Purpose of this form

The Australian Government Department of Human Services or the Department of Veterans’ Affairs requires details about your combined assets and income for permanent residential aged care purposes.

The information you provide will be used to calculate your aged care fees and charges. The information will also be used to calculate the amount of Government assistance the provider may receive on your behalf.

You can choose not to provide your asset and income details and opt out of an assessment using this form. If you do not seek an assessment, you may be asked to pay the maximum applicable fees.

When to use this form

Use this form to give details about your assets and income if you are entering, or have entered, a residential aged care service, so we can determine:

- the means tested fee you may be required to pay for your care, and
- whether you qualify for additional Government assistance with your accommodation costs.

If you complete this form before entering a residential care service, the initial fee notification advice you receive will be valid for 120 days unless there is a significant change in your circumstances in which case you will be required to notify us.

Note: This assessment is NOT relevant to either respite care or, Home Care Packages.

Help with your form

If you want information about how to answer the questions in this form, and:

- you receive a Department of Human Services income support payment, or
- you are a self-funded retiree,

then call the Department of Human Services.

If you want information about how to answer the questions in this form, and:

- you receive a Department of Veterans’ Affairs income support payment,

then call the Department of Veterans’ Affairs.

For general information on fees and charges applying to aged care, go to My Aged Care website myagedcare.gov.au or call us on Freecall™ 1800 200 422.

If you need specific advice on completing this form or on applying for financial hardship assistance, go to humanservices.gov.au/agedcare or call us on Freecall™ 1800 227 475.

This form is not an application for Financial Hardship Assistance. For information about Financial Hardship Assistance, go to humanservices.gov.au/agedcare or call us on Freecall™ 1800 227 475.

Online Services

You can access your Centrelink, Medicare and Child Support Online Services through myGov. myGov is a fast, simple way to access a range of government services online with one username, one password, all from one secure location. To create a myGov account, go to my.gov.au
Filling in this form

Please use black or blue pen.

Print in BLOCK LETTERS.

Mark boxes like this [ ] with a ✓ or X.

Where you see a box like this [ ] Go to 5 skip to the question number shown.

You do not need to answer the questions in between.

Returning your form

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

• 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, Reply paid 7821, Canberra BC ACT 2610

• 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, Aged Care Assets Assessments, GPO Box 9998
  In your capital city

  Note: ACT residents should post their form to Sydney
  NT residents should post their form to Adelaide

• if you do NOT receive an income support payment from either the Department of Human Services or the Department of Veterans’ Affairs, return your form to the Department of Human Services (address above).

You should do this before you enter care (if possible) to make sure that your assets and income for aged care fees purposes can be calculated as quickly as possible. If you enter residential care without having a means test assessment, you could be asked to pay the maximum aged care fees applicable.

For more information

Go to humanservices.gov.au/agedcare or call us on 1800 227 475.

If you need a translation of any documents for our business, we can arrange this for you free of charge.

To speak to us in languages other than English, call 131 202.

If you receive a payment from the Department of Veterans’ Affairs (DVA), call DVA on 133 254, if you live in regional Australia call on Freecall 1800 555 254.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate. Calls to 1800 numbers are free of charge from a fixed phone.

If you have a hearing or speech impairment you can contact the TTY service on Freecall™ 1800 810 586. A TTY phone is required to use this service.

Important information

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 humanservices.gov.au/privacy
Please read this before answering the following questions.

Are you sure you need to complete this form?

Do not complete this form until you have read Permanent residential aged care combined assets and income assessment in the Information Booklet and are certain that you need an assessment.

For more information, call us on Freecall™ 1800 227 475.

Your details (the person the assessment is for)

1 Your name
   Mr □ Mrs □ Miss □ Ms □ Other □
   Family name
   First given name
   Second given name

2 Your gender
   Male □
   Female □

3 Your date of birth
   / / / 

4 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 humanservices.gov.au/em or visit one of our service centres.

   Your contact details
   Phone number ( )
   Is this a silent number? No □ Yes □
   Mobile number ( )
   Is this a silent number? No □ Yes □
   Email @

5 Are you already in residential aged care or in hospital awaiting entry to a residential aged care home?
   No □ Go to next question
   Yes □ Give details below
   Your previous home address
   Postcode

6 Your home address
   Postcode

7 Please read this before answering the following question.

   Provide your postal address or, if you will be nominating a contact person and you want your mail to be sent to them, write their postal address here.

   Postal address
   Postcode

8 Are you currently receiving a payment from either the Department of Human Services or the Department of Veterans' Affairs?
   No □ Go to next question
   Yes □ Give details below

   You
   Centrelink Reference Number (if known)
   Name of payment
   Department of Veterans’ Affairs reference number
   Name of Department of Veterans’ Affairs payment
   Amount paid per fortnight $
9. Are you currently living in residential aged care?

For more information, refer to *Aged care fees and charges* in the *Information Booklet*.

No ▶ Go to next question  
Yes ▶ Give details below

Attach documentation showing details of your accommodation, including a receipt for the amount you paid.

10. Do you wish to provide your asset and income details to receive an aged care combined asset and income assessment?

No ▶ You may be asked to pay the maximum aged care fees applicable  
▶ Go to 123

Yes ▶ Go to next question

11. Are you (and/or your partner) a veteran or dependant of a deceased veteran?

No ▶ Go to 14

Yes ▶ Go to next question

12. 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

13. Please read this before answering the following question.

**Qualifying service** is service in a war or war-like operations during which you incurred danger from hostile forces of the enemy. If you have such service, some Department of Veterans’ Affairs payments (if you receive them) may be exempted from the income assessment for aged care fees purposes.

Do you (and/or your partner) have qualifying service?

