



Purpose of this form

Use this form to advise the Australian Government Department of Human Services that a care recipient has entered either permanent residential care or commenced receiving a Home Care Package **on or after 1 July 2014**. Section 63-1 of the *Aged Care Act 1997* requires that this form be completed.

For more information

For more information about aged care or the Aged Care Entry Record, go to humanservices.gov.au/agedcareproviders or call **1800 195 206** Monday to Friday, between 9.00 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply from mobile phones.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗
- 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 all required questions are answered and that the form is signed and dated.

Send the completed form to:

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

1 Type of care

- Permanent residential care
Home Care Package

Service details

2 Service name

3 Service ID

Care recipient details

4 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

5 Date of birth

 / /

6 Gender

- Male
Female

7 Care recipient ID

8 Pensioner identification numbers

Pensioner number must be provided, as per pension card.

Customer Reference Number (CRN)

 - - -

Department of Veterans' Affairs card number

9 **Only** complete question 9 if receiving a Home Care Package.

Home Care recipient postal address

 Postcode

10 Date of entry
/ /


11 Has the care recipient been in receipt of approved care in an unfunded capacity prior to entry?
No
Yes Please provide original entry date
/ /

12 Has the care recipient received an award or settlement?
No
Yes Give details
Workers compensation
Third party insurance
Common law settlement
Date of award or settlement / /

13 Has a current Aged Care Client Record for a Home Care Package or permanent residential care been sighted for this new entry?
No
Yes

14 Was the care recipient receiving care prior to 1 July 2014?
No
Yes

15 Has the care recipient elected in writing to be subject to the new means testing arrangements from 1 July 2014?
No
Yes

 Please attach the completed *Continuing Care Recipient opting into the New Aged Care Arrangement – from 1 July 2014* form (AC022).
If you do not have this form, go to humanservices.gov.au/customer/forms/ac022

16 Only complete questions 16 and 17 if receiving a Home Care Package.

Home Care Package level
Tick ONE only
Home Care Level 1
Home Care Level 2
Home Care Level 3
Home Care Level 4

17 Carer status
Tick ONE only
Co-resident carer
Non co-resident carer
No carer

18 Only complete questions 18 to 25 if receiving permanent residential care.

Has pre-entry leave been taken?
No
Yes Date from / / To / /

19 Is the care recipient entering an adjusted subsidy place?
No
Yes

20 If the care recipient is in an extra service place, what is the room type?
/ /

21 Only complete questions 21 to 23 if care recipient entered permanent residential care prior to 1 July 2014.

How has the care recipient paid for their accommodation?
Tick ONE only
Bond
Charge
Neither Go to 26

22 Amount of bond agreed to be paid
If periodic payment, supply lump sum equivalent amount of bond.
\$ /

23 If a bond has been paid, was the bond rolled over from another service provider?
No
Yes

24 Only complete questions 24 and 25 if care recipient entered permanent residential care on or after 1 July 2014.

What is the agreed price included in the Accommodation Agreement? This amount needs to be expressed as a Refundable Accommodation Deposit (RAD).
\$ /

25 Payment arrangement
Refundable Accommodation Deposit (RAD)
Daily Accommodation Payment (DAP) Amount \$ /
Combination RAD/DAP Amount paid in RAD \$ /
Amount paid in DAP \$ /
Undecided

Privacy notice

26 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 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

27 I declare that:

- I have obtained the consent of the care recipient listed in this form for the collection, use and disclosure of their personal information to the Australian Government Department of Human Services, the Department of Social Services and the Department of Veterans' Affairs for the purpose of providing payments under the *Aged Care Act 1997*.
- I am authorised to sign on behalf of the Approved Provider.
- 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 position held

Authorised person's contact phone number

Authorised person's signature

Date