

# centrelink

# Residential Aged Care Calculation of your cost of care (SA457)



# **About this form**

We understand that entering into aged care can be a sensitive time.

If you are entering an aged care home, the Australian Government may subsidise your aged care fees. This form collects details of your income and assets so we can calculate the amount you will pay towards your residential aged care.

A simpler digital version of this form is available by going to **servicesaustralia.gov.au/forms** and selecting 'Aged Care Calculation of your cost of care (SA486)'.



### Fee Estimator

You can get an estimate of the amount you may be asked to pay towards your residential aged care by going to www.myagedcare.gov.au and searching for 'fee estimator'.

You can talk to a Financial Information Service (FIS) officer who will give you information about the financial aspects of aged care. Call us on 132 300 and say 'Financial Information Service' when we ask why you are calling.



# For more information

Go to servicesaustralia.gov.au/agedcare or call us on Freecall<sup>TM</sup> 1800 227 475.

To speak to us in your language, call us on **131 202**. Call charges may apply.

If you have a hearing or speech impairment, you can contact the TTY service on Freecall™ **1800 555 677**.

If you receive a Department of Veterans' Affairs (DVA) payment, and would like to discuss your assessment you can call them on Freecall<sup>TM</sup> **1800 555 254**.

# When to use this form

Do you want `an assessment for residential aged care?

Yes

Are you receiving a means tested income support payment (for example, Age Pension, Service or Disability Support Pension)?

No

Do you agree to provide your income and asset details?

Yes

Complete this form

No

If you want an

Care Package.

complete the

**Calculation of** 

(SA456) form

your cost of care

**Home Care** 

**Package** 

instead.

assessment

for a Home

Yes

If you receive a means tested payment from Centrelink or DVA, do not complete this form (see the next page for a list of payments). Instead:

- If you own or part own your home including in a retirement village: Complete the shorter Residential Aged Care Property details for Centrelink and DVA customers (SA485) form.
- If you do not own your home: We can automatically complete an assessment for you when you enter residential aged care.

If your income and assets have not been updated in the last 2 years or have changed since you last made an update, **go** online through myGov or call Centrelink on **132 300** or DVA on **1800 555 254**.

If you need a pre commencement fee letter call Centrelink on **1800 227 475** or DVA on **1800 555 254**.

No

If you do not wish to provide your income and asset details, complete this form and answer No at question 13. You will pay the maximum means-tested care fee until you reach the annual or lifetime cap.

This means that your provider can require you to pay the basic daily fee, maximum meanstested care fee and accommodation cost.

This assessment is valid for 120 days from when we first notify you of the outcome.

Keep these Notes (pages 1 to 4) for your information.

# The following information is for your reference to help you fill in this form.

# Calculating your cost of care

All aged care residents may be asked to pay a basic daily fee. In addition, some residents may also be required to pay a means-tested care fee. This form is used to calculate the amount you will pay towards your cost of care.

There are annual and lifetime caps that apply to the means-tested care fee for residents who entered an aged care home after 1 July 2014. Services Australia will write to you and your service provider once you have reached the annual or lifetime cap.

Some residents will have their accommodation costs paid in full or in part by the Australian Government. Others will need to pay the accommodation cost they negotiate with their aged care home provider.

# Centrelink or Department of Veterans' Affairs payments

# Non-means tested payments may include:

- Age Pension (Blind)
- Disability Support Pension (Blind)
- War Widow(er)s Pension
- Disability Compensation Payment paid by DVA (not including Income Support Supplement)
- · Service Pension (Blind) paid by DVA

# Means tested payments may include:

- Age Pension
- Disability Support Pension
- Carer Payment (not including Carer Allowance)
- Special Benefit
- Service Pension
- Income Support Supplement
- Veterans Payment
- Farm Household Allowance

# Who should complete this form?

If you are not receiving any Centrelink or DVA payments OR you are receiving a Centrelink or DVA **non-means** tested payment listed above, you will need to complete this form so we can calculate your cost of care. This is because we do not know enough about your income and assets to complete your assessment.

# Who should not complete this form?

If you are receiving one of the **means tested** payments from Centrelink or DVA listed above, and:

- you do not own your home, and
- you have updated your records within the last 2 years, or
- your assets and income have not changed since you last provided an update

**do not complete this form**. We have enough information about you to complete your assessment.

If you are receiving one of the Centrelink or DVA **means tested** payments listed above and you own or part own your home (including in a retirement village), **do not complete this form**. You will need to complete the shorter **Residential Aged Care Property details for Centrelink and DVA customers (SA485)** form, as we need to collect information about your home to complete your assessment.

Remove this Notes booklet from the form if you have not already done so.

# Protected person for aged care purposes

For aged care legislation purposes, a protected person is:

- your partner or dependent child
- your carer<sup>1</sup> who is eligible to receive an Australian Government income support payment and who has lived in your home with you for the past 2 years
- your close relative who is eligible to receive an Australian Government income support payment and who has lived in your home with you for the past 5 years.

If your home is occupied by a protected person, it may not be counted as an asset for aged care purposes.

Your carer or close relative will need to give their consent in this form to allow Services Australia or DVA to check their eligibility for an income support payment.

This exemption may be lost if the protected person who has been living in the home, moves out of the home or loses their eligibility for their income support payment.

1 It is not necessary for your carer to have received a Carer Payment or Carer Allowance in order to be considered a carer. However, at the date you enter care or complete this form your carer must meet the eligibility criteria for an Australian Government income support payment (notionally entitled person).

# Assets for the purposes of aged care

An asset is any property or item of value you (and/or your partner) own, or have an interest in, including those held outside Australia. Examples include real estate, shares, household contents and personal effects.

If you are a member of a couple, you are deemed to own half of the total combined assets, regardless of whose name these are held in.

If you enter residential aged care on or after 1 July 2014, and your home is not occupied by a protected person, it will be counted as an asset. However, the amount of the home included as an asset will be capped.

If your home is counted as an asset, you do not need to have it professionally valued. If required we will verify the estimated value of the property at no cost to you.

If you have made a gift, the limit you are able to give away is \$10,000 in the previous 12 months or \$30,000 in the previous 5 years — this cannot include more than \$10,000 in any year. Gifts over these amounts will be considered an asset in your assessment.

# Income for the purposes of aged care

Income, for the purposes of aged care, is not the same as taxable income. Your assessed income includes:

- income from work
- income support payments from the Australian Government, such as the Age Pension, a Service Pension or an Income Support Supplement
- income from financial investments
- net income from rental properties
- some payments paid by the Department of Veterans' Affairs
- net income from businesses, including farms
- superannuation and overseas pensions, income from income stream products such as annuities and allocated pensions
- family trust distributions or dividends from private company shares
- income from outside Australia.

If you have a partner, you will be asked to answer questions about your combined income. Your income will be assessed as half of the total combined income, regardless of whose name it is in.

Financial investments deemed to be earning income include bank accounts and other financial investments. It is important you tell us about all the bank accounts and financial investments you (and/or your partner) have no matter what income they are actually earning.

Money or assets that you (and/or your partner) have given away in the last 5 years, may be considered to earn income.

# Retirement villages or independent living units

Retirement villages or independent living units are not residential aged care homes and are not subsidised by the Australian Government. A retirement village provides accommodation for retirees (over the aged of 55). Independent living units are a housing option for older people who want to live independently.

Residents of retirement villages or those living in independent living units generally enter into an agreement that outlines how much they will pay to enter and the amount (if any) refundable after they leave. Following departure the amount refundable may be subject to this assessment.

# Person signing on your behalf

This form must be signed by the person the application is for or someone who is authorised to sign on their behalf. An authorised person may be an Enduring Power of Attorney, Power of Attorney (financial), or a person/organisation holding an administrative or financial order.

A person can apply for an assessment for the cost of care on behalf of someone else if:

- they are already acting as the person's nominee
- they hold a power of attorney or guardianship order
- a letter from a doctor, nurse or similar health professional is provided stating that the customer is unable to sign the application form
- the application is made by the Director of Nursing at the aged care home where the customer is a resident.