No ▶ Go to next question  
Yes ▶ Give details below

*Tick appropriate box(es)*

I have qualifying service  
My partner has qualifying service

14. Do you have a partner?

No ▶ Go to 20

Yes ▶ Go to next question

15. Your partner’s name

Mr □  Mrs □  Miss □  Ms □  Other □

Family name

First given name

Second given name

16. Your partner’s gender

Male □  Female □

17. Your partner’s date of birth

/ /
For more information, refer to What is an income support payment? in the Information Booklet.

18 Your partner’s permanent address
-----------------------------------------------
-----------------------------------------------
Postcode

19 Does your partner currently receive a payment from either the Department of Human Services or Department of Veterans’ Affairs?

For more information, refer to What is an income support payment? in the Information Booklet.

No Go to next question
Yes Give details below

Your partner

Centrelink Reference Number (if known) 

Name of payment

Department of Veterans’ Affairs reference number

Name of Department of Veterans’ Affairs payment

Amount paid per fortnight $ 

20 Please read this before answering the following question.

Important information: How you answer question 19 depends on whether this assessment is for a previous admission to residential care OR if it is for a current admission to residential care OR a future admission to residential care.

The assessment can only be for ONE of the 4 options listed below.

What do you want this assessment for?

Tick ONE box ONLY

Option 1: My previous admission to residential care.
You will need to answer the following questions based on what your circumstances were on your previous date of admission to care.

Go to 21

Option 2: My current admission to residential care.
You will need to answer the following questions based on what your circumstances were on your current date of admission to care.

Go to 21

Option 3: A future admission to permanent residential care.
You will need to answer the following questions based on your current circumstances which will be referred to as the relevant date.

Go to 39

Option 4: I am an aged care resident who was already in permanent residential care on 30 June 2014.
You will need to answer the following questions based on your current circumstances which will be referred to as the relevant date.

Note: This assessment will NOT be considered as a formal request to opt-in. Opting-in to the new arrangements must be made in writing.

Go to 39

21 What was that date of admission to care?

/ / 

Answer the following questions based on what your circumstances were on this admission date, which will be referred to as the relevant date.

Go to next question
22 Please read this before answering the following question.

Net market value is NOT the replacement or insured value. It is the amount you would get if you sold the item(s). Even if the Department of Human Services or the Department of Veterans’ Affairs already has information about their value it can be important to update this information to take into account any changes in value.

The value of your household contents and personal effects will be taken to be $10,000 if you do not provide an estimate.

What is your estimate of the net market value of your (and your partner's) household contents and personal effects on the relevant date of admission to care?

$  

23 On the relevant date of admission to care, did you (and/or your partner) own or part-own your home?

Note: Answer 'Yes' to this question, for situations including, but not limited to, if your home was in a retirement village and you had paid an entry contribution, or if you were paying off a mortgage on your home, or if your home was owned by a private trust or a private company that was controlled by you (and/or your partner).

No  Go to 71
Yes  Go to next question

24 Do you (and/or your partner) still own the home that you had on the relevant date of admission to care?

No  Go to next question
Yes  Go to 29

25 What has been the change in ownership of your home that you had on the relevant date of admission to care?

Tick ONE box ONLY

- You sold your home  Go to next question
- You transferred the title of your home to someone else  Go to 27
- Your home was in a retirement village  Go to 28

26 How much was your home sold for?

On what date was your home sold?

$  

/  

/  

Attach documentation which gives details of the sale of your home, for example, a solicitor’s settlement letter.  Go to 71

27 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?

$  

Attach documentation which gives details of the transfer, for example, a solicitor’s letter or transfer documents.  Go to 71

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

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

/  

/  

Attach documentation which gives details of the amount paid under the retirement village agreement.  Go to 71

29 On the relevant date of admission to care, was your home:

Tick ONE box ONLY

- a mobile home, or caravan, or boat or a similar dwelling  Go to next question
- a retirement village unit, including one for which an entry contribution was paid  Go to next question
- a unit, flat or duplex that was not in a retirement village  Go to 35
- a house (including a dwelling located on a farm)  Go to 35

30 On the relevant date of admission to care, was your home occupied by your partner?

No  Go to 33
Yes  Go to 71

31 Does your partner still occupy your home?

No  Go to next question
Yes  Go to 71

32 On what date did your partner vacate your home?

/  

/  

Go to next question
33 What was the market value of your mobile home/caravan/boat or the entry contribution amount that would have been refundable if the retirement village unit had been vacated on the relevant date of admission to care?

$ [Attach documentation which gives details of the value on the relevant date.]

34 On the relevant date of admission to care, did you (and/or your partner) have any loans for which your home was used as security?

No [Go to 65]
Yes [Give details below]

[Attach a copy of a statement showing the amount owing for each loan on the relevant date.]

1. Description of the loan

[ ]

Amount owing

$ [Go to 65]

2. Description of the loan

[ ]

Amount owing

$ [Go to 65]

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

Go to 65

35 On the relevant date of admission to care, was your home occupied by your partner?

No [Go to 48]
Yes [Go to next question]

36 Does your partner still occupy your home?

No [Go to next question]
Yes [Go to 38]

37 On what date did your partner vacate your home?

/ / [Go to next question]

38 On the relevant date of admission to care, did your home stand on more than 2 hectares (5 acres) of land?

No [Go to 71]
Yes [Go to 48]

39 Please read this before answering the following question.

Net market value is NOT the replacement or insured value. It is the amount you would get if you sold the item(s). Even if the Department of Human Services or the Department of Veterans’ Affairs already has information about their value it can be important to update this information to take into account any changes in value.

The value of your household contents and personal effects will be taken to be $10,000 if you do not provide an estimate.

What is your estimate of the net market value of your (and your partner’s) household contents and personal effects on the relevant date?

