



Aged Care Application for the Dementia and Cognition Supplement in Home Care

Purpose of this form

Use this form to advise the Australian Government Department of Human Services that a care recipient within your service is eligible to receive the **Dementia and Cognition Supplement in Home Care**.

For more information

For more information about the Dementia and Cognition Supplement, go to the Dementia and Veterans' Supplement Eligibility Guidelines health.gov.au/dementia

For more information about aged care, go to 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, local 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. This application will be returned if it is incomplete.

Send the completed form to:

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

or

Scan and email: aged.care.liaison@humanservices.gov.au

Eligibility assessment

1 The care recipient:

- has been assessed using the Psychogeriatric Assessment Scale – Cognitive Impairment Scale (PAS-CIS) by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 10 or more.

Date of assessment

Assessment score

OR

- has been assessed using the Psychogeriatric Assessment Scale – Cognitive Decline Scale (PAS-CDS) by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 10.

Date of assessment

Assessment score

OR

- is from a culturally or linguistically diverse background and has been assessed with the Rowland Universal Dementia Assessment Scale, conducted by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 22 or less.

Date of assessment

Assessment score

OR

- is an Aboriginal person, or a Torres Strait Islander, who lives in a rural or remote area and has been assessed with the Kimberley Indigenous Cognitive Assessment (KICA-Cog), conducted by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner or other health practitioner trained in the use of the tool and obtained a score of 33 or less.

Date of assessment

Assessment score

Service details

2 Service name

3 Service ID

Care recipient details

4 Care recipient ID

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5 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

6 Date of birth

Privacy notice

7 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 for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

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 or by requesting a copy from the department.

Declaration

8 I declare that:

- I am authorised to sign on behalf of the Approved Provider.
- the information I have provided in this form is complete and correct.
- I have retained a written record of the assessment.

I understand that:

- giving false or misleading information is a serious offence.

Authorised person's full name

Authorised person's position held

Authorised person's contact phone number

Authorised person's signature

Date