Where the person is deceased only the executor of the will or a person holding letters of administration is authorised to sign on behalf of their estate.

# Authorising a person or organisation to enquire or act on your behalf

You can authorise a person or organisation to enquire or act on your behalf for Centrelink payments and services including Aged Care. You will need to complete the **Authorising a person or organisation to enquire or act on your behalf (SS313)** form at the back of this form and return it separately. If you want more information about nominee arrangements, go to **servicesaustralia.gov.au/nominees** or call us on Freecall<sup>TM</sup> **1800 227 475**.

If you are receiving a DVA means tested payment (see notes page 2 of 4) complete the Aged Care Request for a nominee for Department of Veterans' Affairs customers (AC019) form by going to servicesaustralia.gov.au/forms.

For information about the DVA authorised person arrangements, call DVA on Freecall™ **1800 555 254**.



# centrelink

# Residential Aged Care Calculation of your cost of care (SA457)

# Filling in this form

- · Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this Go to 1 skip to the question number shown.

You will see **entry/application date** in many of the questions located in this form. Below is a brief explanation of what the term means and what we need from you.

**Entry date** – If you are permanently living in an aged care home you need to answer the questions and provide the documentation based on your date of entry into the home. For example, if you permanently moved into an aged care home on 1 January 2019 you need to provide supporting documents that show your income and assets on the date you entered care.

**Application date** – If you have not moved into an aged care home you need to answer the questions and provide supporting documentation based on your current situation. For example, if you lodged the form on 1 January 2019 you need to provide supporting documents that show your income and assets on the date you lodged this form.

1 What type of care do you (the person who the assessment is for) want an assessment for?

residential Go to next question aged care

Home Care Do not complete this form.

Package See 'When to use this form' on the front page.

2 Do you receive a means tested income support payment from Centrelink or DVA?

For a list of means tested payments, refer to 'Centrelink or Department of Veterans' Affairs payments' in the **Notes Section**, on page 2 of the notes.

No Description Go to next question

Yes Do not complete this form. See 'When to use this form' on the front page.

1 01 0/(4)	nple, partner, parent or relative.
No 📄	Go to next question
Yes 📄	Give details below
Your full ı	name
Your relat	tionship to the person the assessment is for
Your relat	tionship to the person the assessment is for
	tionship to the person the assessment is for ish to be listed as a nominee for aged care
If you w	

Are you completing this form on behalf of someone else?

4 Do you (the person who the assessment is for) have a partner?

regarding this assessment.

In this form we will collect information about your partner. If your partner would like an assessment, they need to complete a separate assessment form.

For this assessment, a partner can be either:

- a person you are legally married to, or who you were living with in a de facto relationship, but are now living apart on a permanent basis due to a health related reason, for example, if the person entered residential aged care
- a person you are legally married to, and normally live with on a permanent basis
- a person who lives with you in a de facto relationship, although you are not legally married to that person
- a person in a registered relationship.

No Go to next question

Yes

We will be asking basic information about your partner.

If your partner would like an assessment, they need to complete a separate assessment form (SA457).

Go to next question



CLK0SA457 220

The following questions are about the person the assessment is for and their partner.

# You (the person the assessment is for) **Your partner (of the person the assessment is for)** 5 5 Your name Your partner's name Mr Mrs Miss Ms Other Mr Mrs Miss Ms Other Family name Family name First given name First given name Second given name Second given name 6 Your gender 6 Your partner's gender Male Male Female Female 7 7 Your date of birth Your partner's date of birth / / / / 8 Do you have a Centrelink or DVA reference number? 8 Does your partner have a Centrelink or DVA reference number? No Go to next question No Go to next question Yes Give details below Yes Give details below Centrelink Customer Reference Number (if known) Centrelink Customer Reference Number (if known) Department of Veterans' Affairs reference number Department of Veterans' Affairs reference number Name of Department of Veterans' Affairs payment Name of Department of Veterans' Affairs payment

# You (the person the assessment is for)

Have you been known by any other name(s)?

# Include: name at birth alias name before marriage · adoptive name previous married name foster name. · Aboriginal or skin name No Go to next question Yes Give details below 1 Other name Type of name (for example, name at birth) 2 Other name Type of name (for example, name before marriage) If you need more space, provide a separate sheet with details. **10 Read** this before answering the following question. If you provide an email address or mobile phone number, you may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to servicesaustralia.gov.au/em or visit one of our Centrelink service centres. Your contact details Phone number **Email** 11 What is your current address including if you live in residential aged care? Postcode **12** Postal address if different to home address

# Your partner (of the person the assessment is for)

9	Has your partner been known by any other name(s)?							
	Include:							
	<ul><li>name at birth</li><li>name before marriage</li><li>adoptive name</li></ul>							
	<ul> <li>previous married name</li> <li>foster name.</li> </ul>							
	Aboriginal or skin name							
	No Go to next question							
	Yes Give details below							
	1 Other name							
	Type of name (for example, name at birth)							
	2 Other name							
	2 Other name							
	Type of name (for example, name before marriage)							
	If you need more space, provide a separate sheet with details.							
10	Read this before answering the following question.							
	If your partner provides an email address or mobile phone							
	number, they may receive electronic messages (SMS or email) from us. To read the Terms and							
	Conditions, go to servicesaustralia.gov.au/em							
	or visit one of our Centrelink service centres.							
	Your partner's contact details							
	Phone number							
	Email							
11	Your partner's home address							
	Postcode							
12	Your partner's postal address if different to home address							
_								

Postcode

Postcode

Y	our assessment	Dependent children		
Do you want to provide your income and asset details so we can calculate your cost of care?  No You will pay the maximum means-tested care fee until you reach the annual or lifetime cap.  This means that your provider can require you to pay the basic daily fee, maximum means-tested care fee and accommodation cost.  Go to 64  Yes You are giving us permission to disclose your information to the Department of Social Services, the Department of Health, and/or the Department of Veterans' Affairs.		For aged care purposes, to be a dependent child the young person must be:  • under 16 years of age, or  • 16–24 years of age and receiving full-time education at a school, college or university, and not in full-time employment or receiving a Centrelink income support payment.  You must be legally responsible (whether alone or jointly with another person) for their day-to-day care, welfare and development, or under a legal obligation to provide financial support to them.		
14	What do you want this assessment for?  The entry/application date is the date you have entered care or the date you have lodged this form.	Do you (and/or your partner) have any dependent children/students in your care?  No		
	Option 1: You are planning on going into a residential aged care home  You will need to answer the questions in the form and provide supporting documentation based on your current situation.  We will use the date you lodge the form as the application date.	Dependent family name  Dependent first given name  Dependent second given name  Dependent gender		
	Option 2: You are now or were in a residential aged care home You will need to answer the following questions and provide supporting documentation based on your situation at the date of entering the residential aged care home.  What was that entry date?  / / Go to 15  Option 3: You have entered a residential aged care home before 1 July 2014	Male		
	You are a residential aged care home resident who was already in permanent residential care before 1 July 2014 and are thinking of having an assessment done under the current means testing rules as you are considering changing aged care provider.			

You will need to call us on Freecall™

1800 227 475.

U	ur home details						
	Did you (and/or your partner) own or part-own your home at the entry/application date?						
	Answer 'Yes' to this question for situations including, but not limited to:						
	<ul> <li>you were paying off a mortgage on your home</li> </ul>						
	<ul> <li>your home was in a retirement village and you had paid an entry contribution</li> </ul>						
	<ul> <li>your home was owned by a private/family trust or a private company that was controlled by you (and/or your partner), or</li> </ul>						
	• you have an agreement with somebody else who owns part of the home (business/family partnership).						
	No <b>Go to 34</b>						
	Yes What is your home address or previous address if you are now living in residential aged care?						
	Postcode						

<b>Select</b> the <b>option</b> that applie	•				
Option 1: You sold your hom	e				
How much was your home sold for?	\$				
On what date was your home sold?	1 1				
Option 2: You transferred the title of your home to someone else					
How much was your home worth at the time the title					
was transferred?	\$				
On what date was the title transferred?	/ /				
Did you receive anything in return for the title transfer?					
No 🗌					
Yes How much did you receive?					
\$					
Option 3: You vacated your hin a retirement village	nome				
in a retirement village  What amount was (or will be) paid to you (and/or your partner) when the	nome				
in a retirement village  What amount was (or will be) paid to you (and/or	nome				

or details of the retirement village agreement.

