



Residential Aged Care

Property details for Centrelink and DVA customers (SA485)



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 home so we can calculate the amount you will pay towards your residential aged care.**

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



Fee Estimator

You can get a estimate of the amount you may be asked to pay towards your residential aged care by going to **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

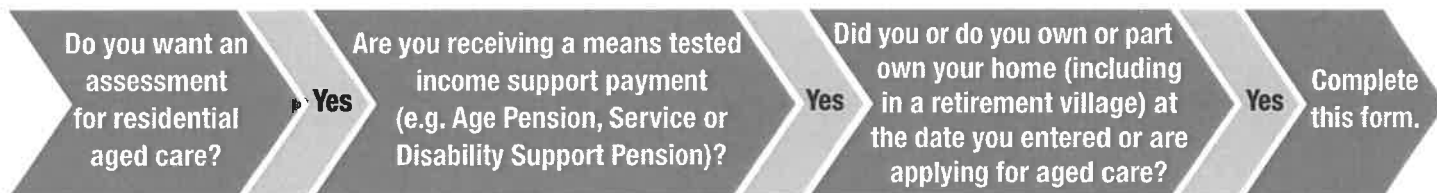
Go to our website **humanservices.gov.au/agedcare** or call us on Freecall™ **1800 227 475**.

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 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



No

No

No

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 do not receive a means tested payment from Centrelink or DVA, you will need to complete the **Residential Aged Care Calculation of your cost of care (SA457)** form instead.

Note: Age Pension (Blind), Disability Support Pension (Blind) and War Widow(er)s payments are not means tested.

Please see the next page for a full list of means tested payments.

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

If you do not own or part own your home, we can automatically complete an assessment for you when you enter residential aged care. **Do not complete this form.**

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 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**.

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 receiving one of the Centrelink or DVA **means tested** payments listed above and own or part own your home (including in a retirement village), complete this form, as we need to collect information about your home to complete your assessment.

Who should not 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, **do not complete this form**, you will need to complete the ***Residential Aged Care Calculation of your cost of care (SA457)*** form, for us to calculate your cost of care. This is because we do not know enough about your income and assets to complete your assessment.

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

- you do not own or part own your home, **and**
- you have updated your income and assets 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.

Protected person for aged care purposes

For aged care legislation purposes, a protected person is:

- your partner or dependent child
- your carer¹ 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.

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).

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.

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** 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 Property details for Centrelink and DVA customers (SA485)

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 10 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?

A residential ☐ Go to next question
aged care home

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

Yes ☐ Go to next question

- 3 Did you or do you own your own home?

No ☐ Do not complete this form. See *When to use this form* on the front page.

Yes ☐ Go to next question

- 4 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.

- 5 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 (SA485).

▶ 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)

6 Your name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

7 Your date of birth

8 Your Centrelink/DVA number

Centrelink Reference Number (if known)

 - - -

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

9 What is your home address or previous address if living in residential aged care?

 Postcode

10 Postal address if different to home address

 Postcode

Your partner (of the person the assessment is for)

6 Your partner's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

7 Your partner's date of birth

8 Your partner's Centrelink/DVA number

Centrelink Reference Number (if known)

 - - -

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

9 Your partner's home address

 Postcode

10 Your partner's postal address if different to home address

 Postcode

Your assessment

To calculate your cost of care we will use the information we already have about your income and assets along with 'Your home details' being provided in this form.

If you do not want us to use the information we already have, 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**.

If you do not want us to use your recorded information please contact us on **1800 227 475** to discuss.

11 What do you want this assessment for?

The entry/application date is the date you have entered care or the date you have lodged your 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 based on your current situation.

We will use the date you lodge the form as the entry/application date.

☐ **Go to 12**

Option 2: You are now or were in a residential aged care home

You will need to answer the following questions based on your situation at the date of **entering the residential aged care home**.

What was that entry date?

☐ **Go to 12**

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

12 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 14**

Yes ☐ Give details below

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

Dependent family name

Dependent first given name

Dependent second given name

Dependent gender

Male ☐

Female ☐

Dependent date of birth

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

No ☐

Yes ☐

Your home details

- 14 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 31**

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

Postcode

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

No ☐ **Go to next question**

Yes ☐ **Go to 17**

- 16 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 28**

17 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 \$ <input type="text"/>	Balance of loan(s) \$ <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 living in your home at the entry/application date?	
No <input type="checkbox"/> Go to 23	
Yes <input type="checkbox"/> Go to 23	



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.

18 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

19 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 \$ <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 20	
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.

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 \$ <input type="text"/>	Estimate the market value of the remaining acreage \$ <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 20	
Yes <input type="checkbox"/> Go to 20	



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

- 20** 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.

- 21** 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

- 22** Describe all buildings on the property

This will help 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.

- 23** 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

\$

- 24** 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

\$

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

No ☐ Go to 27

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

- 26** 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.

27 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.

28 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 28 to question 30.

A person caring for you, who has occupied the home for at least 2 years ☐ Go to 29

Close relative: your sister, brother, child, grandchild, or parent who has occupied the home for at least 5 years ☐ Go to 29

None of the above ☐ Go to 31

29 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

30 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 had occupied your home and that they were eligible to receive an income support payment at the entry/application date.

Carer or close relative to complete

Make sure you have read the **Privacy and your personal information** on page 8 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

/ /

Privacy notice

31 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

Declaration for the person the assessment is for

32 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 33.

See 'Person signing on your behalf' section on page 3 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.

33

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 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 2 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

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

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 13**

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

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

Business name of organisation

Organisation's email address**Organisation's email address**Name of contact person

Name of contact person

5

Postal address

Postcode

Postcode

Contact phone number

()

Reason for request

6

Tick ALL that applyVoluntary ☐

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



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 9.

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

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.

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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 9.

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 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 question 16)	<input type="checkbox"/>
Details on value of mobile home/caravan/boat, refundable entry contributions or property (If you answered Yes at question 17 or 19)	<input type="checkbox"/>
Statement showing the amount owing for each mortgage (If you answered Yes at question 17 or 19)	<input type="checkbox"/>
Council rates notice (If you answered Yes at question 20)	<input type="checkbox"/>
Documents showing details of the rental income (If you answered Yes at question 27)	<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.

- **Department of Human Services**

if you receive an income support payment from the Department of Human Services, return your form and any additional documents to:

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

- **Department of Veterans' Affairs**

if you receive an income support payment from the Department of Veterans' Affairs, return your form and any additional documents to:

**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.