



# 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 [humanservices.gov.au/forms](https://humanservices.gov.au/forms) and selecting 'Aged Care Calculation of your cost of care'.



## Fee Estimator

You can get an estimate of the amount you may be asked to pay towards your residential aged care by going to [myagedcare.gov.au](https://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

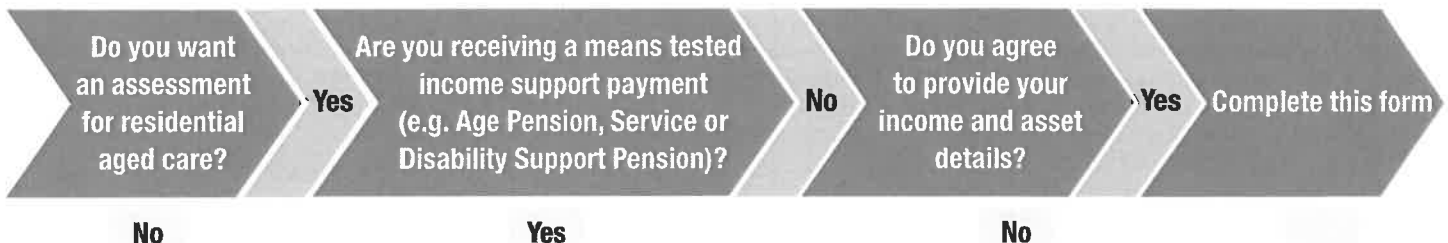
Go to our website [humanservices.gov.au/agedcare](https://humanservices.gov.au/agedcare) or call us on Freecall™ **1800 227 475**.

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 810 586**.

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

## When to use this form



If you want an assessment for a home care package, please complete the **Home Care Package Calculation of your cost of care (SA456)** form instead.

**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, please go online through myGov or call Centrelink on **132 300** or DVA on **1800 555 254**.

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

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 means-tested 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. The Department of Human Services 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.

### Income support payments

#### Non-means tested payments may include:

- Age Pension (Blind)
- Disability Support Pension (Blind)
- War Widow(er)s Pension
- Disability Pension paid by DVA (not including income support supplement)
- Income Support Pension (Blind) paid by DVA

#### Means tested payments may include:

- Age Pension
- Disability Support Pension
- Carer Payment (not including Carer Allowance)
- Special Benefit
- Widow Allowance
- 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.

## 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 the Department of Human Services 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.

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<sup>1</sup> 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).

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## 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 first financial year or \$30,000 in 5 financial years – this cannot include more than \$10,000 in any financial 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
- War Widow(er)s Pension and some disability pensions
- 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.

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## 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.

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## Nominee

An aged care nominee is another person you nominate to deal with the Australian Government Department of Human Services (Centrelink) on your behalf for aged care purposes.

If you are in a residential aged care home you may authorise the aged care nominee to receive information from us about your care costs and they may give us information about your income and assets. If your nominee does not hold a power of attorney or similar, both you and your nominee will receive residential aged care letters from the Department of Human Services. You may vary or cancel the appointment of a nominee at any time by writing to us.

If you want a **nominee** for **aged care** purposes you will need to complete the nominee section at the back of the form.

If you have:

- Enduring Power of Attorney
- Guardianship order
- Appointment of Enduring Guardian
- Financial management/administration order

you will still need to complete this form.

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 behalf.

If you want more information about nominee arrangements, go to our website **[humanservices.gov.au/nominees](https://humanservices.gov.au/nominees)** or call us on Freecall™ **1800 227 475**.

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

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



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

## Filling in this form

- Please 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 do not need to answer the questions in between.

**Note:** 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 *Income support payments* in the **Notes Section**, on page 2 of the notes.

No ☐ Go to next question

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

- 3 Are you completing this form on behalf of someone else?

For example, partner, parent or relative.

