independence and quality of life. The implementation shall be carried out in accordance with the federal regulations.

Counselling for relatives

The counselling of relatives includes help for self-help for relatives of people in need of care and assistance. Depending on the federal state, this service includes practical care instruction, information about care and support services, financial support, etc., up to the establishment and accompaniment of self-help groups by persons trained for this purpose.

Rental of care aids

In the extramural sector (outside hospitals), care aids are lent by mobile health and social service providers in some federal states. This offer also includes the individual adaptation of the care aids as well as instructions on how to use them.

Laundry service

The laundry service is offered to people who are not able to take care of clean laundry themselves due to their illness, age or disability. As part of this service, the laundry is collected, washed, ironed, if necessary also taken to the dry cleaner's, mended if necessary and then delivered again.

Cleaning service

Cleaning services are understood to be the taking over of heavy domestic work such as large-scale cleaning, window cleaning, door, furniture and floor care. This offer applies to people who can no longer perform these activities themselves due to their illness, age or disability.

Repair service

If people are no longer able to carry out necessary maintenance work, repairs in the household and adaptations for

the disabled (for example, installation of grab rails) themselves due to their illness, age or disability, the repair service will help. However, no concession-bound or hazardous work is carried out.

Transport services

Depending on the federal state, various offers of special travel services or public transport fare reductions are provided. For more detailed information, please contact the respective district authority, the municipal office or the magistrate. Information can also be found on the BIZEPS website (link in the appendix at [☞](#)). In Vienna and the surrounding area, a transport service centre of the Austrian Health Insurance Fund (Österreichische Gesundheitskasse) has been available since January 1, 2013, for orders for transport to and from all hospitals, specialists, joint practices or physical therapies (link in the appendix under [☞](#)).

Personal assistance

This is the term used to describe comprehensive support for people with disabilities with the aim of ensuring that they can lead as independent and self-determined a life as possible and thus also enable them to remain in their own homes. The persons concerned choose their personal assistants, guide them and also determine the specific area of responsibility.

You can find more information at [📄 sliö.at](https://www.sliö.at) or [📄 wag.or.at](https://www.wag.or.at). You can find more information in the guidebook [📖 PERSONAL ASSISTANCE](#), BIZEPS, and at [📄 bizeps.or.at](https://www.bizeps.or.at) (BIZEPS, [📧](#) and [📖](#) see appendix).

End-of-life care and mobile hospice care

This means the care of people in the last phase of life as well as the care of their relatives. Services are provided both in the home environment and in inpatient facilities. They are carried out by an interdisciplinary team that works holistically.

The services of a hospice can be used during the day, during the night or around the clock if desired (see under [📄 hospiz.at](https://www.hospiz.at)).

The descriptions given are mainly based on information from the Federal Working Group for Voluntary Welfare (Bundesarbeitsgemeinschaft Freie Wohlfahrt BAG) (see under [📄 freiewohlfahrt.at](https://www.freiewohlfahrt.at)) You can find relevant information on the internet, e.g. at the Website of the Umbrella organization of Viennese social institutions (Dachverband Wiener Sozialeinrichtungen) at [📄 dachverband.at](https://www.dachverband.at) for the Vienna area.

You can find more information on the website [📄 infoservice.sozialministerium.at](https://www.infoservice.sozialministerium.at). This information platform of the Ministry of Social Affairs contains, among other things, an Austria-wide collection of offers related to home care and supportive household management. In addition, the data collection provides you with an overview of the existing offer in your region.

How much do these services cost?

The cost of these services depends on the type of service and your income, which also takes into account the care allowance. They also differ by provider and are subject to regional variations. You can find out the actual costs directly from the social service providers.

Care – Homes



Care at home is no longer possible. What are the alternatives?

The range of homes available varies greatly from one federal state to the next. Basically, however, a distinction can be made between old people's homes, retirement homes or homes for the elderly and nursing homes, although there are many retirement homes that have a nursing department attached to them. Admission is often subject to certain conditions. For example, some homes do not admit intellectually impaired or mentally ill people, while other care homes are reserved for people who receive at least level 3 or 4 care allowance (depending on the respective federal state).


Homes are run both as public institutions of a federal state, a municipality or an association of municipalities, and as private homes (for example, of a religious association). For more information about this and about hospice care, please

see the brochure  **EIN:BLICK 4 – Senior Citizens**, Ministry of Social Affairs.

The concrete services of the home as well as the costs also result from a home contract, which is regulated by law with the Home Contract Act. Home operators must inform you about the services offered before you are admitted to the home. If the care home provider's performance is deficient, there is a right to a cost reduction. The amount depends on the duration and severity of the defect. The right to a reduction of costs also exists for services that the home saves if the home residents are absent for more than three days.

You can find more on this topic at  [sozialministerium.at](https://www.sozialministerium.at) under Care, and on  [konsumentenfragen.at](https://www.konsumentenfragen.at).


Information on which homes are available in your area can be obtained from the competent municipal office or the district administration or the municipal council. You can find more information on the website www.infoservice.sozialministe-

[rium.at](https://www.bmwf.at) and in the  Dementia Handbook – Care Services for People with Dementia (Demenzhandbuch – Betreuungsangebote für demenziell erkrankte Menschen).

How much does a nursing home place cost?

The amount of the home costs varies greatly and depends on several factors. For example, it depends on which federal state the home is located in and whether it is a publicly or privately run facility.