$ [Go to next question]

40 Do you (and/or your partner) own or part-own your home?

Your home includes a mobile home, caravan, boat, or a unit in a retirement village for which an entry contribution was paid.

Note: Answer ‘Yes’ to this question, for situations including, but not limited to, if you are paying off a mortgage on your home or if your home is owned by a private trust or private company that is controlled by you (and/or your partner).

No [Go to 71]
Yes [Go to next question]

41 Is your home:

- a mobile home, or caravan, or boat or a similar dwelling [Go to next question]
- a retirement village unit, including one for which an entry contribution was paid [Go to next question]
- a unit, flat or duplex that was not in a retirement village [Go to 45]
- a house (including a dwelling located on a farm) [Go to 46]

[Go to 65]

42 Is your home occupied by your partner?

No [Go to next question]
Yes [Go to 71]
43 What is the market value of your mobile home/caravan/boat or the entry contribution amount that would be refundable if the retirement village unit is vacated?

$ 

Attach documentation showing the amount.

44 Do you (and/or your partner) have any loans for which your home was used as security?

No ☐ Go to 65

Yes ☐ Give details below

Attach a copy of a statement showing the amount owing for each loan.

1 Description of the loan

Amount owing $ 

2 Description of the loan

Amount owing $ 

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

Go to 65

45 Is your home occupied by your partner?

No ☐ Go to 48

Yes ☐ Go to 71

46 Is your home occupied by your partner?

No ☐ Go to 48

Yes ☐ Go to next question

47 Does your home stand on more than 2 hectares (5 acres) of land?

No ☐ Go to 71

Yes ☐ Go to next question

48 Your home address

Postcode

49 What type of property is your home:

House ☐
Part of a farming property ☐
Townhouse (including duplex/triplex) ☐
Self contained flat (part of or attached to a house) ☐
Unit/flat ☐

How many units/flats are in the block?

Other ☐ Give details below

50 Who owns your home as shown on the property title?

You ☐ Percentage owned %

Your partner ☐ Percentage owned %

Other ☐ Give details below

Name of person/entity

Percentage owned %

51 What is the legal description (lot/section number) of the land?

Note: This information can be found on a rates notice.

Lot

Section

52 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
53 Give details of your home below

Number of bedrooms  
Number of bathrooms  
Number of garages  
Approximate age  
Floor area in squares OR  
floor area in square metres  
Your assessment of the home’s condition

Good  
Fair  
Poor  
Type of construction

EXTERIOR (e.g. brick, timber, fibro)

INTERIOR (e.g. plaster, not lined)

ROOF (e.g. iron, tiled)

Is there anything that may affect the value of the home  
(e.g. swimming pool, new kitchen, no off street parking)?

54 At the relevant date, do you/did you (and/or your partner) have any mortgages on this property?

No  Go to next question

Yes  Give details below

Attach a copy of a statement showing the amount owing for each mortgage.

1 Description of the loan 

Amount owing  

2 Description of the loan 

Amount owing  

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

55 Does your home stand on more than 2 hectares (5 acres) of land?

No  Go to next question

Yes  Go to 57

56 What is your estimate of the current market value of the property, including land and buildings?

$  

Go to 65

57 Give your estimate of the value of:

The home and the surrounding 2 hectares (5 acres)  

The remainder of the property  

58 Is your home part of a farm property?

No  Go to 65

Yes  Go to next question

59 What is the farm property primarily used for (e.g. grazing, wheat, hobby)?

60 Is the farm property currently operational/viable?

No

Yes

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

No

Yes
62 Are there any improvements on the farm property?
   No ☐  Go to next question
   Yes ☐  Give details below

   Hay shed/
   Machinery shed  Number  Age (years)
   ☐
   Description

   Shearing shed  Number  Age (years)
   ☐
   Description

   Grain shed/Silos  Number  Age (years)
   ☐
   Description

   Cattle/sheep yard  Number
   ☐
   Description

63 Is there any fencing on the property?
   No ☐  Go to next question
   Yes ☐  Give details below
   Type and condition of fencing

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

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

65 Important note: Please read this before answering questions 66 to 70
   Occupants of your home
   Only one former principal residence will be exempt under protected arrangements.

66 Please read this before answering the following question.

   Note: A dependent child must be under 16 years of age.
   A dependent student must be under 25 years of age,
   in full-time studies and not be in receipt of an income
   support payment.
   It is important that you notify us if your dependent child
   moves out of or into your home. This is because it may
   affect your aged care fees.

   At the relevant date, was your dependent child living in
   your home?
   No ☐  Go to next question
   Yes ☐  Provide details of your youngest dependent

   Child/student’s family name

   Child/student’s first given name

   Child/student’s second given name

   Child/student’s gender
   Male ☐
   Female ☐

   Child/student’s date of birth
   / / 

67 Please read this before answering the following questions.

   A Carer’s Allowance is not an income support payment.

   At the relevant date, did you have a carer who was
   eligible to receive an income support payment from the
   Department of Human Services or the Department of
   Veterans’ Affairs (e.g. Age Pension or Service Pension) and
   who had been living with you in your home for the 2 years
   up to the relevant date?
   No ☐
   Yes ☐

68 At the relevant date, did you have a close relation who
   was eligible to receive an income support payment from
   the Department of Human Services or the Department of
   Veterans’ Affairs (e.g. Age Pension or Service Pension) and
   who had been living with you in your home for the 5 years
   up to the relevant date?
   No ☐
   Yes ☐

69 Did you answer ‘Yes’ to either question 67 or question 68?
   No ☐  Go to 71
   Yes ☐  Go to next question
Consent by carer or close relation

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 for the additional purpose of determining the value of the applicant’s assets under the Aged Care Act 1997.