No ☐ Go to next question

Yes ☐ Give details below

Your full name

Your relationship to the person the assessment is for

**Note:** If you wish to be listed as a nominee for aged care purposes, you and/or the person this assessment is for will need to complete the nominee section at the back of this form. Nominees may be contacted by us regarding this assessment.

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

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



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

**You (the person the assessment is for)**

**5 Your name**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

**6 Your gender**

Male ☐

Female ☐

**7 Your date of birth**

/  /

**8 Do you have a Centrelink or DVA reference number?**

No ☐ *Go to next question*

Yes ☐ *Give details below*

Centrelink Reference Number (if known)

-  -  -

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

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

**5 Your partner's name**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

**6 Your partner's gender**

Male ☐

Female ☐

**7 Your partner's date of birth**

/  /

**8 Does your partner have a Centrelink or DVA reference number?**

No ☐ *Go to next question*

Yes ☐ *Give details below*

Centrelink Reference Number (if known)

-  -  -

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

## You (the person the assessment is for)

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

**Include:**

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No ☐ Go to next question

Yes ☐ Give details below

**1** Other name

Type of name (e.g. name at birth)

**2** Other name

Type of name (e.g. name before marriage)

If you have more than 2 other names, provide a separate sheet with details.

### 10 Please 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 our website [humanservices.gov.au/em](http://humanservices.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

Postcode

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

### 9 Has your partner been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No ☐ Go to next question

Yes ☐ Give details below

**1** Other name

Type of name (e.g. name at birth)

**2** Other name

Type of name (e.g. name before marriage)

If your partner has more than 2 other names, provide a separate sheet with details.

### 10 Please 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 our website [humanservices.gov.au/em](http://humanservices.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

## Your assessment

- 13 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 ☐ **Note:** 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.

► **Go to next question**

- 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.

**Tick ONE box ONLY**

**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**.

☐ ► **Go to 15**

**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**

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.**

## Dependent children

- 15 Please read this before answering the following question.

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.

Do you (and/or your partner) have any dependent children/students in your care?

No ☐ ► **Go to 17**

Yes ☐ Give details below

Details of the **youngest** dependent child/student in your care.

Dependent family name	<input type="text"/>
Dependent first given name	<input type="text"/>
Dependent second given name	<input type="text"/>
Dependent gender	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Dependent date of birth	<input type="text" value="/ /"/>

- 16 At the entry/application date did this dependent child/student live in the family home?

No ☐

Yes ☐



## Your home details

- 17 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:

- you were paying off a mortgage on your home
- your home was in a retirement village and you had paid an entry contribution
- your home was owned by a private/family trust or a private company that was controlled by you (and/or your partner), **or**
- you have an agreement with somebody else who owns part of the home (business/family partnership).

No ☐ ➔ **Go to 34**

Yes ☐ ➔ What is your home address or previous address if you are now living in residential aged care?

Postcode

- 18 Do you (and/or your partner) still own or part-own this home?

No ☐ ➔ **Go to next question**

Yes ☐ ➔ **Go to 20**

- 19 Select the option that applies to you:

Option 1: You sold your home ☐

How much was your home sold for?

On what date was your home sold?

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 home in a retirement village ☐

What amount was (or will be) paid to you (and/or your partner) when the retirement village unit was (is) vacated?

When was (or will) this amount be paid to you (and/or your partner)?



Provide documentation which gives details of the sale of your home, the details of the transfer 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**


20 At the entry/application date, was your home a:

- retirement village unit
- mobile home or motor home
- caravan
- boat?

No ☐ Go to next question

Yes ☐ Give details below

Type of asset	
<input type="text"/>	
Estimated market value	Balance of loan(s)
\$ <input type="text"/>	\$ <input type="text"/>
Who owns your home?	
Your share <input type="text"/> %	Your partner's share <input type="text"/> %
Other's share <input type="text"/> %	
Do you have a partner who is/was living in your home at the entry/application date?	
No <input type="checkbox"/> Go to 26	
Yes <input type="checkbox"/> Go to 26	

 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.