For example:

- · a solicitor's letter
- documentation which gives details of the sale/transfer of your home
- what has been done with the proceeds
- bank statements and agreements.

Go to 31

home?

No Go to next question

Yes **Go to 20** 

20	At the entry/application date, was your home a:     retirement village unit     mobile home or motor home     caravan     boat?	<ul> <li>Select the option that applies to you and answer the questions based on the entry/application date:</li> <li>Option 1: Small property, suburban block or apartment/unit</li> <li>My home is on land up to and</li> </ul>			
	No Go to next question	including 5 acres (2 hectares) Give details below			
	Yes Sive details below	Estimate the market value of your property including the buildings Balance of loan(s) for your property			
	Type of asset	\$			
	Estimated market value Balance of loan(s)	Who owns your home as shown on the property title?			
	\$ \$ \$	Your share % Your partner's % share			
	Who owns your home?	Other's share %			
	Your share % Your partner's % share	Do you have a partner who is living in your home at the entry/application date?			
	Other's share	No <b></b> Go to 23			
	Do you have a partner who is/was living in your home at the entry/application date?	Yes <b>Go to 26</b>			
	No <b>Go to 26</b> Yes <b>Go to 26</b>	If you have a mortgage provide a copy of a statement showing the amount owing for each mortgage.			
21	Provide documentation on the value of the mobile home/caravan/boat, refundable entry contributions or property.  Provide a copy of a statement showing the amount owing for any loans.  What type of property is your home:	Option 2: Large property or large suburban block  My home is on land over 5 acres (2 hectares)  Give details below  For example, if your home is on a 20 acre property provide separate estimated values for the home and the first 5 acres of land in the first box and the			
	House Townhouse (including duplex/triplex)	remaining 15 acres in the second box.  Estimate the market value			
	Self contained flat (part of or attached to a house)  Unit/flat	of the first 5 acres of your property including the buildings Estimate the market value of the remaining acreage			
	How many units/flats are in the block?	\$			
	Part of a farming property	Balance of loan(s) for your property			
	Other Give details	\$			
	below	Who owns your home as shown on the property title?			
		Your share % Your partner's % share			
		Other's share %			
		Do you have a partner who is living in your home at the entry/application date?			
		No <b></b> Go to 23			
		Yes <b>Go to 23</b>			
		If you have a mortgage provide a copy of a statement showing the amount owing for each mortgage.			

23	What is the legal description of the property (for example, lot, section, parish, etc.)?	26	Are you (and/or your partner) using any rooms or buildings in your home property solely for business purposes?
	This information can be found on a rates notice.  If the property is made up of more than one title, provide details for each separate title.		This includes rooms used for a bed and breakfast or a room/office used solely for running a business.
	provide details for each separate title.		No Go to next question
			Yes Value of the rooms or buildings of your home property used only for business
			\$
		27	Is any portion of the land surrounding your home property used primarily for business purposes?
	Provide a copy of the council rates notice.		This includes using the land for cultivation, orchards, grazing animals or accessed for other reasons such as camping sites.
24	What is the area or dimension of the property?		No Go to next question
	You do not need to answer this question if your home is a unit or flat.		Yes Estimated value of the portion of the land
	Complete <b>one</b> of these measurements only.		(up to 2 hectares or 5 acres) surrounding
	Area in hectares		your home property that you own and that is used primarily for business purposes
	or Area in acres		\$
	or Area in square metres		<u> </u>
		28	Is your home part of a farm property?
	or Dimensions X		No <b>Go to 30</b>
25	Describe all buildings on the property		Yes Farm property primarily used for (for example, grazing, wheat, hobby)
	This will help us to value the property.		(for example, grazing, wheat, hossy)
	What is the approximate How old is the floor area in square metres? building?	29	Is the farm property currently operational/viable?
			No
	Type of construction		Yes
	Exterior (for example, brick, timber)		Is it possible to subdivide the farm property or farm home?
			No _
	Interior (for example, plaster, not lined)		Yes
			List any other constructions located on the property (for
	Roof (for example, iron, tiled)		example, workers' quarters, manager's house)
	General condition (for example, fair, good, poor)		
	Total numbers of flats (units in		
	Total number of flats/units in complex (if applicable)		
	For residential building, number of bedrooms		If you need more space, provide a separate sheet with details.
	Number of other rooms (excluding laundry, bathroom, toilet)		
	If you need more space, provide a separate sheet with details.		

<b>30</b> Did you (and/or your partner) receive ren your home property at the entry/application		Consent by carer or close relative		
No Go to next question		33	Read this before answering the following question.	
Provide documents showing the rental income and the (costs) for each property.	outgoings		Services Australia or the Department of Veterans' Affairs needs to verify the period that your carer or close relative occupied your home and that they were eligible to receive an income support payment at the entry/application date.	
<b>31</b> At the entry/application date, did any of t people live in your home?	he following		Carer or close relative (protected person)	
Tick all that apply. If there is more than provide a separate sheet for question 31  Carer: Any person providing daily care to you, who has occupied the home for at			Make sure you have read the <b>Privacy and your personal information</b> on page 20 of this assessment and you have read the 'Protected Person' section on page 3 of the <b>Notes</b> .	
least 2 years	Go to 32		Consent by carer or close relative	
Close relative: your sister, brother, child,	_		Details of carer or close relative	
grandchild, or parent who has occupied the home for at least 5 years	Go to 32		Family name	
None of the above	Go to 34		First given name	
Does this person still live in the home?			Second given name	
No Date vacated				
/ /			Date of birth	
Go to next question				
Yes Go to next question			Centrelink Customer Reference Number (if known)  OR	
			Department of Veterans' Affairs reference number	
			Relationship to the applicant	
			Phone number	
			THORE HUMBON	
			I consent to Services Australia or the Department of Veterans' Affairs using information collected from me for income support payment purposes and for the additional purpose of determining the value of the applicant's assets under the <i>Aged Care Act 1997</i> .  Signature of carer or close relative  Date	
			Signature of carer or close relative  Date	

YO	ur other property details	37	What type of property is this:
84	Other than your family home, did you (and/or your partner) have other properties in and/or outside of Australia at the entry/application date?		Vacant land House on land larger than 2 hectares (5 acres) Townhouse
	No <b>Go to 44</b>		Self contained flat (part of or
	Yes Give details below		attached to a house)  Units/flats
	Address of the property		Retail premises
	Address of the property		Commercial premises
			Industrial premises
			Farm/primary producer
	Postcode		property
			Market garden
	Country (if not in Australia)		Hobby farm
			Bush block House
	If you have/had more than one other property, at the entry/application date, you will need to copy and attach pages 9 to 10 answering questions <b>34</b> to <b>43</b> for each property.		Other Give details below
15	What is the legal description of the other property (for example, lot, section, parish, etc.)?		
	This information can be found on a rates notice.	38	What is your estimate of the current market value of the
	If the property is made up of more than one title,		property, including land, buildings and water assets (for
	provide details for each separate title.		example, water rights, allocations or licences)?
			we will verify the estimated value of the property at no cost to you.
			\$
	Provide a copy of the council rates notice.		Provide a copy of the water rights, allocation or licence documents, if applicable.
6	Who owned/owns your other property as shown on the property title at the entry/application date?		Are there any circumstances affecting the value of the property?
	You ▶ Percentage owned %		This may include details such as:
	You Percentage owned %		no water on property for grazing livestock
	Your partner Percentage owned %		lack of adequate fencing
	Others Other details heless		• hills
	Other  Give details below		rocky ground
	Name of person/entity		natural bushland
			unusual title.
	Percentage owned		No So to next question
	%		Yes Sive details below
	Provide a copy of each title deed if you answered		
	Other'.		
			If you need more space, provide a separate sheet with details.