Did you receive an income support payment from the Department of Human Services or the Department of Veterans’ Affairs (e.g. Age Pension or Service Pension)?

Have any of your assets or income details changed since you last advised the Department of Human Services or the Department of Veterans’ Affairs?

It will be necessary for the Department of Human Services or the Department of Veterans’ Affairs to verify the period that your carer or close relation had occupied your home and that they were eligible to receive an income support payment at the relevant date.

Please answer the following questions based on your (and your partner’s) assets at the relevant date. If you are not sure what payment is assessed, please refer to the Information Booklet.

The Department of Human Services or the Department of Veterans’ Affairs will already hold details about your (and your partner’s) assets. If your assets or income has changed since you last advised us you will need to complete the following questions.

Note: If you are regarded as being blind for income support payment purposes and your payment is not being means tested by the Department of Human Services or the Department of Veterans’ Affairs, then you must complete the following questions.

If you are not sure, answer ‘Yes’.

Have any of your assets or income details changed since you last advised the Department of Human Services or the Department of Veterans’ Affairs?

If you have/had more than one investment property, at the relevant date, you will need to copy and attach pages 12 to 14 covering questions 75 to 89 for each property.
75 Address of the property

........................................................................................................................................
........................................................................................................................................
Postcode

Country (if not in Australia)


76 What type of property is your investment property:

- Vacant land
- House
- Townhouse (including duplex/triplex)
- Self contained flat (part of or attached to a house)
- Part of a farming property or hobby farm
- Industrial premises
- Retail premises
- Commercial premises
- Unit/flat
- Other

Give details below


77 Who owned the property as shown on the property title, at the relevant date?

- You Percentage owned %
- Your partner Percentage owned %
- Other Give details below

Name of person/entity

Percentage owned %

78 What is the legal description (lot/section number) of the land?

Note: This information can be found on a rates notice.

Lot Section


79 What is the area or dimension of the property?

Note: You do not need to answer this question if the property 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

80 What is your estimate of the current market value of the property, including land and buildings?

Note: You do not need to have the property professionally valued. We may have an approved valuer do this at no cost to you.

$  

81 At the relevant date, do you/did you (and/or your partner) have any mortgages on this property?

No Go to next question

Yes Give details below

Attach a copy of a statement showing the amount owing for each mortgage.

1 Description of the loan

Amount owing $  

2 Description of the loan

Amount owing $  

If you (and/or your partner) have more than 2 loans, attach a separate sheet with details.
82 Provide the following details of the main building (or tick the box if there are no buildings):

No buildings [Go to next question]

<table>
<thead>
<tr>
<th>Number of bedrooms</th>
<th>Number of bathrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of garages</th>
<th>Approximate age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Floor area in squares OR floor area in square metres

[ ] 

Your assessment of the home’s condition

[ ] Good  [ ] Fair  [ ] Poor

Type of construction

[ ] EXTERIOR (e.g. brick, timber, fibro)

[ ] INTERIOR (e.g. plaster, not lined)

[ ] ROOF (e.g. iron, tiled)

Is there anything that may affect the value of the building (e.g. swimming pool, new kitchen, no off street parking)?

83 Is your property a farm/hobby farm?

[ ] No [Go to next question]

[ ] Yes [Go to next question]

84 What is the farm property primarily used for (e.g. grazing, wheat, hobby)?

85 Is the farm property currently operational/viable?

[ ] No

[ ] Yes

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

[ ] No

[ ] Yes

87 Are there any improvements on the farm property?

No [Go to next question]

Yes [Give details below]

<table>
<thead>
<tr>
<th>Hay shed/</th>
<th>Number</th>
<th>Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Machinery shed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description

<table>
<thead>
<tr>
<th>Shearing shed</th>
<th>Number</th>
<th>Age (years)</th>
</tr>
</thead>
</table>

Description

<table>
<thead>
<tr>
<th>Grain shed/Silos</th>
<th>Number</th>
<th>Age (years)</th>
</tr>
</thead>
</table>

Description

<table>
<thead>
<tr>
<th>Cattle/sheep yard</th>
<th>Number</th>
</tr>
</thead>
</table>

Description

88 Is there any fencing on the property?

No [Go to next question]

Yes [Give details below]

Type and condition of fencing

89 Please list any other constructions located on the property (e.g. workers’ quarters, manager’s house)?

[ ] Hay shed/

[ ] Machinery shed

Number Age (years)

[ ] Description

[ ] Shearing shed

Number Age (years)

[ ] Description

[ ] Grain shed/Silos

Number Age (years)

[ ] Description

[ ] Cattle/sheep yard

Number

[ ] Description

If you need more space, attach a separate sheet with details.
90 At the relevant date, did you (and/or your partner) own any motor vehicles, boats, caravans or trailers?

No Go to 92

Yes Give details below

<table>
<thead>
<tr>
<th>Year</th>
<th>Make (e.g. Holden)</th>
<th>Model (e.g. Barina)</th>
<th>Market value</th>
<th>Percentage owned by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You % Your partner %</td>
</tr>
</tbody>
</table>

If you have more than 2 vehicles, attach a separate sheet with details.

Note: The market value is the amount you would get if you sold the item, not the insured or replacement value.

91 At the relevant date, did you (and/or your partner) have any loans that the motor vehicles/boats/caravans or trailers were used as security?

No Go to next question

Yes Give details below

<table>
<thead>
<tr>
<th>Amount owing</th>
<th>Year</th>
<th>Make (e.g. Holden)</th>
<th>Model (e.g. Barina)</th>
<th>Market value</th>
<th>Percentage owned by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You % Your partner %</td>
</tr>
</tbody>
</table>

If you have more than 2 vehicles, boats, caravans or trailers, attach a separate sheet with details.