21 What type of property is your home:

House ☐

Townhouse (including duplex/triplex) ☐

Self contained flat (part of or attached to a house) ☐

Unit/flat ☐

How many units/flats are in the block?

Part of a farming property ☐

Other ☐ Give details below


<input type="text"/>
<input type="text"/>
<input type="text"/>

22 Select the **option** that applies to you and answer the questions based on the entry/application date:

**Option 1: Small Property, Suburban block or Apartment/unit**

My home is on land up to and including 5 acres (2 hectares) ☐ Give details below

Estimate the market value of your property including the buildings	Balance of loan(s) for your property
\$ <input type="text"/>	\$ <input type="text"/>
Who owns your home as shown on the property title?	
Your share <input type="text"/> %	Your partner's share <input type="text"/> %
Other's share <input type="text"/> %	
Do you have a partner who is living in your home at the entry/application date?	
No <input type="checkbox"/> Go to 23	
Yes <input type="checkbox"/> Go to 26	

 If you have a mortgage provide a copy of a statement showing the amount owing for each mortgage.

**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 remaining 15 acres in the second box.

Estimate the market value of the first 5 acres of your property including the buildings	Estimate the market value of the remaining acreage
\$ <input type="text"/>	\$ <input type="text"/>
Balance of loan(s) for your property	
\$ <input type="text"/>	
Who owns your home as shown on the property title?	
Your share <input type="text"/> %	Your partner's share <input type="text"/> %
Other's share <input type="text"/> %	
Do you have a partner who is living in your home at the entry/application date?	
No <input type="checkbox"/> Go to 23	
Yes <input type="checkbox"/> Go to 23	

 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 (e.g. lot, section, parish, etc.)?

**Note:** 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.




Provide a copy of the council rates notice.

- 24** What is the area or dimension of the property?

**Note:** You do not need to answer this question if your home is a unit or flat.

Complete **ONE** of these measurements only.

Area in hectares

**OR**

Area in acres

**OR** Area in square metres

**OR** Dimensions

X

- 25** Describe all buildings on the property

This will help us to value the property.

<b>1</b> What is the approximate floor area in square metres?	How old is the building?
---------------------------------------------------------------	--------------------------

Type of construction

Exterior (e.g. brick, timber)

Interior (e.g. plaster, not lined)

Roof (e.g. iron, tiled)

General condition (e.g. fair, good, poor)

Total number of flats/units in complex (if applicable)

For residential building, number of bedrooms

Number of other rooms (excluding laundry, bathroom, toilet)

If you (and/or your partner) have more than 1 building on this property, provide a separate sheet with details.

- 26** Are you (and/or your partner) using any rooms or buildings in your home property solely for business purposes?

This includes rooms used for a bed and breakfast or a room/office used solely for running a business.

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?

This includes using the land for cultivation, orchards, grazing animals or accessed for other reasons such as camping sites.

No ☐ Go to next question

Yes ☐ Estimated value of the portion of the land (up to 2 hectares or 5 acres) surrounding your home property that you own and that is used primarily for business purposes

\$

- 28** Is your home part of a farm property?

No ☐ Go to 30

Yes ☐ Farm property primarily used for (e.g. grazing, wheat, hobby)

- 29** Is the farm property currently operational/viable?

No ☐

Yes ☐

Is it possible to subdivide the farm property or farm home?

No ☐

Yes ☐


List any other constructions located on the property (e.g. workers' quarters, manager's house)


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

30 Did you (and/or your partner) receive rental income from your home property at the entry/application date?

No ☐ Go to next question

Yes ☐

 Provide documents showing details of the rental income and the outgoings (costs) for each property.