In many homes, the fees consist of a basic amount and a surcharge according to the extent of the need for care (mostly based on the classification according to care allowance under national legislation).

You can find more information on the website  [infoservice.sozialministerium.at](https://www.infoservice.sozialministerium.at). The best way to find out the exact and, above all, current costs is to contact the administration of the respective home directly.

Who bears the costs?

In addition to the care allowance and the pension or annuity, other income is also used to cover the costs of the home. If your income is not sufficient to fully cover the costs of the home, the social welfare provider or the minimum income provider will usually pay for the remaining amount. In this case, you will be left with 20% of your pension and the special payments as well as 46.70 euros of care allowance per month. You can get detailed information about this at the respective old people's or nursing home, at the responsible municipal office or the district administration or the municipal council.

Please Note:

As of January 1, 2018, it is not permitted to access the assets of persons admitted to inpatient care facilities, their relatives, heirs and gift recipients within the framework of social assistance to cover the costs of care (abolition of the nursing recourse).



Appendix

✉ Addresses 🖱 Websites/Links

Social Ministry Service – Head Office Sozialministeriumsservice – Zentrale

Babenbergerstraße 5, 1010 Wien/Austria

T: 05 99 88 31

F: 05 99 88-2266

SMS for the deaf 0664 857 49 17

E: post@sozialministeriumservice.at

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State offices

Burgenland

Neusiedler Straße 46,

7000 Eisenstadt/Austria

T: 02682 64 0 46

F: 05 99 88-7412

E: [post.burgenland@](mailto:post.burgenland@sozialministeriumservice.at)

sozialministeriumservice.at

W: sozialministeriumservice.at

Carinthia (Kärnten)

Kumpfgasse 23–25, 9020 Klagenfurt/Austria

T: 0463 5864-0

F: 05 99 88-5888

E: [post.kaernten@](mailto:post.kaernten@sozialministeriumservice.at)

sozialministeriumservice.at

W: sozialministeriumservice.at

Lower Austria (Niederösterreich)

Daniel Gran-Straße 8/3,

3100 St. Pölten/Austria

T: 02742 31 22 24

F: 05 99 88-7655

E: [post.niederoesterreich@
sozialministeriumservice.at](mailto:post.niederoesterreich@sozialministeriumservice.at)

W: sozialministeriumservice.at

Upper Austria (Oberösterreich)

Gruberstraße 63, 4021 Linz/Austria

T: 0732 7604-0

F: 05 99 88-4400

E: [post.oberoesterreich@
sozialministeriumservice.at](mailto:post.oberoesterreich@sozialministeriumservice.at)

W: sozialministeriumservice.at

Salzburg

Auerspergstraße 67a, 5020 Salzburg/Austria

T: 0662 88 983-0

F: 05 99 88-3499

E: [post.salzburg@
sozialministeriumservice.at](mailto:post.salzburg@sozialministeriumservice.at)

W: sozialministeriumservice.at

Styria (Steiermark)

Babenbergerstraße 35, 8020 Graz/Austria

T: 0316 70 90

F: 05 99 88-6899

E: [post.steiermark@
sozialministeriumservice.at](mailto:post.steiermark@sozialministeriumservice.at)

W: sozialministeriumservice.at

Tyrol (Tirol)

Herzog Friedrich-Straße 3,
6020 Innsbruck/Austria

T: 0512 563 101

F: 05 99 88-7075

E: [post.tirol@
sozialministeriumservice.at](mailto:post.tirol@sozialministeriumservice.at)

W: sozialministeriumservice.at

Vorarlberg

Rheinstraße 32/3, 6900 Bregenz/Austria

T: 01 588 31

F: 05 99 88-7205

E: [post.vorarlberg@
sozialministeriumservice.at](mailto:post.vorarlberg@sozialministeriumservice.at)

W: sozialministeriumservice.at

Vienna

Babenbergerstraße 5, 1010 Wien/Austria

T: 01 588 31

F: 05 99 88-2266

E: [post.wien@
sozialministeriumservice.at](mailto:post.wien@sozialministeriumservice.at)

W: sozialministeriumservice.at

Service Points, Links und Websites

Ministry of Social Affairs / Service for Citizens Sozialministerium / Service

für Bürgerinnen und Bürger

Stubenring 1, 1010 Wien/Austria

T: 01 711 00-86 22 86

E: [buergerservice@
sozialministerium.at](mailto:buergerservice@sozialministerium.at)

W: [sozialministerium.at/Services/Service-fuer-
Buergerinnen-und-Buerger.html](http://sozialministerium.at/Services/Service-fuer-Buergerinnen-und-Buerger.html)

Info service

W: infoservice.sozialministerium.at

Information about care leave allowance

W: sozialministeriumservice.at/

[Finanzielles/Pflegeunterstuetzungen/Pflegekarenz_und_-teilzeit/Pflegekarenz_und_-teilzeit.de.html](https://sozialministeriumservice.at/Finanzielles/Pflegeunterstuetzungen/Pflegekarenz_und_-teilzeit/Pflegekarenz_und_-teilzeit.de.html)

Application care leave allowance / family hospice leave grant

W: sozialministeriumservice.at/

[Downloads/pflege_pflegekarenzgeld_pflegekarenz_antrag_bundesweit.doc](https://sozialministeriumservice.at/Downloads/pflege_pflegekarenzgeld_pflegekarenz_antrag_bundesweit.doc)