92 At the relevant date, did you (and/or your partner) have an interest in a business (this includes a farm)?

No Go to next question

Yes Give details below

What is your estimate of the total value of the interest in the business?

For a farming business, the value of grazing animals, produce, crops, plant and machinery should be included.

$ 

Attach a recent balance sheet which states your (and/or your partner’s) current interest in the business.

93 At the relevant date, did you (and/or your partner) have any special collections such as stamps, art works or antiques?

No Go to next question

Yes Give details below

What is your estimate of the total value of these collections?

$ 

Attach copies of valuation certificates or insurance valuations (if available).

94 Give details on the next page of all accounts held by you (and/or your partner) in banks, building societies or credit unions, at the relevant date.

Include savings accounts, cheque accounts, term deposits, joint accounts, accounts you hold in trust or under any other name, or money held in church or charitable development funds.

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.

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

Attach proof of all account balances (e.g. ATM slip, statements, passbooks).
At the **relevant date**, did you (and/or your partner) have any bonds or debentures?

**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.

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

### Bonds or Debentures

<table>
<thead>
<tr>
<th>Name of bank, building society or credit union</th>
<th>Type of account</th>
<th>Balance of account</th>
<th>Currency if not AUD</th>
<th>Your share</th>
<th>Partner's share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Continued**

<table>
<thead>
<tr>
<th>Name of bank, building society or credit union</th>
<th>Type of account</th>
<th>Balance of account</th>
<th>Currency if not AUD</th>
<th>Your share</th>
<th>Partner's share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you (and/or your partner) have more than 3 accounts, attach a separate sheet with details.
At the relevant date, did you (and/or your partner) have money on loan to another person or organisation?

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

No ☐ Go to next question
Yes ☐ Give details below

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

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

   Date lent         Amount lent
   / /              $

   Current balance of loan Lent by you Lent by your partner
   $ % %

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

   Date lent         Amount lent
   / /              $

   Current balance of loan Lent by you Lent by your partner
   $ % %

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

At the relevant date, did you (and/or your partner) have any managed investments in and/or outside Australia?

**Include:**
- investment trusts
- personal investment plans
- life insurance bonds
- friendly society bonds.

**Do NOT include:**
- conventional life insurance policies
- funeral bonds, superannuation or rollover investments.

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

No ☐ Go to next question
Yes ☐ Give details below

**Attach the latest statement for each share holding.**

1. **Name of company**

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, attach a separate sheet with details.

At the relevant date, did you (and/or your partner) own any shares, options, rights, convertible notes or other securities LISTED on an Australian Stock Exchange (e.g. ASX, NSX, APX or Chi-X) or a stock exchange outside Australia?

**Include** shares traded in exempt stock markets.
**DO NOT include** managed investments.

No ☐ Go to next question
Yes ☐ Give details below

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

1. **Name of company**

   Number of shares or other securities Code (if known)

   Country if not Australia Your share Partner’s share % %
Continued

98 Name of company

Number of shares or other securities Code (if known)

Country if not Australia Your share Partner’s share

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

99 At the relevant date, did you (and/or your partner) have any funeral bonds/funeral investments?

No ➔ Go to 101
Yes ➔ Give details below

Attach documentation showing details of the funeral bonds or funeral investments.

100 Have you (and/or your partner) a contract to have funeral services provided for which an agreed sum has already been paid to the provider or used to buy funeral bonds assigned to the provider?

No ➔ Go to next question
Yes ➔ Attach a copy of each investment.

101 Please read this before answering the following question.

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, or
• 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, or
• can expect the trustee or appointor of a trust to act in accordance with your wishes.

Have you (or your partner) had an interest in a private trust in the 5 years up to the relevant date?

No ➔ Go to 103
Yes ➔ Give details below

What is your estimate of the total value of the interest at the relevant date?

$...

How much income was received from private trusts in the relevant date’s financial year?

$...

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

No
Yes
Please read this before answering the following question.

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, or
- can expect the governing director or majority shareholder to act in accordance with your wishes.

Have you (or your partner) had an interest in a private company in the 5 years up to the relevant date?

No □ Go to next question
Yes □ Give details below

What is your estimate of the total value of the interest at the relevant date? $

How much income was received from private companies in the relevant date’s financial year? $

Do you (or your partner) have any money invested in superannuation where the fund is still in accumulation phase and not paying a pension?

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

No □ Go to next question
Yes □ Give details below

Attach the latest statement for each superannuation investment, including latest council rates notices for any real estate held by SMSF and SAF.

At the relevant date, did you (and/or your partner) have any life insurance policies that could be cashed in?

No □ Go to next question
Yes □ Give details below

Attach a copy of the latest statement for each policy.

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

1 Name of product
Policy number
Number of units
Your share %  Partner’s share %

2 Name of product
Policy number
Number of units
Your share %  Partner’s share %

If you (and/or your partner) have more than 2 life insurance policies, attach a separate sheet with details.
*106* Please read this before answering the following questions.

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)
- Superannuation Pension (non-defined benefit).

At the **relevant date**, did you (and/or your partner) have any income stream products that were **purchased before 20 September 2007**?

No [ ] Go to next question

Yes [ ] Give details below

You (and/or your partner) will need to attach a copy of the schedule for each product from your fund manager.