31 At the entry/application date, did any of the following people live in your home?

**Tick all that apply.** If there is more than 1 person provide a separate sheet for question 31 to question 33.

Carer: Any person providing daily care to you, who has occupied the home for at least 2 years ☐ Go to 32

Close relative: your sister, brother, child, grandchild, or parent who has occupied the home for at least 5 years ☐ Go to 32

None of the above ☐ Go to 34

32 Does this person still live in the home?

No ☐ Date vacated

/ /

☐ Go to next question

Yes ☐ Go to next question

## Consent by carer or close relative

33 Please read this before answering the following question.

The Department of Human Services 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.

### Carer or close relative (protected person)

Make sure you have read the **Privacy and your personal information** on page 20 of this assessment and you have read the 'Protected Person' section on page 3 of the **Notes**.

### Consent by carer or close relative

Details of carer or close relative

Family name

First given name

Second given name

Date of birth

/ /

Centrelink Reference Number (if known)

- - -

OR

Department of Veterans' Affairs reference number

Relationship to the applicant

Phone number

( )

**I consent to the Australian Government Department of Human Services 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 *Aged Care Act 1997*.**

Signature of carer or close relative



Date

/ /



**39** Describe all buildings on the other property

This will assist us to value the property.

**1** What is the approximate floor area in square metres? How old is the building?

Type of construction

Exterior (e.g. brick, timber)

Interior (e.g. plaster, not lined)

Roof (e.g. iron, tiled)

General condition (e.g. fair, good, poor)

Total number of flats/units in complex (if applicable)

For residential building, number of bedrooms

Number of other rooms (excluding laundry, bathroom, toilet)

If you (and/or your partner) have more than 1 building on this property, provide a separate sheet with details.

**40** What is the area or dimension of the other property?

Complete **ONE** of these measurements only.

Area in hectares

**OR** Area in acres

**OR** Area in square metres

**OR** Dimensions

X

If your property is made up of more than one title, provide a separate sheet with details of the area or dimensions for each title.

**41** Was the property mortgaged or encumbered at the entry/application date?

No ☐ Go to next question

Yes ☐



Provide the:

- mortgage or loan agreement(s) showing which assets or properties are held as security against the loan (if applicable)
- statement of each loan account.

**42** Did you (and/or your partner) receive **rental income** from your other property, at the entry/application date?

**Include** rental income from properties both in and/or outside Australia.

No ☐ Go to next question

Yes ☐



Provide documents showing details of the rental income and the outgoings (costs) for each property.

**43** 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?

Only answer this question if this property is **NOT** your home property.

The **current market value** of the household contents is what you would get if you sold it. 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.

**Do NOT include:**

- fixtures such as stoves and built-in items.

Current market value

\$

## 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 to next question

Yes ☐ Give details below



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

<b>1</b> Type of asset (e.g. car)	Make (e.g. Ford)
<input type="text"/>	<input type="text"/>
Model (e.g. Focus)	Year
<input type="text"/>	<input type="text"/>
Current market value	Balance of loan(s)
\$ <input type="text"/>	\$ <input type="text"/>
Your share <input type="text"/> %	Partner's share <input type="text"/> %

<b>2</b> Type of asset (e.g. car)	Make (e.g. Holden)
<input type="text"/>	<input type="text"/>
Model (e.g. Astra)	Year
<input type="text"/>	<input type="text"/>
Current market value	Balance of loan(s)
\$ <input type="text"/>	\$ <input type="text"/>
Your share <input type="text"/> %	Partner's share <input type="text"/> %

If you (and/or your partner) have more than 2 motor vehicles, boats, caravans or trailers, 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).



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.

**Note:** ATM slips are not acceptable.

<b>1</b> Name of bank, building society or credit union	<input type="text"/>
Account number (this may not be your card number)	<input type="text"/>
Type of account	<input type="text"/>
Balance of account	<input type="text"/>
Currency if not AUD	<input type="text"/>
Your share <input type="text"/> %	Partner's share <input type="text"/> %

<b>2</b> Name of bank, building society or credit union	<input type="text"/>
Account number (this may not be your card number)	<input type="text"/>
Type of account	<input type="text"/>
Balance of account	<input type="text"/>
Currency if not AUD	<input type="text"/>
Your share <input type="text"/> %	Partner's share <input type="text"/> %

If you (and/or your partner) have more than 2 accounts, 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 (e.g. 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.