W: sozialministeriumservice.at/

[Downloads/pflege_pflegekarenzgeld_familienhospizkarenz_antrag_bundeswe.doc](https://sozialministeriumservice.at/Downloads/pflege_pflegekarenzgeld_familienhospizkarenz_antrag_bundeswe.doc)

Online application care leave

W: [www.formularservice.gv.at/site/fsrv/user/formular.aspx?pid=](https://www.formularservice.gv.at/site/fsrv/user/formular.aspx?pid=b74a92e8b7ba4434a1adff6eb9a8f8ad&pn=B00dc4768dd1040ffb2d7b9cc4dc7c985)

[b74a92e8b7ba4434a1adff6eb9a8f8ad&pn=B00dc4768dd1040ffb2d7b9cc4dc7c985](https://www.formularservice.gv.at/site/fsrv/user/formular.aspx?pid=b74a92e8b7ba4434a1adff6eb9a8f8ad&pn=B00dc4768dd1040ffb2d7b9cc4dc7c985)

Online application family hospice leave

W: [www.formularservice.gv.at/site/fsrv/user/formular.aspx?pid=](https://www.formularservice.gv.at/site/fsrv/user/formular.aspx?pid=b74a92e8b7ba4434a1adff6eb9a8f8ad&pn=Bb76c35cbea3c4c8295026aeb57190e3d)

[b74a92e8b7ba4434a1adff6eb9a8f8ad&pn=Bb76c35cbea3c4c8295026aeb57190e3d](https://www.formularservice.gv.at/site/fsrv/user/formular.aspx?pid=b74a92e8b7ba4434a1adff6eb9a8f8ad&pn=Bb76c35cbea3c4c8295026aeb57190e3d)

Grants to support caregiving relatives

W: [sozialministeriumservice.at/
Finanzielles/Pflegeunterstuetzungen/Pflegende_
Angehoerige/Unterstuetzung_fuer_pflegende_Ange-
hoerige.de.html](https://sozialministeriumservice.at/Finanzielles/Pflegeunterstuetzungen/Pflegende_Angehoerige/Unterstuetzung_fuer_pflegende_Angehoerige.de.html)

Request for 24-hour care

W: [sozialministeriumservice.at/
Finanzielles/Pflegeunterstuetzungen/
24-Stunden-Betreuung/
24-Stunden-Betreuung.de.html](https://sozialministeriumservice.at/Finanzielles/Pflegeunterstuetzungen/24-Stunden-Betreuung/24-Stunden-Betreuung.de.html)

Disability Advocate:

Behindertenanwalt

Babenbergerstraße 5/4, 1010 Wien

T: 0800 80 80 16 gebührenfrei

F: 01 711 00-22 37

E: office@behindertenanwalt.gv.at

W: behindertenanwalt.gv.at

Brochure Service:

Broschürenservice

Stubenring 1, 1010 Wien

T: 01 711 00-86 25 25

E: [broschuerenservice@
sozialministerium.at](mailto:broschuerenservice@sozialministerium.at)

W: sozialministerium.at/broschuerenservice

Family service

T: 0800 24 02 62 gebührenfrei

E: familienservice@bka.gv.at

W: [frauen-familien-jugend.bka.gv.at/service/beratung-in-
formation/familienservice.html](https://frauen-familien-jugend.bka.gv.at/service/beratung-information/familienservice.html)

Competence Centre Quality assurance in domestic care

T: 01 50 808 20 87

E: Hausbesuch auf Wunsch:
wunschhausbesuch@svqspg.at

Angehörigengespräch:
angehoerigengespraech@svqspg.at

Support services for caring children and young people (Young Carers)

Superhands of the Johanniter-Unfall-Hilfe

Internetplattform für Kinder und Jugendliche, die zuhause ein Familienmitglied pflegen

T: 0800 88 87 87

W: superhands.at

147 Rat auf Draht – Advice on Call – Emergency call for children and young people

W: rataufdraht.at/themenubersicht/tipps-info/pflegst-du-jemanden-21107

Big Brothers Big Sisters Austria: Mentoring of children and young people in difficult situations

W: bigbrothers-bigsisters.at

elco/kico

Coaching & consulting for families with a mentally ill parent

W: elco-pmooe.at

JoJo

Help for children of mentally ill parents and their families

W: jojo.or.at

KIPKE

Counselling for children with mentally ill parents

W: caritas-stpoelten.at/hilfeangebote/menschen-mit-psychischen-erkrankungen/

[beratungsangebote/kipke](http://caritas-stpoelten.at/hilfeangebote/menschen-mit-psychischen-erkrankungen/beratungsangebote/kipke)

W: psz.co.at/beratung-behandlung/beratung-von-kindern-mit-psychisch-kranken-eltern-kipke

Österreichische Krebshilfe (Austrian Cancer Aid):

Mama/Papa hat Krebs (Mum/Dad has cancer)

W: krebshilfe-wien.at/beratung-hilfe/unser-angebot/mama/papa-hat-krebs

**Österreichisches Jugendrotkreuz
(Austrian Youth Red Cross)**

W: [jugendrotkreuz.at/oesterreich/
angebote/pflegefit/young-carers](http://jugendrotkreuz.at/oesterreich/angebote/pflegefit/young-carers)