1. **Name of institution/fund manager**

   Name of fund

   **Account balance**

   $ [ ] $ [ ]

   **Amount of income received**

   $ [ ] per

   Your share [ ] Partner’s share [ ]

   **Lump sum that can be withdrawn (if any)**

   $ [ ]

   **How often (e.g. monthly)**

   [ ] per

   [ ]

   [ ]

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

2. **Name of institution/fund manager**

   Name of fund

   **Account balance**

   $ [ ] $ [ ]

   **Amount of income received**

   $ [ ] per

   Your share [ ] Partner’s share [ ]

   **Lump sum that can be withdrawn (if any)**

   $ [ ]

   **How often (e.g. monthly)**

   [ ] per

   [ ]

   [ ]

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

107 At the **relevant date**, did you (and/or your partner) have any income stream products that were **purchased on or after 20 September 2007**?

No [ ] Go to next question

Yes [ ] Give details below

You (and/or your partner) will need to attach a copy of the schedule for each product from your fund manager.

1. **Name of institution/fund manager**

   Name of fund

   **Account balance**

   $ [ ] $ [ ]

   **Amount of income received**

   $ [ ] per

   Your share [ ] Partner’s share [ ]

   **Lump sum that can be withdrawn (if any)**

   $ [ ]

   **How often (e.g. monthly)**

   [ ] per

   [ ]

   [ ]

2. **Name of institution/fund manager**

   Name of fund

   **Account balance**

   $ [ ] $ [ ]

   **Amount of income received**

   $ [ ] per

   Your share [ ] Partner’s share [ ]

   **Lump sum that can be withdrawn (if any)**

   $ [ ]

   **How often (e.g. monthly)**

   [ ] per

   [ ]

   [ ]

If you (and/or your partner) have more than 2 income stream products, attach a separate sheet with details.
108 Have you (and/or your partner) given away, sold for less than their market value, or surrendered a right to any cash, assets, property or income at any time in the period starting from 5 years before the relevant date?

Include forgiven loans and shares in private companies.

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: $
   What you got for it: 
   Your share: % 
   Partner's share: %

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, attach a separate sheet with details.

109 At the relevant date, 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?

Include taxi plates, time share, racehorses, greyhounds, travellers cheques, 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.

No ☐ Go to next question
Yes ☐ Give details on the next column

Attach supporting documentation.

109 Continued

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, attach a separate sheet with details.

110 Please read this before answering the following questions.

You only need to complete questions 111 to 113 if you first entered residential aged care BEFORE 1 July 2014.

Note: You need to answer the questions 111 to 113 based on what your (and your partner's) debts are/were at the relevant date – if you entered residential care on or after 1 July 2014, refer to question 21 for your relevant date, otherwise complete these questions based on your current circumstances.

Did you first enter residential aged care BEFORE 1 July 2014?

No ☐ Go to 114
Yes ☐ Go to next question

111 At the relevant date, did you (and/or your partner) owe any debts, for example loans and credit cards?

No ☐ Go to 114
Yes ☐ Go to next question
112 At the relevant date, did you (and/or your partner) have any outstanding credit card debts or other personal loans?

No ☐ Go to next question
Yes ☐ Give details below

Attach a copy of a statement showing the amount owing for each loan at the relevant date.

1. Creditor

<table>
<thead>
<tr>
<th>Amount owing</th>
<th>Your share (%)</th>
<th>Partner’s share (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

113 At the relevant date, did you (and/or your partner) have any other debts not already listed on this form (e.g. household and medical bills owing)?

No ☐ Go to next question
Yes ☐ Give details below

Attach a copy of a statement showing the amount owing for each debt at the relevant date.

1. Creditor

<table>
<thead>
<tr>
<th>Amount owing</th>
<th>Your share (%)</th>
<th>Partner’s share (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

114 Please read this before answering the following questions.

Note: You need to answer the questions 119 to 125 based on what your (and your partner’s) income is/was at the relevant date, if you entered residential care on or after 1 July 2014, refer to question 21 for your relevant date.

Did you receive an income support payment from the Department of Human Services or the Department of Veterans’ Affairs (e.g. Age Pension or Service Pension) at the relevant date?

No ☐ Go to 116
Yes ☐ Go to next question

115 Please read this before answering the following question.

The Department of Human Services or the Department of Veterans’ Affairs will already hold details about your (and your partner’s) assets. If your assets or income has changed since you last advised us you will need to complete the following questions.

Note: If you are regarded as being blind for income support payment purposes and your payment is not being means tested by the Department of Human Services or the Department of Veterans’ Affairs, then you must completed the following questions.

Have any of your (or your partner’s) income details changed since you last advised the Department of Human Services or the Department of Veterans’ Affairs?

No ☐ Go to 123
Yes ☐ Go to next question

116 Did you (and/or your partner) receive rental income at the relevant date?

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

No ☐ Go to 120
Yes ☐ Attach documents showing details of the rental income for each property.

117 Please read this before answering the following questions.

Note: If you receive rental income from more than one property, you will need to copy this page containing questions 117 to 119 to complete these questions for each additional property.

What is the address of the property that is/was being rented?

............................................................

............................................................

Postcode
118 Give details of the rental income and outgoings for the property as at the relevant date below.

How many weeks per year is the property rented?

weeks

What is the gross rent received for the property?

$ per

What is your estimate of the annual outgoings (e.g. rates, maintenance)?

$ per year

Does the tenant pay all or part of the annual outgoings?

All [ ] Part [ ]

How much do they pay?

$ per year

119 Was this property the former home of you (and/or your partner) that you left to enter care?

No [ ] Go to next question

Yes [ ] On what date did you vacate the property?

/ / /

120 Do you (and/or your partner) receive payments from an authority or agency outside Australia at the relevant 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

Attach 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.

121 Do you (and/or your partner) receive any income from a business partnership, a farm or from operating as a sole trader?

No [ ] Go to next question

Yes [ ] Amount received in the last financial year

$
122 Do you (and/or your partner) receive any other income at the relevant date that you have not already listed on this form?