39	Describe all buildings on the other proper	ty	42	Did you (and/or your partner) receive <b>rental income</b> from		
	This will assist us to value the property.			your other property, at the entry/application date?		
	1 What is the approximate	How old is the		Include rental income from properties both in and/or outside Australia.		
	What is the approximate floor area in square metres?	building?		N D Octobrillo		
				No Go to next question		
	Type of construction			Provide documents showing details of the rental income and the outgoings (costs) for each property.		
	Exterior (for example, brick, timber)			(costs) for each property.		
	Interior (for example, plaster, not lined)			What is your estimate of the current market value of the household contents you (and/or your partner) own in the other property, at the entry/application date?		
	Roof (for example, iron, tiled)			Only answer this question if this property is <b>not</b> your home property.		
	General condition (for example, fair, goo	d, poor)		The <b>current market value</b> of the household contents is what you would get if you sold it. It is not the replacement or insured value.		
	Total number of flats/units in complex (if applicable)			If you do not provide an estimate, we will use a default amount of \$10,000.		
	For residential building, number of bedrooms			<ul> <li>Include:</li> <li>all furniture (including soft furnishings such as curtains), antiques and works of art</li> </ul>		
	Number of other rooms (excluding laundry, bathroom, toilet)			<ul> <li>electrical appliances such as televisions and fridges.</li> <li>Do not include:</li> </ul>		
	If you (and/or your partner) have more than 1 building			<ul> <li>fixtures such as stoves and built-in items.</li> </ul>		
	on this property, provide a separate shee	et with details.		Current market value		
40	What is the area or dimension of the other	ur proportu?				
40				\$		
	Complete <b>one</b> of these measurements on	iy.				
	Area in hectares					
	or Area in acres					
	or Area in square metres					
	or Dimensions X					
	If your property is made up of more that provide a separate sheet with details of dimensions for each title.					
41	Was the property mortgaged or encumbe entry/application date?	red at the				
	No Go to next question					
	Yes Provide the:					
	mortgage or loan agress showing which assets are held as security agree (if applicable)	or properties				
	statement of each loa	n account.				

# **Assets and income**

44 What is your estimate of the current market value of your (and/or your partner's) household contents and personal effects at the entry/application date?

The **current market value** is the price that you would expect to get **if you sold the item**. It is not the replacement or insured value.

If you do not provide an estimate we will use a default amount of \$10,000.

#### Include:

- all furniture (including soft furnishings such as curtains), antiques and works of art
- electrical appliances such as televisions and fridges
- jewellery for personal use.

### Do not include:

fixtures such as stoves and built-in items.

An estimate of the current market value

45 Did you (and/or your partner) own, partly own or have a financial interest in any motor vehicles, boats, caravans or trailers at the entry/application date?

No	Go t	o next (	question
Yes	Give	details	below

Provide a copy of a statement showing the amount owing for each loan, if applicable.

Type of asset (for example, car)	Make (for example, Ford)
Model (for example, Focus)	Year
Current market value	Palance of loon(a)
\$	Balance of loan(s)
Your share %	Partner's %

Type of asset (for example, car)	Make (for example, Holden)		
Model (for example, Astra)	Year		
Current market value	Balance of loan(s)		
\$	\$		
Your share %	Partner's %		

If you need more space, provide a separate sheet with details.

46 Give details below of all **accounts** held by you (and/or your partner) in banks, building societies or credit unions at the entry/application date.

#### Include:

- savings accounts
- cheque accounts
- · term deposits
- accounts you hold in trust or under any other name
- · joint accounts
- money held in church or charitable development funds
- money located in travel money cards or travellers cheques.

Accounts and term deposits outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars (AUD).

**Do not include** superannuation, shares, managed investments or an account used exclusively for funding from the National Disability Insurance Scheme (NDIS).

	֡
9	

Provide evidence from your financial institution that shows your current account balance, BSB code, account number and account holder name(s). Copies can be provided.

ATM slips are not acceptable.

Name of bank, building society or credit union Account number (this may not be your card number)	
Type of account	
Balance of account	
Currency if not AUD	
Your share	% Partner's % share %
Name of bank, building society or credit union	
Account number (this may not be your card number)	
Type of account	
Balance of account	
Currency if not AUD	
Your share	% Partner's % share %

If you need more space, provide a separate sheet with details.

47 Did you (and/or your partner) have any money invested in superannuation or income stream products at the entry/application date?

# **Superannuation includes:**

- · approved deposit funds
- · deferred annuities
- · retirement savings accounts
- Self Managed Superannuation Funds (SMSF) and Small APRA Funds (SAF) if the funds are complying.

An **income stream product** is a regular series of payments which may be made for a lifetime or a fixed period by:

- a financial institution
- a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF)
- an employer subject to Australian prudential regulations.

# Types of income streams include:

- Allocated Pension (also known as Account Based Pension)
- Market-Linked Pension (also known as Term Allocated Pension)
- Annuities
- Defined Benefit Pension (for example, ComSuper pension, State Super pension and Australian Defence Force superannuation payments)
- · Superannuation Pension (non-defined benefit).

No [	Go to next question
Yes	Give details below

If you have money invested in an income stream product provide a schedule for each fund.

Provide the statements for each fund, including council rates notices for any real estate held by SMSF and SAF.

1 Name of institution/fund manager				
Name of fund				
Account balance (if applicable)	Amount that o withdrawn as (if applicable)			
\$	\$			
Amount of income received (if any)	How often (for example	, monthly)		
\$	per			
Date of purchase	Your share	Partner's share		
/ /	%	%		

#### Continued

2 Name of institution/fund manager				
Name of fund				
Account balance (if applicable)	Amount that can be withdrawn as a lump sum (if applicable)			
\$	\$			
Amount of income received (if any)	How often (for example, monthly)			
\$	per			
Date of purchase	Partner's Your share share			
/ /	%			

If you need more space, provide a separate sheet with details.

48	Did you (and/or your partner) have any managed
	investments in and/or outside Australia at the
	entry/application date?

## Include:

- · investment trusts
- personal investment plans
- life insurance bonds
- · managed fund
- · friendly society bonds.

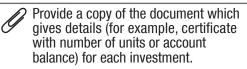
#### Do not include:

- conventional life insurance policies (policies that can be cashed in)
- funeral bonds
- superannuation or rollover investments
- · investments purchased with a margin loan.

**APIR code** – is commonly used by fund managers to identify individual financial products.

No Go to next question

Yes Give details below



Name of company			
Name of product (for example, investment trust)	Type of product/option (for example, balanced, growth)		
Number of units APIR co	ode (if known)		
Current market value	Currency if not AUD		
\$			
Your share %	Partner's %		
2 Name of company			

Your share %	Partner's %				
2 Name of company	2 Name of company				
Name of product (for example, investment trust)	Type of product/option (for example, balanced, growth)				
Number of units APIR code (if known)					
A in odd (i known)					
Current market value Currency if not AUD					
\$					
Your share %	Partner's %				

If you need more space, provide a separate sheet with details.

49 At the entry/application date did you (and/or your partner) own any **shares**, or other **securities listed** on a stock/ securities exchange in and/or outside Australia, or in public companies **not listed** on a stock exchange?

ln،	n	п		0
ш	J.	ıu	ıu	G

- futures
- options
- derivatives
- rights
- shares
- preference shares
- · convertible notes.

### Do not include:

· managed investments

Country if not Australia

self managed superannuation funds.

No 🕞	Go to next question
Yes	Give details below
	Provide the statement for each share holding.
1 Name	e of the public company
ASX cod	le (if you have one) Number of shares held

Your share

%

Partner's

%

share

Name of the public company		
ASX code (if you have one)	Number of sl	nares held
Country if not Australia	Your share	Partner's share
3 Name of the public comp	oany	

Name of the public comp	oany	
ASX code (if you have one)	Number of sl	nares held
Country if not Australia	Your share	Partner's share
	%	%

If you need more space, provide a separate sheet with details.