"Starke Tochter / Starker Sohn":

Strong daughter/son

**Experience sharing and coaching
for children and young people of
relatives with multiple sclerosis**

W: [cs.at/angebote/cs-multiple-
sklerose-betreuung/coaching-fuer-
kinder-und-jugendliche](http://cs.at/angebote/cs-multiple-sklerose-betreuung/coaching-fuer-kinder-und-jugendliche)

**Verrückte Kindheit
(Crazy Childhood)**

W: www.verrueckte-kindheit.at

**harmony4kids –
Time out for children**

W: [harmony4kids.at/index.php/
verein/](http://harmony4kids.at/index.php/verein/)

Social insurance providers

**Umbrella organisation of social
insurance providers: Dachverband
der Sozialversicherungsträger**

Kundmanngasse 21, 1030 Wien/
Austria

T: 01 711 32-0

E: [PosteingangAllgemein@
sozialversicherung.at](mailto:PosteingangAllgemein@sozialversicherung.at)

W: sozialversicherung.at

**Austrian Health Insurance Fund:
Österreichische Gesundheitskasse
(ÖGK)**

Haidingergasse 1, 1031 Wien/Austria

T: 05 07 660

E: ÖGK Hauptstelle Wien:

kundenservice@oegk.at

ÖGK in Bundesländern:

versicherungsservice@oegk.at

W: oegk.at

Pension Insurance Institution

Head Office:

**Pensionsversicherungsanstalt
Hauptstelle**

Friedrich-Hillegeist-Straße 1,
1021 Wien/Austria

T: 05 03 03

F: 05 03 03-288 50

E: pva@pensionsversicherung.at

W: pensionsversicherung.at

Pension Insurance Institution

State Office Vienna:

Pensionsversicherungsanstalt

Landesstelle Wien

Friedrich-Hillegeist-Straße 1,
1021 Wien/Austria

T: 05 03 03

F: 05 03 03-288 50

E: pva-lsw@pensionsversicherung.at

W: pensionsversicherung.at

Pension Insurance Institution

State Office Carinthia:

Pensionsversicherungsanstalt

Landesstelle Kärnten

Südbahngürtel 10, 9021 Klagenfurt/
Austria

T: 05 03 03

F: 05 03 03-358 50

E: pva-lsk@pensionsversicherung.at

W: pensionsversicherung.at

Pension Insurance Institution

State Office Upper Austria:

Pensionsversicherungsanstalt

Landesstelle Oberösterreich

Terminal Tower, Bahnhofplatz 8,
4021 Linz/Austria

T: 05 03 03

F: 05 03 03-368 50

E: pva-lso@ppensionsversicherung.at

W: pensionsversicherung.at

Pension Insurance Institution

State Office Burgenland:

Pensionsversicherungsanstalt

Landesstelle Burgenland

Ödenburger Straße 8,
7001 Eisenstadt/Austria

T: 05 03 03

F: 05 03 03-338 50

E: pva-lsb@pensionsversicherung.at

W: pensionsversicherung.at

Pension Insurance Institution

State Office Lower Austria:

Pensionsversicherungsanstalt

Landesstelle Niederösterreich

Kremser Landstraße 5,
3100 St. Pölten/Austria

T: 05 03 03

F: 05 03 03-328 50

E: pva-lsn@pensionsversicherung.at

W: pensionsversicherung.at

Pension Insurance Institution

State Office Salzburg:

Pensionsversicherungsanstalt

Landesstelle Salzburg

Schallmooser Hauptstraße 11,
5021 Salzburg/Austria

T: 05 03 03

F: 05 03 03-378 50

E: pva-lss@pensionsversicherung.at

W: pensionsversicherung.at

**Pension Insurance Institution
State Office Styria:
Pensionsversicherungsanstalt
Landesstelle Steiermark**
Eggenberger Straße 3, 8021 Graz/
Austria
T: 05 03 03
F: 05 03 03-348 50
E: pva-lsg@pensionsversicherung.at
W: pensionsversicherung.at

**Pension Insurance Institution
State Office Tyrol:
Pensionsversicherungsanstalt
Landesstelle Tirol**
Ing.-Etzel-Straße 13, 6020 Innsbruck/
Austria
T: 05 03 03
F: 05 03 03-388 50
E: pva-lst@pensionsversicherung.at
W: pensionsversicherung.at

**Pension Insurance Institution
State Office Vorarlberg:
Pensionsversicherungsanstalt
Landesstelle Vorarlberg**
Zollgasse 6, 6850 Dornbirn/Austria
T: 05 03 03
F: 05 03 03-398 50
E: pva-lsv@pensionsversicherung.at
W: pensionsversicherung.at

**Insurance Institution for the
Self-Employed (SVS) – Head Office:
Versicherungsanstalt der Selbstständigen (SVS) – Hauptstelle**
Wiedner Hauptstraße 84–86,
1051 Wien/Austria
T: 050 808 808
E: Versicherungsservice: vs@svs.at
Gesundheitsservice: gs@svs.at
Pensionservice: pps@svs.at
Unfallversicherung: dlz.uv@svs.at
W: svs.at

**Insurance Institution for Public
Employees, Railways and Mining –
Head Office (BVAEB): Versicherungs-
anstalt öffentlich Bediensteter,
Eisenbahnen und Bergbau – Haupt-
stelle (BVAEB)**