*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 (e.g. monthly)

 per

Date of purchase

 /  / 

Your share

 %

Partner's  
share

 %

If you (and/or your partner) have more than 2 superannuation or income stream products, provide a separate sheet with details.

**1** 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 (e.g. monthly)

 per

Date of purchase

 /  / 

Your share

 %

Partner's  
share

 %



**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

 Provide a copy of the document which gives details (e.g. certificate with number of units or account balance) for each investment.

**1** Name of company

Name of product (e.g. investment trust)      Type of product/option (e.g. balanced, growth)

Number of units      APIR code (if known)

Current market value      Currency if not AUD

Your share  %      Partner's share  %

**2** Name of company

Name of product (e.g. investment trust)      Type of product/option (e.g. balanced, growth)

Number of units      APIR code (if known)

Current market value      Currency if not AUD

Your share  %      Partner's share  %

If you (and/or your partner) have more than 2 managed investments, 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?

**Include:**


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

**Do NOT include:**

- managed investments
- self managed superannuation funds.

No ☐ Go to next question

Yes ☐ Give details below

 Provide the statement for each share holding.

**1** Name of the public company

ASX code (if you have one)      Number of shares held

Country if not Australia      Your share      Partner's share

**2** Name of the public company

ASX code (if you have one)      Number of shares held

Country if not Australia      Your share      Partner's share

**3** Name of the public company

ASX code (if you have one)      Number of shares held

Country if not Australia      Your share      Partner's share

If you (and/or your partner) have more than 3 share holdings, 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 share  %

If you (and/or your partner) have more than 2 bonds or debentures, provide a separate sheet with details.

**51** 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



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

**1** Name of company

Name of product

APIR code (if known)

Purchase price including instalments but not interest

\$

Current value as per latest statement

\$

Your share

%

Partner's share

%

**2** Name of company

Name of product

APIR code (if known)

Purchase price including instalments but not interest

\$

Current value as per latest statement

\$

Your share

%

Partner's share

%

If you (and/or your partner) have more than 2 funeral bonds/funeral investments, provide a separate sheet with details.

**52** Did you (and/or your partner) have any **life insurance** policies that could be cashed in at the entry/application date?

No ☐ Go to next question

Yes ☐ Give details below

 Provide a copy of the statement for each policy.

**1** Name of product

Policy number

Number of units	Your share	Partner's share
<input type="text"/>	<input type="text"/> %	<input type="text"/> %

**2** Name of product

Policy number

Number of units	Your share	Partner's share
<input type="text"/>	<input type="text"/> %	<input type="text"/> %


If you (and/or your partner) have more than 2 life insurance policies, provide a separate sheet with details.

**53** 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

Yes ☐ Give details below

How much was paid	When was the last payment made
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

 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.

**54** Did you (and/or your partner) have **money on loan** to another person or organisation at the entry/application date?

**Include** all loans, whether they are made to family members, other people or organisations or trusts.

**Do NOT include** loans to secure accommodation in retirement villages or aged care.

No ☐ Go to next question

Yes ☐ Give details below

 Provide a document which gives details for each loan (if available).

If the money was loaned to a private trust you will need to complete and return the **Private Trust** form (Mod PT). If you do not have this form, go to our website [humanservices.gov.au/forms](http://humanservices.gov.au/forms)

**1** Who did you lend the money to?

Date lent	Amount lent
<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Current balance of loan	Lent by you	Lent by your partner
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

**2** Who did you lend the money to?

Date lent	Amount lent
<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Current balance of loan	Lent by you	Lent by your partner
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

If you (and/or your partner) have more than 2 loans, provide a separate sheet with details.