Include income or money from:
- work
- regular compensation payments or damages
- income protection insurance
- life interests
- gratuities
- other Australian government departments
- other payments from outside Australia
- money from a Home Equity Conversion loan
- income from boarders and lodgers
- other income.

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

Do you (and/or your partner) receive any other income at the relevant date that you have not already listed on this form?

No  Go to next question
Yes  Give details below

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

1 Type of income
Amount received

$  per

2 Type of income
Amount received

$  per

If you (and/or your partner) need more space, attach a separate sheet with details.

123 Please read this before answering the following question.

You may authorise another person (a 'nominee') to act on your behalf to deal with aged care matters. You may vary or cancel the appointment of a nominee at any time.

If you decide not to appoint a nominee, you will be contacted directly about these matters.

Note: If your nominee does not hold a Power of Attorney or similar, both you and your nominee will receive letters from us.

Do you want to authorise another person or organisation to be your nominee?

No  Go to 144
Yes  Go to next question

124 Is this authorisation for a person or organisation?

Tick ONE box ONLY

Authorise a PERSON  Go to next question
Authorise an ORGANISATION  Go to 128

125 Your authorised person's name

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

126 Your authorised person's date of birth

/  /  /

127 Your authorised person's Centrelink Reference Number (if known)

-  -  -  -

Go to 129
128 Your nominated organisation’s details

Trading name of organisation

This is the name of the organisation, not the contact person. The contact person can be identified below.

Business name of organisation

Australian Business Number (ABN)

ABN is mandatory to access online services.

Organisation Centrelink Reference Number

Name of contact person

129 What is their relationship to you (e.g. father, sister, guardian, administrator, Public Trustee)?

130 Your authorised person’s contact details

Street address

Postal address (if different to above)

Phone number

Mobile number

Email

131 Do you receive an income support payment from the Department of Human Services?

For more information, refer to What is an income support payment? in the Information Booklet.

No  Go to next question

Yes  Go to 134

132 Do you receive an income support payment or a War Widows Pension from the Department of Veterans’ Affairs?

For more information, refer to What is an income support payment? in the Information Booklet.

No  Go to next question

Yes  Go to 134

133 Do you receive a Disability Pension from the Department of Veterans’ Affairs and have qualifying service?

No  Go to 137

Yes  Go to next question

134 What type of actions are you authorising for your nominee? Tick ALL that apply

To give information about your assets and income to the Department of Veterans’ Affairs.

To discuss your payment with the Department of Veterans’ Affairs.

To enquire and receive information about your aged care costs.

135 How long do you want this arrangement to last?

For this means test assessment only

Indefinitely

136 Does the nominee hold any of the following forms of authorisation on behalf of the resident:

- Power of Attorney
- Court, Tribunal, Guardianship or Administration Order

No  Go to next question

Yes  Give details below

Attach a certified copy of the relevant authorisation.

Go to 141

137 What is the arrangement you are authorising?

For more information, refer to Authorised person in the Information Booklet if you are not sure about which arrangement you wish to make.

Person Permitted to Enquire  Go to 139

Authorise a person to make an enquiry only on your behalf about aged care and income support matters

Correspondence Nominee  Go to next question

Authorise a person to enquire, act and make changes on your behalf about aged care and income support matters
138 Nominee's password
The nominee MUST provide a password to be used when contacting us. The password needs to have 4 to 12 letters or numbers. Please remember the password.

139 What is the arrangement you are authorising?
Voluntary ▶ Go to next question
Power of Attorney ▶
Court, Tribunal, Guardianship or Administration Order ▶ Attach supporting documents.

140 How long do you want this arrangement to last?
Indefinitely □ OR

From / / To / /

141 Your authorisation
If unable to sign, go to next question
I authorise the person named on this form to deal with the Department of Human Services and the Department of Veterans' Affairs on my behalf according to the arrangements shown on this form.

Your signature

Date / /

142 Third party authorisation
The person signing this form on behalf of the customer cannot be a nominee authorised on this form, unless it is a court appointed arrangement.

You will need to provide evidence of the customer’s inability to sign if it is not a court appointed arrangement (e.g. a medical professional report/statement).

Name of person signing on behalf of the customer

Relationship to customer

Address

Postcode

Contact phone number
( )

Signature of the person signing on behalf of the customer

Date / /

143 Nominee's acceptance

I declare that:
• I accept the responsibilities and obligations for the arrangement for which I am authorised.

I declare and accept 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 under Commonwealth legislation may be revoked or suspended by the Department of Human Services or the Department of Veterans' Affairs should I not comply with my responsibilities and obligations.

Signature of the nominee

Date / /

Questions continue ▶
<table>
<thead>
<tr>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>144</strong> Which of the following forms, documents and other attachments are you (and/or your partner) providing with this form?</td>
</tr>
</tbody>
</table>