50 Did you (and/or your partner) have any bonds or debentures at the entry/application date?

Bonds refer to government and semi-government bonds. **Include**:

- investments in and/or outside Australia
- bonds or debentures outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars.

### Do not include:

- friendly society bonds, funeral bonds or life insurance bonds/investments
- aged care accommodation bonds, aged care refundable accommodation deposits, or aged care refundable accommodation contributions.

No Go to next question				
Yes Give details below				
Provide a document which gives details for each bond or debenture.				
1 Name of company				
Type of investment				
Current amount invested Currency if not AUD				
Your share % Partner's % share %				
2 Name of company				
Type of investment				
Current amount invested Currency if not AUD				
Your share %	Partner's %			

If you need more space, provide a separate sheet with

Did you (and/or your partner) have any funeral bonds, funeral investments or have a contract to have funeral services provided for which an agreed sum has already been paid to the provider at the entry/application date?

No Go to next question
Yes Give details below

g !

with details.

Provide documentation showing details of the funeral bonds, funeral investments or a copy of each contract.

Name of product	
APIR code (if known)	Purchase price including instalments but not intere
	\$
Current value as per latest statement	Your share Partner's share
\$	%
Name of company  Name of product	
APIR code (if known)	Purchase price including instalments but not intere
Current value as per latest statement	Partner's Your share share

details.

	Did you (and/or your partner) have any <b>life insurance</b> policies that could be cashed in at the entry/application date?  No	pe   r   r   r	erson or organication org	anisation at the cans, whether her people or o de loans to se llages or aged onext question details below	e entry/applicate they are made organisations of cure accommodare.	e to family or trusts. odation in
	Policy number  Number of units  Your share  %  %			for each loa If the money trust you wi return the P If you do no	ocument which n (if available). y was loaned to Il need to comp rivate Trust (M t have this forn stralia.gov.au/	o a private blete and od PT) form. n, go to
l	2 Name of product	1	Who did yo	ou lend the mo	ney to?	
	Policy number		Date lent	1	Amount lent	
	Number of units  Your share  Partner's share  %		Current balan	ice of loan	Lent by you	Lent by your partner
	If you need more space, provide a separate sheet with details.	2	Who did yo	ou lend the mo	oney to?	
<b>E</b> 0	Harry constant to the second s		ate lent		Amount lent	
i	Have you (and/or your partner) paid a lump sum accommodation payment to a residential aged care home at the entry/application date?  No  Go to next question		/ Current balan \$	nce of loan	Lent by you %	Lent by your partner
	Yes  Give details below  When was the last How much was paid payment made		you need m	nore space, pro	ovide a separate	e sheet with
	\$ / /					
	Provide a copy of a receipt for all lump sum accommodation payments and documents detailing the source of the funds. If the lump sum accommodation payment was paid in instalments, provide a receipt for each payment made.					

**55** 

In the 5 years **before** your application/entry date, have you (and/or your partner) **given away**, or sold for less than their market value, or surrendered a right to any cash, assets, property or income?

# Gifting is where you:

- · give away assets, or
- transfer them for less than their market value.

# For example, if you or your partner:

- give away/transfer shares in a private company
- transfer your shares or units in a trust or company and do not get full market value for them
- give up control of a trust or company this is a gift of all the assets the trust or company holds
- · own a property and sell it for less than it is worth
- buy a car as a present
- have 10% of your wages donated to your church
- · forgive a loan
- have to repay a business loan because you guaranteed it
- put money into a family trust and neither you nor your partner control the trust.

# It is not gifting if you:

No Go to next question

- own a house valued at an amount, but sold it on the open market with the best offer to date, as you could not wait for a higher offer
- have a debt that you cannot repay, so you transfer a car worth about the same to wipe out the debt
- put money into a family trust that you or your partner control.

For more information, refer to page 3 of the notes.

Yes Give details below			
What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)			
Date given or sold	What it wa	s worth	
/ /	\$		
What you got for it	Your share	Partner's share	
\$	9/	6 %	
Was this gift to a Special Di Trust (SDT)?	sability I	No Yes	

#### Continued

What you gave away or s market value (for exampl home, land, farm)		
Date given or sold	What it was v	vorth
/ /	\$	
What you got for it	Your share	Partner's share
\$	%	%
Was this gift to a Special Di Trust (SDT)?	isability No	Yes _
If you need more space, pro-	vide a separate	sheet with

If you need more space, provide a separate sheet with details.

Did you (and/or your partner) receive payments from outside Australia at the entry/application date?

**Include** pensions from other countries, benefits, allowances, superannuation, compensation and war related payments in the type of currency in which it is paid. We will convert this into Australian dollars.

You must include details of pensions, allowances and other payments even if they are not taxable in the country of payment.

No	Go to next question
Yes	Give details below

n	Provide a document from the issuing
9	authority of agency willer gives
	details including the amount in the
	foreign currency (for example, latest
	pension certificate) for each payment

1 Type of payment	
Country which pays it?	
Amount paid (before tax or deductions)	Currency if not AUD
Paid to: You Your	partner

## Continued

2 Type of payment
Country which pays it?
Amount paid
(before tax or deductions) Currency if not AUD
Paid to: You Your partner

If you need more space, provide a separate sheet with details.

Did you (and/or your partner) have an interest in a business at the entry/application date?

#### Include:

- self-employed
- · sole trader
- partnership
- sub-contractor.

Go to next guestion

Yes



You will need to provide:

- your (and/or your partner's) personal income tax return(s)
- business income tax return for the last financial year
- a profit and loss statement, depreciation schedule and any other explanatory notes which form part of the accounts of the business or company.

Have you (and/your partner) had an interest in a private trust in any of the ways detailed below, in the 5 years up to the entry/application date?

You are considered to have an interest in a private trust if any of the following apply.

You (and/or your partner) are:

- the appointor
- · guardian or principal of the trust
- · a trustee

#### or

- are a shareholder or director of the trustee company
- are a beneficiary or included amongst the categories of beneficiaries of the trust
- · are a unit holder
- are owed money by the trust
- are able to benefit from the trust
- can expect the trustee or appointor of a trust to act in accordance with your wishes.

No **Go to 60** Yes

If you (and/or your partner) have not previously advised us of this trust, complete and return a Private Trust (Mod PT) form.

If you do not have this form, go to servicesaustralia.gov.au/forms

59 Is the private trust a **Special Disability Trust** (SDT)?

No Yes

Have you (and/your partner) had an interest in a private company in any of the ways detailed below, in the 5 years up to the entry/application date?

You are considered to have an interest in a private company if any of the following apply.

You (and/or your partner):

- are a shareholder of the private company
- are a director or other office holder of the company
- are owed money by the company
- are able to benefit from the company
- can expect the director of a company to act in accordance with your wishes
- can expect the governing director or majority shareholder to act in accordance with your wishes.

No Go to next question

Yes Was your involvement only as a director and you (and/or your partner) have no shares in or loans to the company?

No You will need to complete and return the **Private Company** (Mod PC) form.

If you do not have this form,

servicesaustralia.gov.au/forms Go to next question

Yes Go to next question

Did you (and/or your partner) have any **other assets** (in or outside Australia) that you have not already advised us about on this form at the entry/application date?

#### Include:

- taxi plates
- time share
- racehorses
- gold bullion
- · travel cash passports

Current market value

Currency if not AUD

- cyber currency (for example, bitcoin)
- collectables (for example, stamps, coins, wine, art, antiques)
- commercial licences (for example, fishing, hunting).

**Do not include** an account used for funding from the National Disability Insurance Scheme (NDIS).

No  Go to next question
Yes Give details below
Provide supporting documentation.
1 Description of asset

Amount owed

Your share

Partner's

share

	%	%
2 Description of asset		
Current market value	Amount owe	d
Currency if not AUD	Your share	Partner's share
		Silaic
	%	%

If you need more space, provide a separate sheet with details.

62 Did you (and/or your partner) receive any **other income** that you have not already listed on this form at the entry/application date?