Josefstädter Straße 80, 1080 Wien/
Austria

T: 05 04 05-0

F: 05 04 05-22 900

E: postoffice@bvaeb.sv.at

W: bvaeb.sv.at

**Pension Service Office of the
BVAEB: Servicestelle Pensionsser-
vice der BVAEB**

Josefstädter Straße 80, 1080 Wien/
Austria

T: 05 04 05-15

F: 05 04 05-16 190

E: pensionservice@bvaeb.sv.at

W: bvaeb.sv.at

**General Accident Insurance
Institution: Allgemeine
Unfallversicherungsanstalt**

Adalbert Stifter-Straße 65,
1200 Wien/Austria

T: 01 593 93-200 00

F: 01 593 93-206 06

E: hal@auva.at

W: auva.at

**Memory clinics/
memory outpatient departments**

**LKH-Univ. Klinikum Graz
Universitätsklinik für Neurologie**

Auenbruggerplatz 2, 8036 Graz/
Austria

T: 0316 385-12 981

F: 0316 32 55 20

E: neurologie@klinikum-graz.at

W: neurologie.uniklinikumgraz.at

Medizinische Universität Wien
Universitätsklinik für Neurologie

Währinger Gürtel 18–20,
1090 Wien/Austria

T: 01 40 400-31 450, -31 170
bzw. -31 230

F: 01 40 400-31 410

E: [neurologie-sekretariat@
meduniwien.ac.at](mailto:neurologie-sekretariat@meduniwien.ac.at)

W: neurologie.meduniwien.ac.at

Univ.-Klinik für Neurologie,
Medizinische Universität Innsbruck

Christoph-Probst-Platz 1, Innrain 52
6020 Innsbruck/Austria

T: 0512 90 03-0

E: i-master@i-med.ac.at

W: i-med.ac.at

Kepler Universitätsklinikum
Klinik für Neurologie und
Psychiatrie
Med Campus III.

Krankenhausstraße 9, 4020 Linz/
Austria

T: 05 76 80 83-68 11

F: 05 76 80 83-68 19

E: neurologie@kepleruniklinikum.at

W: [kepleruniklinikum.at/versorgung/
kliniken/neurologie-2/was-wir-tun](http://kepleruniklinikum.at/versorgung/kliniken/neurologie-2/was-wir-tun)

Landesklinikum Horn
Abteilung für Neurologie

Spitalgasse 10, 3580 Horn/Austria

T: 02982 90 04-14 508

F: 02982 90 04-49 259

E: office@horn.lknoe.at

W: [horn.lknoe.at/fuer-patienten/
abteilungen/neurologie/
informationen](http://horn.lknoe.at/fuer-patienten/abteilungen/neurologie/informationen)

Bezirkskrankenhaus Kufstein
Abteilung für Neurologie

Endach 27, 6330 Kufstein/Austria

T: 05372 69 66-4405

E: neurologie@bkh-kufstein.at

W: bkh-kufstein.at/de/neurologie.html

**Konventhospital der Barmherzigen
Brüder Linz**

Abteilung für Neurologie

Seilerstätte 2, 4021 Linz/Austria

T: 0732 78 97-25 300

F: 0732 78 97-25 399

W: [barmherzige-brueder.at/site/
linz/medizinpflege/
abteilungeninstitute/neurologie](http://barmherzige-brueder.at/site/linz/medizinpflege/abteilungeninstitute/neurologie)

**Sozialmedizinisches Zentrum Ost
– Donauspital**

Abteilung für Neurologie

Langobardenstraße 122,

1220 Wien/Austria

T: 01 288 02-4202, -4203 bzw. -4208

F: 01 288 02-4280

E: dsp.neu@wienkav.at

W: [wienkav.at/kav/dsp/medstellen_
anzeigen.asp?ID=24](http://wienkav.at/kav/dsp/medstellen_anzeigen.asp?ID=24)

**Universitätsklinik für Neurologie,
neurologische Intensivmedizin und
Neurorehabilitation**

Christian-Doppler-Klinik

Ignaz Harrer Straße 79,

5020 Salzburg /Austria

T: 05 72 55-0

W: salk.at/107.html

Landeskrankenhaus Villach

**Abteilung für Neurologie und
Psychosomatik**

Nikolaigasse 43, 9500 Villach/Austria

T: 04242 208-62 332

F: 04242 208-62 710

E: neurologie-sekretariat@lkh-vil.or.at

W: [www.lkh-vil.or.at/abteilungen-
institute/medizinische-abteilungen/
neurologie](http://www.lkh-vil.or.at/abteilungen-institute/medizinische-abteilungen/neurologie)

**Kepler Universitätsklinikum
Neuromed Campus**

Wagner-Jauregg-Weg 15,

4020 Linz/Austria

T: 05 76 80 87-0

E: nmc@kepleruniklinikum.at

W: kepleruniklinikum.at

GerontoPsychiatrisches Zentrum

Modecenterstraße 14/C/1. OG,

1030 Wien/Austria

T: 01 40 00-530 90

W: [psd-wien.at/einrichtungen/
behandlung/gerontopsychiatrie.
html](http://psd-wien.at/einrichtungen/behandlung/gerontopsychiatrie.html)

Landeskrankenhaus Graz II
Abteilung für Alterspsychiatrie und
Alterspsychotherapie