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

- Documentation with details of your accommodation *(If you answered Yes at question 9)*
- Documentation with details of the sale of your home such as solicitor’s settlement letter *(If required at question 26)*
- Documentation with details on the transfer of title *(If required at question 27)*
- Accommodation payment agreement *(If required at question 28)*
- Documentation with details on value of mobile home/caravan/boat or refundable entry contributions *(If required at question 33 or 43)*
- Documentation with details on loan secured by home *(If you answered Yes at question 34 or 44)*
- Documentation with details on amount owing for each property *(If you answered Yes at question 54 or 81)*
- Details requested for each additional property *(If required at question 74)*
- Documentation with details on amount owing for each loan secured by vehicles *(If you answered Yes at question 91)*
- Recent balance sheet stating current interest in the business *(If you answered Yes at question 92)*
- Valuation certificates or insurance certificates *(If you answered Yes at question 93)*
- Documents showing balances for bank, building society and credit union accounts *(If required for question 94)*
- Investment bond/debenture documents *(If you answered Yes at question 95)*
- Money on loan documents (if available) *(If you answered Yes at question 96)*
- Managed investment certificates or similar documents *(If you answered Yes at question 97)*
- Share certificates or latest statement for each shareholding LISTED on a stock exchange *(If you answered Yes at question 98)*
- Documentation with details of the funeral bond(s) or funeral investment(s) *(If you answered Yes at question 99)*
- Funeral bond contract(s) *(If you answered Yes at question 100)*
- Latest superannuation statements for each fund and latest council rates notices for any real estate held by your SMSF and SAF *(If you answered Yes at question 104)*
- Latest statement for each life insurance policy *(If you answered Yes at question 105)*
- Latest schedules for income stream products *(If you answered Yes at question 106 or 107)*
- Documentation with details on ‘other assets’ *(If you answered Yes at question 109)*
- Documentation with details on credit card debts or debts, or other personal loans *(If you answered Yes at question 112 or 113)*
- Documentation with details on rental income *(If you answered Yes at question 116)*
- Documents with details of payments by authorities or agencies outside Australia *(If you answered Yes at question 120)*
- Latest personal income tax return(s), business income tax return, a profit and loss statement, depreciation schedule and any other explanatory notes *(If you answered Yes at question 121)*
- Documents with details on ‘other’ income *(If you answered Yes at question 122)*
- Verification that another person is authorised to act on your behalf *(If you answered Yes at question 136 or if required at 139)*
- Verification that a third person is authorised to sign for you *(If required at question 142)*

Questions continue ➔
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 previous aged care assets and income assessments, in relation to my current and/or any previous periods of aged care, if required to complete my assets and/or income assessment.
- the Australian Government Department of Human Services and the Department of Veterans’ Affairs:
  - using information which has been collected from me for the purpose of determining my eligibility for an income support payment, for the additional purposes of completing my aged care assets and/or income assessment under the *Aged Care Act 1997* to determine the amount of subsidy payable to aged care homes and the maximum amount I could be asked to pay a home for accommodation and/or as a means tested care fee.
  - using information collected from me for the purpose of completing my aged care assets and/or income assessment for the additional purpose of updating information held by the Australian Government Department of Human Services and the Department of Veterans’ Affairs in relation to my eligibility for an income support payment.
  - disclosing personal information about me to my nominee and/or person permitted to enquire (if any).
  - disclosing information collected from me for the purpose of completing my aged care assets and/or income assessment to the Department of Health and the Australian Government Department of Human Services (acting on behalf of the Department of Health) in order to calculate the amount of subsidy payable to aged care homes and the maximum amount I could be asked to pay a home for accommodation and/or as a means tested care fee and any financial hardship assistance (if applicable).
  - advising aged care homes, to which I have applied for care, of the progress of my assets and/or income assessment if they request this information from the Australian Government Department of Human Services and the Department of Veterans’ Affairs.

I declare that:
- the information I have provided in this form is complete and correct.
- giving false or misleading information is a serious offence.

I consent to:
- the Australian Government Department of Human Services and the Department of Veterans’ Affairs:
  - using information which has been collected from me for the purpose of determining my eligibility for an income support payment, for the additional purposes of completing my aged care assets and/or income assessment under the *Aged Care Act 1997* to determine the amount of subsidy payable to aged care homes and the maximum amount I could be asked to pay a home for accommodation and/or as a means tested care fee.
  - using information collected from me for the purpose of completing my aged care assets and/or income assessment for the additional purpose of updating information held by the Australian Government Department of Human Services and the Department of Veterans’ Affairs in relation to my eligibility for an income support payment.
  - disclosing personal information about me to my nominee and/or person permitted to enquire (if any).
  - disclosing information collected from me for the purpose of completing my aged care assets and/or income assessment to the Department of Health and the Australian Government Department of Human Services (acting on behalf of the Department of Health) in order to calculate the amount of subsidy payable to aged care homes and the maximum amount I could be asked to pay a home for accommodation and/or as a means tested care fee and any financial hardship assistance (if applicable).
  - advising aged care homes, to which I have applied for care, of the progress of my assets and/or income assessment if they request this information from the Australian Government Department of Human Services and the Department of Veterans’ Affairs.

Make sure you have read the Privacy and your personal information on page 2 of this claim.

If you (the aged care recipient) are unable to sign this statement, it should be signed by someone who is authorised to sign on your behalf.

Your Aged Care Service Provider may need access to your financial information to ensure you and your provider are receiving the correct payments and/or services under the *Aged Care Act 1997*.

Do you give your consent for the Australian Government Department of Human Services and/or the Department of Veterans’ Affairs to give your current, former and future income and asset details to your current Aged Care Service Provider and any new Aged Care Service Provider you may engage?

Yes □ My financial information will be provided to my Aged Care Service Provider.

I understand I may revoke my consent at any time by providing written advice to the Department.

No □ My financial information will not be provided to my Aged Care Service Provider.

I understand I may need to discuss this with my Aged Care Service Provider.

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 aged care recipient
(or the person signing on their behalf)

Date

/ /
If someone signs on your behalf

This person cannot be the person appointed as the nominee on pages 26 to 28 UNLESS they are the aged care recipient’s legal guardian or they hold the power of attorney for the aged care recipient.

Mr □ Mrs □ Miss □ Ms □ Other □

Family name

First given name

Second given name

Address

Postcode

Daytime phone number

( )

Mobile number

Relationship to the aged care recipient

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 □

Make sure you have read the Privacy and your personal information on page 2 of this claim.

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.

Legal guardian’s or power of attorney’s signature

Date / /

When 2 people have joint power of attorney, the second person with joint power of attorney also needs to sign.

Second power of attorney’s signature

Date / /