



# Aged Care Home Care Packages transfer level of care for Aged Care recipients

## Purpose of this form

Use this form to advise the Australian Government Department of Human Services that a care recipient within your Aged Care Service has transferred into a new level of care.

## For more information

For more information about Aged Care, go to [humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) or for assistance completing this form call **1800 195 206** Monday to Friday, between 9.00 am and 5.00 pm, Australian Eastern Standard Time.

**Note:** Call charges may apply.

## Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or ✗

## Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Send the completed form to:

Department of Human Services  
Aged Care Payments team  
GPO Box 9923  
SYDNEY NSW 2001

or

Scan and email to:

[aged.care.liaison@humanservices.gov.au](mailto:aged.care.liaison@humanservices.gov.au)

## Aged Care Service details

1 Aged Care Service name

2 National Approved Provider System (NAPS) ID

## Aged Care recipient details

3 Care recipient ID

4 Family name

First given name

Second given name

5 Date of birth

6 Gender Male  Female

## Level of care transfer details

7 Which level of care is the care recipient currently in?  
1  2  3  4

8 Which level of care will the care recipient transfer to?  
1  2  3  4

9 Date of transfer

## Privacy notice

10 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.

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 of Human Services will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy)

## Declaration

### 11 I declare that:

- I have sighted a valid Aged Care Assessment Team approval for this level of Home Care.
- I am authorised to sign on behalf of the Aged Care Service.
- the information I have provided in this form is complete and correct.

### I understand that:

- giving false or misleading information is a serious offence.

Authorised person's full name

Authorised person's signature

Date

Office use only	Keyed initials	Date
	<input type="text"/>	<input type="text"/>