Wagner Jauregg Platz 1,
8053 Graz/Austria

T: 0316 21 91-2216

E: app@lkh-graz2.at

W: [lkh-graz2.at/cms/beitrag/
10004657/2171230](http://lkh-graz2.at/cms/beitrag/10004657/2171230)

Klinikum Klagenfurt am Wörthersee
Abteilung für Neurologie
Feschingstraße 11, 9020 Klagenfurt/
Austria

T: 0463 538-31 703

F: 0463 538-31 709

E: neurologie.klagenfurt@kabeg.at

W: [klinikum-klagenfurt.at/
abteilungen-ambulanzen/
medizinische-abteilungen/
neurologie](http://klinikum-klagenfurt.at/abteilungen-ambulanzen/medizinische-abteilungen/neurologie)

Krankenhaus der Barmherzigen
Brüder Abteilung Neurologie

Standord Eggenberg

Bergstraße 27, 8020 Graz/Austria

T: 0316 59 89-22 130

F: 0316 59 89-22 005

W: [barmherzige-brueder.at/site/graz/
medizinpflege/abteilungeninstitute
egg/neurologie/ambulanzen/
gedaechtnisstoeerung](http://barmherzige-brueder.at/site/graz/medizinpflege/abteilungeninstituteegg/neurologie/ambulanzen/gedaechtnisstoeerung)

Krankenhaus Hietzing mit Neuro-
logischem Zentrum Rosenhügel
Abteilung für Neurologie

Riedelgasse 5, 1130 Wien/Austria

T: 01 880 00-257

E: [nzs.1nr@wienkav.at](mailto:nzr.1nr@wienkav.at)

W: [wienkav.at/kav/khr/medstellen_
anzeigen.asp?ID=3474](http://wienkav.at/kav/khr/medstellen_anzeigen.asp?ID=3474)

MAS Alzheimer Support:
MAS Alzheimerhilfe

Lindaustraße 28, entrance A,
2nd floor, 4820 Bad Ischl/Austria

T: 06132 214 10

F: 06132 214 10-10

E: alzheimerhilfe@mas.or.at

W: alzheimerhilfe.at

Health care proxy/guardianship/
adult representation/hospice

**Representation Network – Adult
Representation, Patient Advocacy,
Resident Representation:**

**VertretungsNetz – Erwachsenen-
vertretung, Patientenadvokatur,
Bewohnervertretung**

Ungargasse 66, 1030 Wien/Austria

T: 01 330 46 00

F: 01 330 46 00-99

E: verein@vertretungsnetz.at

W: vertretungsnetz.at

**NÖ National Association for Adult
Protection: NÖ Landesverein für
Erwachsenenschutz**

Bräuhausgasse 5/Stiege 2/2. Stock,
3100 St. Pölten/Austria

T: 02742 771 75

E: erwachsenenschutz@noelv.at

W: noelv.at

**Adult representation Salzburg:
Erwachsenenvertretung Salzburg**

Hauptstraße 91d,
5600 St. Johann im Pongau/Austria

T: 06412 67 06

E: office@erwachsenenvertretung.at

W: erwachsenenvertretung.at

IFS-Guardianship Feldkirch:

IFS-Sachwalterschaft Feldkirch

Johannitergasse 6, 6800 Feldkirch/
Austria

T: 05 17 55-591

F: 05 17 55-9591

E: erwachsenenvertretung@ifs.at

W: ifs.at

**Information on adult protection law
of the BMJ**

W: [justiz.gv.at/web2013/html/default/
2c94848a5f0b170e015f4e7a945c
5dcc.de.html](http://justiz.gv.at/web2013/html/default/2c94848a5f0b170e015f4e7a945c5dcc.de.html)

Austrian Chamber of Notaries:

Österreichische Notariatskammer

Landesgerichtsstraße 20, 1010 Wien/

Austria

T: 01 402 45 09-0

F: 01 406 34 75

E: kammer@notar.or.at

W: notar.at

Central Register of Representation of the Austrian Chamber of Notaries

W: notar.at/de/dienstleistungen/vorsorgevollmacht/vertretungsverzeichnis

Umbrella organisation HOSPIZ

Austria (DVHÖ): Dachverband

HOSPIZ Österreich (DVHÖ)

Ungargasse 3/1/18, 1030 Wien/

Austria

T: 01 803 98 68

F: 01 803 25 80

E: dachverband@hospiz.at

W: hospiz.at

Information on the living will

W: oesterreich.gv.at/themen/soziales/pflege/3.html

Patient advocacy

Burgenland

Health, Patients' and Disabled

Persons' Ombudsman's Office

Burgenland: Gesundheits-, Patienten-,

Patienten- und Behinderten-

anwaltschaft Burgenland

Marktstraße 3, 7000 Eisenstadt/

Austria

T: 057 600-21 53

F: 057 600-21 71

E: post.patientenanwalt@bgld.gv.at

W: burgenland.at/service/landesombudsstelle/gesundheitspatientinnen-patienten-und-behindertenanwaltschaft-burgenland

Carinthia

Carinthia Patients' Advocacy: Patientenanwaltschaft

Völkermarkter Ring 31,
9020 Klagenfurt/Austria
T: 050 536 57-102
F: 050 536 57-100
E: patientenanwalt@ktn.gv.at
W: patientenanwalt-kaernten.at