Include income or money from:

- income from boarders and lodgers
- income protection insurance
- life interests
- other Australian government departments
- other income (for example, royalties)
- other payments from outside Australia
- · regular compensation payments or damages
- work (including holiday pay, long service leave, sick pay)
- gratuities (tips).

**Do not include** for you (and/or your partner and/or your child(ren)) funding from the National Disability Insurance Scheme (NDIS).

No Go to next question

Yes Give details below

Provide a copy of documentation giving details of the type and the amount of the payment.

1 Type of income		
Gross amount received		
\$	per	
Currency if not AUD	Your share	Partner's share
	%	%

2 Type of income		
Gross amount received		
\$	per	
Currency if not AUD	Your share	Partner's share
	%	%

If you need more space, provide a separate sheet with details.

Questions continue next page

# Department of Veterans' Affairs customers

63 Are you (and/or your partner) a veteran or a dependant of a deceased veteran? No Do not continue with these questions as you (and/or your partner) are not a veteran or a dependant of a veteran. Go to 64 Yes Go to next question Did you (and/or your partner) receive a payment of \$25,000 from the Australian Government as compensation for internment by: North Korean forces during the Korean war, or Japanese or Axis forces during World War II? No Go to next question Yes The amount of these payments is deducted from the value of your assets if you have received them. Go to next question **Read** this before answering the following question.

Do you and/or your partner have **qualifying service**?

Qualifying service is service in a war or war like operations where you incurred danger from hostile forces of the enemy.

No

Yes

Any Department of Veterans' Affairs Adjusted Disability Pension you receive will be exempt from the aged care income assessment.



# Person authorised to act on behalf of a Department of Veterans' Affairs client

The Department of Veterans' Affairs clients can nominate a representative for income support payment purposes.

Persons authorised to act on behalf of a client, such as those holding a power of attorney, are able to assist you to meet your obligations under the *Veterans' Entitlement Act 1986* by notifying the Department of Veterans' Affairs of changes on their behalf. However, the obligation to inform the Department of Veterans' Affairs of changes in circumstances that may affect your pension or allowance(s) remains with you.

For income support purposes, the Department of Veterans' Affairs authorised persons have the authority to:

- · enquire about your pension
- assist you to meet your obligations to the Department of Veterans' Affairs.

Persons holding a valid financial power of attorney can also be accepted as having the authority to:

- act as a signatory for you
- receive income support related mail on your hehalf

If you wish to be registered as a power of attorney for future contacts with the Department of Veterans' Affairs, provide a certified copy of your power of attorney documentation.

For information about the Department of Veterans' Affairs authorised person arrangements, call the Department of Veterans' Affairs on Freecall™ **1800 555 254**.

Go to next page

# **Privacy notice**

### 64 You need to read this

## Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

# **Declaration** for

the person the assessment is for

65 Read this before continuing.

If you (the person who the assessment is for) are not able to sign this declaration, it should be signed by someone who is authorised to sign on your behalf. The authorised person must also sign question 66. See 'Person signing on your behalf' section on page 4 of the **Notes**.

### I consent to:

 the Department of Health providing Services Australia and the Department of Veterans' Affairs with information about periods, types and levels of care, and assessments for my current and/or previous care, if required to complete my assessment.

#### I declare that:

 the information I have provided in this form is complete and correct.

### I understand that:

giving false or misleading information is a serious offence.

Signature of the person the assessment is for (or the person signing on their behalf)

Date			

/ /

▶ For the **person signing on behalf** of the person the assessment is for continue to the next question.

If someone signs on your behalf Mr Mrs Miss Ms Other Family name First given name Second given name Address Postcode Phone number Relationship to the person who the assessment is for Make sure you have read the Privacy and your personal information on this page. Signature of legal guardian, power of attorney or existing nominee **L** Date When 2 or more people have joint power of attorney. all people with joint power of attorney need to sign. If more than 2 signatures are required, provide a separate sheet with details. Signature of second legal guardian, power of attorney or existing nominee Date Which of the following documents are you providing with this form? A copy of the power of attorney order A copy of the administration order A copy of the financial management order A letter from a medical professional N/A – existing nominee arrangement

Questions continue next page

66

# Checklist

Which of the following forms and documents are you (and/or your partner) providing with this form?

You must provide **copies** of documents. The copies will not be returned.

If you are not sure, check the question to see if you should provide the documents.

# Tick all that apply

Details of the sale of your home or details of the transfer or retirement village agreement (If you answered Yes at <b>question 19</b> )	
Details on value of mobile home/caravan/boat, refundable entry contributions or property (If you answered Yes at <b>question 20</b> or <b>22</b> )	
Statement showing the amount owing for each mortgage (If you answered Yes at ${\it question~20}, {\it 22} {\it or~41})$	
Council rates notice (If you answered Yes at <b>question 23</b> or <b>35</b> )	
Documents showing details of the rental income (If you answered Yes at <b>question 30</b> or <b>42</b> )	
Details of each additional property (If you have more than one investment property at <b>question 34</b> )	
Title deed(s) for each property (If you answered Yes at <b>question 36</b> )	
Documents of water rights, allocation or licence (If you answered Yes at <b>question 38</b> )	
Details on amount owing for each loan secured by vehicles (If you answered Yes at <b>question 45</b> )	
Documents showing balances and details of bank, building society and credit union accounts (If you answered Yes at <b>question 46</b> )	
Statements or schedules for each fund, including latest council rates notices for any real estate held by SMSF and SAF (If you answered Yes at <b>question 47</b> )	
Managed investment certificates or similar document (If you answered Yes at <b>question 48</b> )	

#### Continued

Share certificates or statement for each shareholding	
listed on a stock exchange (If you answered Yes at <b>question 49</b> )	
Investment bond/debenture documents (If you answered Yes at <b>question 50</b> )	
Details of the funeral bond(s) or funeral investment(s) (If you answered Yes at <b>question 51</b> )	
Statement for each life insurance policy (If you answered Yes at <b>question 52</b> )	
Receipts for all lump sum accommodation payments (If you answered Yes at <b>question 53</b> )	
Money on loan documents (if available) and <b>Private Trust (Mod PT)</b> form (if required) (If you answered Yes at <b>question 54</b> )	
Documents with details of payments by authorities or agencies outside Australia (If you answered Yes at <b>question 56</b> )	
Personal income tax return(s), business income tax return, a profit and loss statement, depreciation schedule and any other explanatory notes of the business or company (If you answered Yes at <b>question 57</b> )	
Private Trust (Mod PT) form (if required) (If you answered Yes at question 58)	
Private Company (Mod PC) form (If required at question 60)	
Documents with details on 'other' assets (If you answered Yes at <b>question 61</b> )	
Documents with details on 'other' income (If you answered Yes at <b>question 62</b> )	
Documents related to a signing on behalf of the person the assessment is for (If signing at <b>question 66</b> )	

# **Returning this form**

Check that you have answered all the questions you need to answer, supplied all the documents as at the date you permanently moved into an aged care home or as at the date you are lodging this form and you have signed and dated this form.

Return this form to Services Australia unless you receive an income support payment from the Department of Veterans' affairs.

Services Australia Residential Care PO Box 7821 Department of Veterans' Affairs GPO Box 9998 Brisbane QLD 4001

Canberra BC ACT 2610

You should do this before you enter care (if possible) to make sure that your cost of care can be calculated as quickly as possible. If you enter aged care without having an assessment, you could be asked to pay the maximum aged care fees applicable.

If you are authorising a person or organisation to enquire or act on your behalf, complete and return the form on the following pages separately.



If you are receiving a Department of Veterans' Affairs (DVA) means tested payment (see notes page 2 of 4) you should complete and return the Aged Care Request for a nominee for Department of Veterans' Affairs customers (AC019) form.



# centrelink

# Authorising a person or organisation to enquire or act on your behalf



# When to use this form

You can use this form to authorise a person or organisation to enquire or act on your behalf for Centrelink payments and services including Aged Care.



If you or your nominee have your Centrelink payments income managed, call **1800 132 594** before filling in this form.