- 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:**

- 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, please refer to page 3 of the notes.

No ☐ Go to next question

Yes ☐ Give details below

- 1** What you gave away or sold for less than its market value (e.g. money, car, second home, land, farm)

Date given or sold	What it was worth
<input type="text" value="/ /"/>	<input type="text" value="\$"/>

What you got for it	Your share	Partner's share
<input type="text" value="\$"/>	<input type="text" value="%"/>	<input type="text" value="%"/>

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

*Continued*

- 2** What you gave away or sold for less than its market value (e.g. money, car, second home, land, farm)

Date given or sold	What it was worth
<input type="text" value="/ /"/>	<input type="text" value="\$"/>

What you got for it	Your share	Partner's share
<input type="text" value="\$"/>	<input type="text" value="%"/>	<input type="text" value="%"/>

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

If you (and/or your partner) have given away or sold for less than its market value more than 2 items, provide a separate sheet with details.


- 56** 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.

**Note:** 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

 Provide a document from the issuing authority or agency which gives details including the amount in the foreign currency (e.g. latest pension certificate) for each payment.

- 1** Type of payment

Country which pays it?

Amount paid (before tax or deductions)	Currency if not AUD
<input type="text"/>	<input type="text"/>

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 (and/or your partner) receive more than 2 payments from an authority or agency outside Australia, provide a separate sheet with details.

**57** 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.

No ☐ Go to next question

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.

**58** Have you (and/or 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, please complete and return a **Private Trust** form (Mod PT).

If you do not have this form, go to our website [humanservices.gov.au/forms](http://humanservices.gov.au/forms)

Go to next question

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

No ☐

Yes ☐

**60** Have you (and/or 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** form (Mod PC).

If you do not have this form, go to our website [humanservices.gov.au/forms](http://humanservices.gov.au/forms)

Go to next question

Yes ☐ Go to next question

**61** 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
- cyber currency (e.g. bitcoin)
- collectables (e.g. stamps, coins, wine, art, antiques)
- commercial licences (e.g. 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

Current market value

Amount owed

Currency if not AUD

Your share

Partner's  
share

%

%

**2** Description of asset

Current market value

Amount owed

Currency if not AUD

Your share

Partner's  
share

%

%

If you (and/or your partner) have more than 2 other assets or investments, 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 (and/or your partner) 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 ☐ **Note:** The amount of these payments is deducted from the value of your assets if you have received them.

► **Go to next question**

**Please read this before answering the following question.**

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

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

No ☐

Yes ☐ Any Department of Veterans' Affairs 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 behalf.

If you wish to be registered as a power of attorney for future contacts with the Department of Veterans' Affairs, please 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

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at our website [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy)

### Declaration for the person the assessment is for

### 65 Please 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 the Australian Government Department of Human Services 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.

66

### 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 aged care nominee



Date

/ /

When two or more people have joint power of attorney, all people with joint power of attorney need to sign. If more than two signatures are required, provide a separate sheet with details.

Signature of second legal guardian, power of attorney or existing aged care 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 aged care nominee arrangement ☐

Questions continue next page ►



# Aged Care Request for a nominee

A nominee is another person you wish to nominate to deal with the Australian Government Department of Human Services (Centrelink) or Department of Veterans' Affairs on your behalf for aged care purposes.

If your nominee has:

- Enduring Power of Attorney
- Guardianship order
- Appointment of Enduring Guardian
- Financial management/administration order

you will still need to complete this form to have a nominee for aged care legislative purposes.

If you are affected by family and domestic violence, call **132 850** Monday to Friday, between 8 am and 5 pm, local time and ask to speak to a departmental social worker.