Lower Austria

Lower Austrian Patient and Care Advocacy: NÖ Patienten- und Pflegeanwaltschaft

Tor zum Landhaus,
Landhausplatz 1, 3109 St. Pölten/
Austria
T: 02742 90 05-15 575
F: 02742 90 05-15 660
E: post.ppa@noel.gv.at
W: patientenanwalt.com

Upper Austria

Upper Austrian Patient and Care Representation: OÖ Patienten- und Pflegevertretung

Bahnhofplatz 1, 4021 Linz/Austria
T: 0732 77 20-142 15
F: 0732 77 20-214 355
E: ppv.post@ooe.gv.at
W: [land-oberoesterreich.gv.at/
patientenundpflegevertretung.htm](http://land-oberoesterreich.gv.at/patientenundpflegevertretung.htm)

Salzburg

Salzburg Patient Representation: Salzburger Patientenvertretung

Michael Bacher Straße 36,
5020 Salzburg/Austria
T: 0662 80 42-20 30
F: 0662 80 42-32 04
E: patientenvertretung@salzburg.gv.at
W: [salzburg.gv.at/themen/
gesundheitspatientenvertretung](http://salzburg.gv.at/themen/gesundheitspatientenvertretung)

Styria

Styria Patient and nursing ombuds- man's office: PatientInnen- und Pflegeombudschaft

Friedrichgasse 9, 8010 Graz/Austria
T: 0316 877-33 50
E: ppo@stmk.gv.at
W: patientenvertretung.steiermark.at

Tyrol

Patient Representation: Patientenvertretung

Meraner Straße 5,
6020 Innsbruck/Austria
T: 0512 508 77 00
F: 0512 508-74 77 05
E: patientenvertretung@tirol.gv.at
W: tirol.gv.at/patientenvertretung

Vorarlberg

Patient Advocate for the State of Vorarlberg: Patientenanwalt für das Land Vorarlberg

Marktplatz 8, 6800 Feldkirch/Austria

T: 05522 815 53

F: 05522 815 53-15

E: anwalt@patientenanwalt-vbg.at

W: patientenanwalt-vbg.at

Vienna

Viennese Nursing and Patients' Advocates: Wiener Pflege-, Patien- tinnen- und Patientenanwaltschaft

Ramperstorffergasse 67, 1050 Wien/
Austria

T: 01 58712 04

Kostenlose Pflegehotline:

0800 20 31 31

F: 01 586 36 99

E: post@wpa.wien.gv.at

W: patientenanwalt.wien.at

Representation of Interests / Personal Assistance / Transport Services

Austrian Council for People with Disabilities: Österreichischer Behindertenrat

Favoritenstraße 111/11,
1100 Wien/Austria

T: 01 513 15 33-0

F: 01 513 15 33-150

E: dachverband@behindertenrat.at

W: behindertenrat.at

WAGAssistance Cooperative:

WAG Assistenzgenossenschaft

Modecenterstraße 14/A/EG,

Eingang: Döblerhofstr. 9,

1030 Wien/Austria

T: 01 798 53 55-0

F: 01 798 53 55-21

E: office@wag.or.at

W: wag.or.at

BIZEPS – Centre for Self-Determined Living: BIZEPS – Zentrum für Selbstbestimmtes Leben

Schönngasse 15–17/4,

1020 Wien/Austria

T: 01 523 89 21

F: 01 523 89 21-20

E: office@bizeps.or.at

W: bizeps.or.at

BIZEPS – Information on Mobility –

Transport services

W: bizeps.or.at/fahrtendienste

Travel Service Centre:

Fahrtendienstzentrale

aller & Felsinger Gesmbh

Franz-Reitlinger-Gasse 5

1220 Wien/Austria

T: 01 488 58

F: 0810 955 405 84 18

E: office@fahrtendienstzentrale.com

W: fahrtendienstzentrale.com

War Victims' and Disabled Persons'

Association Austria – KOBV:

Kriegsopfer- und Behindertenverband Österreich – KOBV

Lange Gasse 53, 1080 Wien/Austria

T: 01 406 15 86

F: 01 406 15 86-12

E: kobv@kobv.at

W: kobv.at

Community of interest of caring relatives: Interessengemeinschaft pflegender Angehöriger

Wiedner Hauptstraße 32,

1040 Wien/Austria

T: 01 589 00-328

E: office@ig-pflege.at

W: ig-pflege.at

Self-determined life Austria:


Selbstbestimmt Leben Österreich

Laxenburger Strasse 28/1/1/15,


1100 Wien/Austria

E: slioe@gmx.at

W: slioe.at

The addresses of associations and federations in the field of disability can be found in the booklet  **EIN-BLICK 8 – Equalisation**, Ministry of Social Affairs.