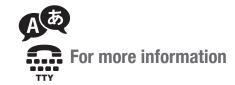


# Protecting you and your information

If you think the access you have provided a person or organisation is being misused, call **132 850** or visit one of our service centres.

If you are affected by family and domestic violence, call **132 850** Monday to Friday, 8 am to 5 pm local time, and ask to speak to one of our social workers or call **000** if you are in immediate danger.

For more information, go to servicesaustralia.gov.au/domesticviolence



For Child Support, Medicare or more information, go to servicesaustralia.gov.au/authorisedrepresentative

If you need to call us, use your regular payment line.

To speak to us in your language, call **131 202**. Call charges may apply.

We can translate documents you need to give us for free.

If you have a hearing or speech impairment, you can contact the **TTY service** Freecall<sup>TM</sup> **1800 555 677**. A TTY phone is required to use this service.

# Type of access you can request

The **information below** may help you to choose the type of access that best suits your needs and will assist you to answer Question 5. There are 4 different types of access that can be requested.

If you want to have a different correspondence nominee to your payment nominee, person permitted to enquire or person permitted to update, you will need to complete a separate form.

	Person	permitted	Correspondence	a Poyment	
Your authorised person or organisations can:	to enquire	to update	Correspondence nominee	Payment nominee	
Ask us questions about your payments or services	V	~	<b>✓</b>	<b>✓</b>	
Tell us about changes to your circumstances	×	~	<b>✓</b>	×	
Respond to requests for information	×	~	<b>✓</b>	×	
Come to appointments with you or, if appropriate, on your behalf	×	×	<b>V</b>	×	
Complete and sign forms and statements	×	×	<b>✓</b>	×	
Get copies of your letters	×	×	<b>✓</b>	×	
Get your Centrelink payments, and use them only for your benefit	×	×	×	~	
View and update your information online	×	×	<b>✓</b>	<b>✓</b>	
Claim payments and services for you	×	×	V	×	

# **Identity requirements**

# **Authorised person**

Your authorised person will need to provide photo identification, at one of our service centres or agents, from the list at **servicesaustralia.gov.au/identity** For example, a current Australian driver licence or valid passport.

## **Authorised organisation staff**

Staff from your authorised organisation will need to verify their identity details when they create their Provider Digital Access (PRODA) account to access nominee online services. For more information, go to **servicesaustralia.gov.au/proda** 

# Page 2 is for your reference to help you fill in this form

# Important information - type of access

When choosing your type of access, you should consider the following:

- you can only have **one** correspondence and **one** payment nominee. These can be different people. You will need to complete a separate form for each
- a person or organisation who is both a correspondence and payment nominee can enquire, act and get your Centrelink
  payments on your behalf
- the person you are authorising cannot have a nominee acting on their behalf
- you can still deal with us, even if you have authorised a person or organisation to assist you
- if you get more money from us than you are entitled to, you will need to repay this. Your nominee is not responsible for repaying this money
- if you have a nominee of the same type already in place, this request will automatically cancel the existing access. Your existing nominee will get a letter telling them of the cancellation.

# Person permitted to enquire or update - responsibilities and obligations



# A person permitted to enquire or update:

is required to use the information we give them to assist you to better understand your payment and services.



# A person permitted to update:

- can provide us with information to update your payment and services
- must act in your best interest.

A person permitted to enquire or update cannot:

- · make decisions for you
- · sign forms or statements
- · get copies of your letters.

You can authorise more than one person or organisation to be your person permitted to enquire or update.

# Correspondence and Payment nominee - responsibilities and obligations



## A correspondence nominee is required to:

- let us know of any changes to your circumstances within 14 days (within 28 days if they are outside Australia)
- respond to notices, including providing requested information and reporting notifiable events. If they do not respond
  to a notice, it will mean that you (as the customer), did not meet your obligations. If applicable, your payments may be
  stopped
- · act in your best interest
- let us know of any changes that may affect their ability to be your nominee.



# A payment nominee is required to:

- · use your Centrelink payments for your benefit
- keep records on how the money was spent. We can review these records at any time. If the payment nominee does
  not provide this information, financial penalties may be imposed on them
- · act in your best interest
- let us know of any changes that may affect their ability to be your nominee.

### **Aged Care matters**

Your **person permitted to enquire** can ask questions only, and your **person permitted to update** can ask questions and make updates to your income and assets.

If you are accessing Aged Care services, your **correspondence nominee** will be able to:

- complete and sign forms about your Aged Care costs
- · ask questions about your Aged Care costs
- update your income and assets
- get copies of your Aged Care letters.

Your Aged Care payments will go directly to your Aged Care provider.



# centrelink

# Authorising a person or organisation to enquire or act on your behalf (SS313)

_					
- He	ow to complete this form	4		ir permanent home or postal address changed sin	ce you
	ou can complete this form on your computer, print and sign it.		last told		
	art A and Part C – collects the customer's details (the person			GO to question 5	
	requesting an authorised person or			Give details below	
	organisation) (pages 1 and 3).		Date of	address change	
Pa	art B and Part D – collects the authorised person or organisation details (pages 2 and 4).			/ MM / YYYY	
	you have a printed form:		Your pe	rmanent home address	
	Print in BLOCK LETTERS using black or blue pen.				
•	Where you see a box like this <b>GO</b> skip to the question number shown.				
				Postcode	
Pı	rivacy notice		Your po	stal address (if different from above)	
You	ı need to read this				
	rivacy and your personal information			Postcode	
to	he privacy and security of your personal information is important o us, and is protected by law. We collect this information to			1 0310000	
	rovide payments and services. We only share your information ith other parties where you have agreed, or where the law	5	Select t	he type of access you are requesting:	
al	llows or requires it. For more information, go to		For mo	ore information, go to page 1 of the notes.	
SE	ervicesaustralia.gov.au/privacy			Tick all that	t apply
				Option 1: Person permitted to enquire	
Pa	art A – Customer details (the person requesting an			They can ask questions about your payments	
	authorised person or organisation)			and services. They cannot make updates to	
_	Very October light October and Defended Number (files and			your payments and services.	
1	Your Centrelink Customer Reference Number (if known)		6	Option 2: Person permitted to update	$\Box$
				They can ask questions about your payments	
				and services and provide information to update your payments and services.	
2	Your name			your payments and services.	
	Mr Mrs Miss Ms Other			Option 3: Correspondence nominee	
			义	They can ask questions about your payments and services, tell us about changes to your	
	Family name			circumstances, complete and sign forms/	
				statements, attend appointments with you or	
	First given name			on your behalf (if appropriate) and get copies of your letters from us.	
				your letters from us.	
	Second given name(s)		\$	Option 4: Payment nominee	
	g			They can receive your Centrelink payments on	
				your behalf. Provide your nominee's account details at <b>question 11</b> . This is not applicable for	
3	Your date of birth			aged care.	
J					
	DD/MM/YYYY	6	How lor	ng do you want this type of access for?	
			Indefini	itely or until DD/MM/YYYY	

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# Part B – Authorised person or organisation details