For more information, go to [humanservices.gov.au/domesticviolence](https://humanservices.gov.au/domesticviolence)

## Privacy notice

### You need to read this

#### Privacy and your personal information

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at our website [humanservices.gov.au/privacy](https://humanservices.gov.au/privacy)

## Part A – Nominee request completed by the person the assessment is for

- 1 Do you want to request a nominee for aged care as part of this form?

No ☐ **Go to Checklist on page 25**

Yes ☐ **Go to next question**

- 2 Is this request for a person or an organisation?

This request can be for a person such as a relative or friend or for an organisation such as public trustee organisations, guardianship boards and financial advisers.

#### Tick ONE box only

Request for a person ☐ **Go to next question**

Request for an organisation ☐ **Go to 4**

- 3 Your requested nominee's details (the person you are requesting to be your nominee)

Family name

First given name

Your requested nominee's date of birth

   **Go to 5**

**4** Answer this question if you ticked 'request for an organisation' at question 2.

### Your requested organisation's details

Trading name of organisation

**This is the name of the organisation, not the contact person.**

The name of the contact person is to be provided at the end of this question.

--

**Business name of organisation**

[illegible]**Organisation's email address**

\_\_\_\_\_

Name of contact person

--

## 5 Your requested nominee's contact details

Postal address

Postcode

Contact phone number

( )

## Reason for request

**6** What is the reason for making this request?

**Tick ALL that apply**Voluntary ☐

Enduring Power of Attorney ☐

Guardianship order ☐

Appointment of Enduring Guardian ☐

Financial management/ ☐  
administration order

None of the above ☐ Give details below

\_\_\_\_\_



**Provide a copy of the legal documents and/or relevant authorisation.**

**Note:** Documentation is not required for voluntary requests.

**Include details of the arrangement.**

Details of the arrangement or the reason why you need a nominee (if you do not have documents)

[illegible]

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

## Declaration for the person the assessment is for

### 7 Please read this before continuing.

Make sure you have read the **Privacy and your personal information** on page 21.

If you (the person who the assessment is for) are unable to sign this declaration, it should be signed by someone who is authorised to sign on your behalf.

#### Your declaration

**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 on my behalf for aged care purposes only, according to the arrangement shown on this form.

#### I understand that:

- if my arrangement is voluntary, I can cancel it at any time.
- the arrangement may be rejected or cancelled at any time by the Australian Government Department of Human Services (Centrelink), if the person or organisation is not able to meet their responsibilities and obligations.
- giving false or misleading information is a serious offence.

If you have a physical or mental disability and are unable to sign this form ► **Go to 8**

Your signature



Date

► **Go to 9**

### 8 Third party authorisation

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

For example, an appropriate third party may be:

- a professional like a treating doctor, nurse, case worker or social worker, **or**
- the Enduring Power of Attorney if it has been made, **or**
- the person or organisation appointed by a guardianship board, court or tribunal as the customer's guardian or administrator.



You will need to provide evidence of the person's inability to sign if the arrangement is not court appointed.

Provide a letter from the treating doctor or a copy of the medical evidence of the customer's incapacity or inability to sign this form.

Name of person signing on behalf of the customer

Relationship to customer

Address

  
  
  
 Postcode

Contact phone number

#### Third party declaration

##### 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 on the customer's behalf according to the arrangement shown on this form.
- the information I have provided in this form is complete and correct.

Signature of the person signing on behalf of the customer



Date

**Part B – To be completed by your nominee for aged care purposes**

PASSWORD – For security purposes, we will ask for this password every time you contact us.

9 Provide a password for your aged care nominee arrangement.

The password needs to have 4 to 10 letters or numbers.

10 Acceptance by the nominee for aged care purposes

Make sure your personal and/or organisation details are correct in **Part A**.  
For more information about your obligations as a nominee for aged care purposes, refer to the **Notes**.  
Make sure you have read the **Privacy and your personal information** on page 21.

I declare that I understand and accept the responsibilities and obligations for the arrangement requested in this form.