Due to the lack of available options, the list of addresses given can only be exemplary and therefore does not claim to be complete. Further information on institutions for people with disabilities (authorities, counselling and care centres, associations, self-help

groups, groups of interests, etc.) can be found at the website  infoservice.sozialministerium.at

Brochures, Information Material, Downloads

EIN:BLICK 1 Childhood and Youth

2 Work

3 Rehabilitation


4 Seniors

5 Care

6 Social compensations

7 Financial Matters

8 Equalisation

8. Full edition 2019 publisher: Ministry of Social Affairs (Sozialministerium)
Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at  sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

24-Stunden-Betreuung zu Hause

Neues und Wissenswertes zum Thema 24-Stunden-Betreuung + Leicht-Lesen Version

Publisher: Ministry of Social Affairs (Sozialministerium)

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Information zum Pflegegeld

Erklärt in leichter Sprache

Publisher: Ministry of Social Affairs (Sozialministerium)

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Das Pflegekarenzgeld (Folder)

Publisher: Ministry of Social Affairs (Sozialministerium)

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Unterstützungen für pflegende Angehörige (Folder)

Publisher: Ministry of Social Affairs (Sozialministerium)

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

**Pflegekarenz/Pflegezeit und Familienhospizkarenz/
Familienhospizzeit**

Publisher: Ministry of Social Affairs (Sozialministerium)

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

**Pflegekarenz/Pflegezeit und Familienhospizkarenz/
Familienhospizzeit**

Leicht-Lesen-Version

Publisher: Ministry of Social Affairs (Sozialministerium)

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

**Nationaler Aktionsplan Behinderung 2012–2020 –
Strategie der Österreichischen Bundesregierung zur
Umsetzung der UN-Behindertenrechtskonvention**

Publisher: Ministry of Social Affairs (Sozialministerium)

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Nationaler Aktionsplan Behinderung 2012–2020

Leicht Lesen-Version

Publisher: Ministry of Social Affairs (Sozialministerium)

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Bericht der Bundesregierung über die Lage der Behinderten Menschen in Österreich 2016

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Österreichischer Pflegevorsorgebericht 2018

Publisher: Ministry of Social Affairs (Sozialministerium)
Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Demenzhandbuch

ÖBIG study on care services for people with dementia
Publisher: Ministry of Social Affairs (Sozialministerium);
as download under
sozialministerium.at/broschuerenservice

Österreichischer Demenzbericht 2014

Description of both the epidemiological basis and the actual situation in the provision, care and support of people with dementia.
Publisher: Ministry of Social Affairs and Federal Ministry of Health
Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Demenzstrategie – Gut leben mit Demenz

Publisher: Gesundheit Österreich GmbH;

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Gut leben mit Demenz – Ein Wegweiser (Folder)

Publisher: Ministry of Social Affairs (Sozialministerium)

Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Demenzstrategie – Angebote für pflegende Angehörige

Publisher: Gesundheit Österreich GmbH and Ministry of Social Affairs

Available for download at sozialministerium.at/dam/jcr:31eea383-2525-48f7-b547-bfd84290ab7d/Pflegende_Anggeh%C3%B6rige_Bundesweite_Angebote_Juni_19.pdf

Kinder und Jugendliche als pflegende Angehörige – Einsicht in die Situation gegenwärtiger und ehemaliger Kinder in Österreich

Study by the Institute of Nursing Science at the University of Vienna; Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Kinder und Jugendliche als pflegende Angehörige – Konzeptentwicklung und Planung von familienorientierten Unterstützungsmaßnahmen für Kinder und Jugendliche als pflegende Angehörige

Study by the Institute of Nursing Science at the University of Vienna; Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at sozialministerium.at/broschuerenservice, tel. 01 711 00-86 25 25.

Who cares? YOUNG CARERS! (Folder)

Publisher: Ministry of Social Affairs (Sozialministerium)
Available free of charge from your state office of the Social Ministry Service and the brochure service of the Ministry of Social Affairs at [☎ sozialministerium.at/broschuerenservice](https://www.sozialministerium.at/broschuerenservice), tel. 01 711 00-86 25 25.

Erwachsenenschutzrecht – Wissenswertes für Vertretene, Vertreter/innen und Interessierte

Publisher: Federal Ministry for the Constitution, Reforms, Deregulation and Justice
Download at [☎ www.justiz.gv.at/home/buergerservice/erwachsenenschutz/informationsbroschueren-41.de.html](https://www.justiz.gv.at/home/buergerservice/erwachsenenschutz/informationsbroschueren-41.de.html)

Patientenverfügung und Selbstbestimmung – Leitfaden für Ärztinnen und Ärzte zur Erstellung und Anwendung einer Patientenverfügung

HPublisher: Ministry of Social Affairs (Sozialministerium)
available free of charge at [☎ sozialministerium.at/broschuerenservice](https://www.sozialministerium.at/broschuerenservice), tel. 01 711 00-86 25 25

Patientenverfügung

Publisher: Umbrella organisation Hospiz Austria (DVHÖ)
available in return for voluntary donations at [☎ hospiz.at/publikationen/patientenverfuegung](https://www.hospiz.at/publikationen/patientenverfuegung), Tel. 01 803 98 68, Fax: 01 803 25 80 or by e-mail: dachverband@hospiz.at

Persönliche Assistenz in Wien – Ein BIZEPS Ratgeber

Publisher: BIZEPS Disability Counselling Centre, Centre for Self-Determined Living
Cost: 6,- Euro + Porto, available at [☎ bizeps.or.at/broschueren/pa](https://www.bizeps.or.at/broschueren/pa), tel. 01 523 89 21, Fax: 01 523 889 21-20 or by e-Mail: office@bizeps.or.at

Volume 1 Childhood and Youth

Volume 2 Work

Volume 3 Rehabilitation

Volume 4 Senior citizens

Volume 5 Care

Volume 6 Social compensation

Volume 7 Financial Matters

Volume 8 Equalisation

EINBLICK



The Federal Ministry of Social Affairs, Health, Long-Term Care and Consumer Protection provides information on important issues relating to disability.