7

Person to Authorised person below	Organisation to Authorised organisation below
Authorised person	Authorised organisation
Additional person	Addionoca organication
The authorised person's Centrelink Customer Reference Number (if known)  The authorised person's name  Mr Mrs Miss Ms Other	The authorised organisation's Centrelink Reference Numb (if known)  Trading name of organisation  This is not the contact person. The name of the contact p
Family name	is to be provided at the end of this question.
First given name	Business name of organisation (if different from above)
Second given name(s)	Australian Business Number (ABN)
	This is mandatory when nominating an organisation.
The authorised person's date of birth	
DD/MM/YYYY	
	The authorised organisation's contact details  Permanent address
Other name(s) the authorised person has been known by  Include:  • name at birth  • alias  • name before marriage  • adoptive name	The authorised organisation's contact details Permanent address
Other name(s) the authorised person has been known by  Include:  • name at birth  • alias	Permanent address  Postcode
Other name(s) the authorised person has been known by  Include:  • name at birth • name before marriage • previous married name  • foster name.	Permanent address
Other name(s) the authorised person has been known by  Include:  • name at birth • name before marriage • previous married name  • foster name.	Permanent address  Postcode
Other name(s) the authorised person has been known by  Include:  • name at birth  • name before marriage  • previous married name  • Aboriginal or skin name  • respective name  • foster name.	Permanent address  Postcode
Other name(s) the authorised person has been known by  Include:  • name at birth • name before marriage • previous married name • Aboriginal or skin name  The authorised person's contact details	Permanent address  Postcode  Postal address (if different from above)
Other name(s) the authorised person has been known by  Include:  • name at birth • name before marriage • previous married name • Aboriginal or skin name  The authorised person's contact details	Permanent address  Postcode  Postal address (if different from above)  Postcode  Organisation's email
Other name(s) the authorised person has been known by  Include:  • name at birth • name before marriage • previous married name • Aboriginal or skin name  The authorised person's contact details	Permanent address  Postcode  Postal address (if different from above)  Postcode
Other name(s) the authorised person has been known by  Include:  • name at birth • name before marriage • previous married name • Aboriginal or skin name  The authorised person's contact details Permanent address  Postcode	Permanent address  Postcode  Postal address (if different from above)  Postcode  Organisation's email
Other name(s) the authorised person has been known by  Include:  • name at birth • name before marriage • previous married name • Aboriginal or skin name  The authorised person's contact details Permanent address  Postcode	Permanent address  Postcode  Postal address (if different from above)  Postcode  Organisation's email  Name of contact person
Other name(s) the authorised person has been known by  Include:  • name at birth • name before marriage • previous married name • Aboriginal or skin name  The authorised person's contact details  Permanent address	Permanent address  Postcode  Postal address (if different from above)  Postcode  Organisation's email  Name of contact person

▶ GO to question 8

# Part C – Customer declaration and Third Party authorisation

#### Tick one only

I declare that I am able to make my own decisions

GO	to Customer
	<b>Declaration</b> below

or

If the customer is not able to make their own decisions



GO to Third Party authorisation below

Read this before continuing. Make sure you have read Privacy and your personal information on page 1 of this form.

#### **Customer declaration**

If the customer is able to make their own decisions but is not able to sign this form, it may be signed by their Power of Attorney.

Tick this box if a Power of Attorney is signing the customer declaration

Name of the Power of Attorney



Provide a copy of the Power of Attorney. If there are multiple attorneys, you will need to copy this page and provide the name and signature of each attorney. Provide photo identification, such as an Australian driver licence or valid passport.

I declare that the information I have provided in this form is complete and correct.

I authorise the person or organisation named on this form, to deal with Centrelink and Aged Care on my behalf according to the type of access shown on this form.

### I understand that:

- this is voluntary and I can cancel this arrangement at any time.
- the type of access may be rejected or cancelled at any time by Centrelink or Aged Care, if the person or organisation is not able to meet their responsibilities and obligations.
- giving false or misleading information is a serious offence.

# Your signature



Date

/ /



You have now completed Part C. The authorised person or organisation is to complete Part D.



GO to question 9

# **Third Party authorisation**

If the customer is not able to sign this form due to physical or mental disability and the type of access is in the person's best interest, a third party may sign this section on their behalf.



An appropriate third party may be one of the following and they must provide evidence as outlined below:

- a relevant professional, such as a treating doctor, nurse, case worker or social worker
  - provide a letter or the medical evidence of the customer's incapacity
- the holder of an Enduring Power of Attorney
  - provide a copy of the legal document and medical evidence
  - provide photo identification, such as an Australian driver licence or valid passport
  - if there are multiple attorneys they must all provide a letter or signature with their agreement
- the person or organisation holding a guardianship, financial management or administration order
  - provide a copy of the order.

Name of the third party	
Relationship to customer	
Address	
	Postcode
Contact phone number	

#### I declare that:

- the customer is not able to sign this form due to physical or mental disability.
- it is in the customer's best interest to authorise the person or organisation named on this form, to deal with Centrelink and Aged Care on the customer's behalf according to the type of access shown on this form.
- the information I have provided in this form is complete and correct.

Signature of the third party



Date



You have now completed Part C.

The authorised person or organisation is to complete Part D.



▶ GO to question 9

# Part D - To be completed by the authorised person or organisation Do you have any of the following: Power of Attorney **Enduring Power of Attorney** Guardianship Financial management/administration order None of the above Provide a copy of any documents ticked above. PASSWORD - For security purposes, we will ask for this password every time you contact us. Provide a password The password needs to have 4 to 12 letters or numbers. Payment nominee only to complete This is not applicable for Aged Care. 11 Will you be receiving payments on behalf of the customer? GO to question 12 Give details below Complete this if you are a payment nominee. It may be easier as a nominee to manage the payments by having a separate account. As a nominee you must tell us if this account changes. Name of bank, building

society or credit union

Account number (this may not be your card number)

Account held in the name(s) of

(if applicable)

For organisations only – Group Institution Code

# **Authorised person or organisation declaration**

Make sure the authorised person and/or organisation details are correct in **question 7**.

For more information about the responsibilities and obligations as an authorised person or organisation, refer to the **Notes**.

Read **Privacy and your personal information** on page 1 of

Read **Privacy and your personal information** on page 1 of this form.

#### I declare that I:

- understand and accept the responsibilities and obligations for the type of access requested in this form.
- · will act in the best interest of the customer.

# I understand that:

- any personal information I am given access to under this type of access is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates.
- the type of access may be rejected or cancelled at any time by Centrelink or Aged Care, if I am not able to meet my responsibilities and obligations.
- giving false or misleading information is a serious offence.

Signature of the authorised person or organisation

Date DD / MM / YYYYY
Your relationship with the customer (for example, parent, child, guardian).

# Checklist

Which of the following documents are you providing with this form?

**Provide a copy of the relevant documents**. They do not need to be certified and will not be returned to you.

Tick a	ll that apply	
Customer declaration – I am able to make my own decisions (Question 8)		
If the Power of Attorney completes the customer declaration, they will need to provide		
the Power of Attorney document		
<ul> <li>if there are multiple attorneys, you will need to copy page 3 of the form and provide the name and signature of each attorney</li> </ul>		
photo identification, such as an Australian driver licence or valid passport		
Third Party authorisation – the customer is not able to make their own decisions (Question 8)		
If a third party provides authorisation, they must provide evidence as outlined below		
a relevant professional, such as a treating doctor, nurse, case worker or social worker		
<ul> <li>a letter or the medical evidence of the customer's incapacity</li> </ul>		
the holder of an Enduring Power of Attorney		
<ul> <li>a copy of the legal document and medical evidence of the customer's incapacity</li> </ul>		
<ul> <li>photo identification, such as an Australian driver licence or valid passport</li> </ul>		
<ul> <li>if there are multiple attorneys, they must all provide a letter or signature with their agreement</li> </ul>		
• the person or organisation holding a guardianship, financial management or administration order		
<ul> <li>a copy of the order</li> </ul>		
If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents (Question 9)		
Power of Attorney		
Enduring Power of Attorney		
Guardianship		
Financial management/administration order		

## Stopping or changing your type of access

You can cancel or change your nominee's type of access at any time, unless it is a court, tribunal, guardianship or an administration appointed arrangement.

To cancel the type of access:

- call us go to servicesaustralia.gov.au/phoneus
- use your online account to cancel or change your correspondence and/or payment nominee at any time
- write to us go to servicesaustralia.gov.au/contactus

If you cancel your nominee a letter will automatically be sent to you and your nominee.

Centrelink may review, reject or cancel your type of access at any time. This includes if the person or organisation is not able to meet their responsibilities and obligations.

## **Returning this form**

Return this form and any supporting documents:

- **online** (excluding identity documents) using your Centrelink online account. For more information, go to **servicesaustralia.gov.au/centrelinkuploaddocs**
- in person at one of our service centres, if you are not able to use your Centrelink online account.
- · post to: Services Australia

PO Box 7800

CANBERRA BC ACT 2610

• fax to: 1300 786 102