I understand that:

- any personal information I am given access to under this arrangement 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.
- my appointment as a nominee for aged care purposes may be revoked or suspended by the Australian Government Department of Human Services if I do not comply with my responsibilities and obligations.
- giving false or misleading information is a serious offence.

Signature of the nominee for aged care purposes

Date

**Part C – Checklist for the person the assessment is for**

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

Where you are asked to provide documents, provide copies only. 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	
Copy of the legal document and/or relevant authorisation (If required for question 6 of the nominee section)	<input type="checkbox"/>
A letter from the treating doctor or a copy of the medical evidence of the customer's incapacity or inability to sign this form (if required for question 8 of the nominee section)	<input type="checkbox"/>

Go to next page ►

## 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> )	<input type="checkbox"/>
Details on value of mobile home/caravan/boat, refundable entry contributions or property (If you answered Yes at <b>question 20 or 22</b> )	<input type="checkbox"/>
Statement showing the amount owing for each mortgage (If you answered Yes at <b>question 20, 22 or 41</b> )	<input type="checkbox"/>
Council rates notice (If you answered Yes at <b>question 23 or 35</b> )	<input type="checkbox"/>
Documents showing details of the rental income (If you answered Yes at <b>question 30 or 42</b> )	<input type="checkbox"/>
Details of each additional property (If you have more than one investment property at <b>question 34</b> )	<input type="checkbox"/>
Title deed(s) for each property (If you answered Yes at <b>question 36</b> )	<input type="checkbox"/>
Documents of water rights, allocation or licence (If you answered Yes at <b>question 38</b> )	<input type="checkbox"/>
Details on amount owing for each loan secured by vehicles (If you answered Yes at <b>question 45</b> )	<input type="checkbox"/>
Documents showing balances and details of bank, building society and credit union accounts (If you answered Yes at <b>question 46</b> )	<input type="checkbox"/>
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> )	<input type="checkbox"/>

*Continued*

Managed investment certificates or similar document (If you answered Yes at <b>question 48</b> )	<input type="checkbox"/>
Share certificates or statement for each shareholding listed on a stock exchange (If you answered Yes at <b>question 49</b> )	<input type="checkbox"/>
Investment bond/debenture documents (If you answered Yes at <b>question 50</b> )	<input type="checkbox"/>
Details of the funeral bond(s) or funeral investment(s) (If you answered Yes at <b>question 51</b> )	<input type="checkbox"/>
Statement for each life insurance policy (If you answered Yes at <b>question 52</b> )	<input type="checkbox"/>
Receipts for all lump sum accommodation payments (If you answered Yes at <b>question 53</b> )	<input type="checkbox"/>
Money on loan documents (if available) and <b>Private Trust</b> form (Mod PT) (if required) (If you answered Yes at <b>question 54</b> )	<input type="checkbox"/>
Documents with details of payments by authorities or agencies outside Australia (If you answered Yes at <b>question 56</b> )	<input type="checkbox"/>
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> )	<input type="checkbox"/>
<b>Private Trust</b> form (Mod PT) (if required) (If you answered Yes at <b>question 58</b> )	<input type="checkbox"/>
<b>Private Company</b> form (Mod PC) (If required at <b>question 60</b> )	<input type="checkbox"/>
Documents with details on 'other' assets (If you answered Yes at <b>question 61</b> )	<input type="checkbox"/>
Documents with details on 'other' income (If you answered Yes at <b>question 62</b> )	<input type="checkbox"/>
Documents related to a signing on behalf of the person the assessment is for (If signing at <b>question 66</b> )	<input type="checkbox"/>

## Returning your 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 your form to the Department of Human Services unless you receive an income support payment from the Department of Veterans' affairs.

**Department of Human Services**  
**Residential Care**  
**PO Box 7821**  
**Canberra BC ACT 2610**

**Department of Veterans' Affairs**  
**GPO Box 9998**  
**Brisbane QLD 4001**

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.