

# Home Care Package Calculation of your cost of care (SA456)



## About this form

We understand that seeking a home care package can be a sensitive time.

If you are seeking a home care package, the Australian Government may subsidise your home care fees. **This form collects details of your income and financial assets so we can calculate the amount you will pay towards your home care.**

A simpler digital version of this form is available by going to [humanservices.gov.au/forms](https://humanservices.gov.au/forms) and selecting 'Aged Care Calculation of your cost of care'.



## Fee Estimator

You can get an estimate of the amount you may be asked to pay towards your home care by going to [myagedcare.gov.au](https://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

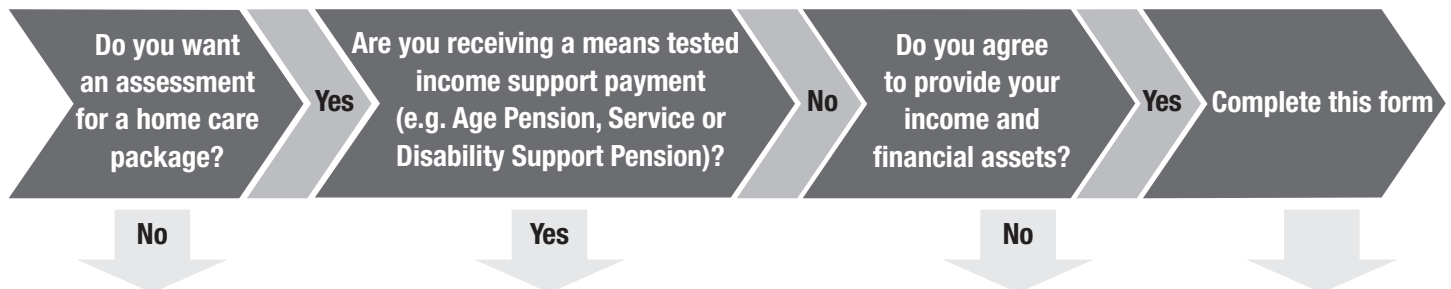
Go to our website [humanservices.gov.au/agedcare](https://humanservices.gov.au/agedcare) or call us on Freecall™ **1800 227 475**.

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



If you are entering a residential aged care home, refer to the **Residential Aged Care Calculation of your cost of care (SA457)** form instead.

**If you receive a means tested payment from Centrelink or DVA, do not complete this form.** We have enough information about you for your assessment.

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**.

**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 wish to provide your income details, complete this form and answer No at question 14. You will pay the maximum home care fees until you reach the annual or lifetime cap.

This means that your provider can require you to pay the **basic daily fee** and the **maximum income-tested care fee**.

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

Most aged care services in Australia, including home care services, are subsidised through government payments to providers. You may be asked to contribute to the cost of your care if you can afford to do so.

This form is used to calculate the amount you will pay towards your cost of care.

### 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 not receiving any Centrelink or DVA payments OR you are receiving a Centrelink or DVA **non-means tested** payment listed above, you will need to complete this form so we can calculate your cost of care. This is because we do not know enough about your income and financial assets to complete your assessment.

#### Who should not complete this form?

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

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**.

#### Important information for Australian Ex-Prisoners of War and Victoria Cross recipients

If you are an Australian Ex-Prisoner of War or Victoria Cross recipient you may not need to complete this form. Please contact DVA on **133 254**. If you live in regional Australia call on Freecall™ **1800 555 254**.

## Income for the purposes of aged care

Income, for the purposes of aged care, is not the same as taxable income. Your assessed income includes:

- income from work
- income support payments from the Australian Government, such as the Age Pension, a Service Pension or an Income Support Supplement
- income from financial investments
- net income from rental properties
- War Widow(er)s Pension and some disability pensions
- net income from businesses, including farms
- superannuation and overseas pensions, income from income stream products such as annuities and allocated pensions
- family trust distributions or dividends from private company shares
- income from outside Australia.

If you have a partner you will be asked to answer questions about your combined income. Your income will be assessed as half of the total combined income, regardless of whose name it is in.

Financial investments deemed to be earning income include bank accounts and other financial investments. It is important you tell us about all the bank accounts and financial investments you (and/or your partner) have no matter what income they are actually earning.

Money or assets that you (and/or your partner) have given away in the last 5 years, may be considered to earn income.

If you have made a gift, the limit you are able to give away is \$10,000 in the first financial year or \$30,000 in 5 financial years – this cannot include more than \$10,000 in any financial year. Gifts over these amounts will be considered an asset in your assessment.

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## Changes you should tell us about

You should tell us if:

- you marry, are in or commence a registered or de facto relationship, reconcile with a former partner, start living with someone as their partner
- you separate from your partner
- your partner dies
- your (or your partner's) financial circumstances change
- a dependent child or student either enters or leaves your care
- the status of your family home changes (e.g. you sell your home)
- you enter an aged care home.

Changes such as these may affect the amount of your pension you receive or the home care fees you may be asked to pay.

To advise us of changes, call the Department of Human Services on Freecall™ **1800 227 475** or DVA on **133 254**.

## 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.

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## 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 receiving a home care package you may authorise the nominee to receive information from us about your care costs and they may give us information about your income. If your nominee does not hold a power of attorney or similar, both you and your nominee will receive home 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](https://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.**

# Home Care Package Calculation of your cost of home care (SA456)

## 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.

### 1 What do you want an assessment for?

#### Tick ONE box ONLY

#### Option 1:

Starting a home care package

- 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 application date.
- Go to next question

#### Option 2:

Are you currently or have you previously received a home care package


- You will need to answer the following questions based on your situation at the date you commenced the home care package.

What was that commencement date?

► Go to next question

#### Option 3:


residential aged care

-  Do not complete this form. 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  ► Go to next question

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

### 3 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.

### 4 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 (SA456).

► 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)**

**5** Your name

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**6** Your gender

Male

Female

**7** Your date of birth

**8** Do you have a Centrelink or DVA reference number?

No  *Go to next question*

Yes  Give details below

Centrelink Reference Number (if known)

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

**Your partner (of the person the assessment is for)**

**5** Your partner's name

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

**6** Your partner's gender

Male

Female

**7** Your partner's date of birth

**8** Does your partner have a Centrelink or DVA reference number?

No  *Go to next question*

Yes  Give details below

Centrelink Reference Number (if known)

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

**You (the person the assessment is for)**

**9** Have you been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No  Go to next question

Yes  Give details below

**1** Other name

Type of name (e.g. name at birth)

**2** Other name

Type of name (e.g. maiden name)

If you have more than 2 other names, provide a separate sheet with details.

**10** 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](http://humanservices.gov.au/em) or visit one of our Centrelink service centres.

Your contact details

Phone number

Email

**11** Your home address

Postcode

**12** Postal address if different to home address

Postcode

**Your partner (of the person the assessment is for)**

**9** Has your partner been known by any other name(s)?

**Include:**

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No  Go to next question

Yes  Give details below

**1** Other name

Type of name (e.g. name at birth)

**2** Other name

Type of name (e.g. maiden name)

If your partner has more than 2 other names, provide a separate sheet with details.

**10** Please read this before answering the following question.

If your partner provides an email address or mobile phone number, they may receive electronic messages (SMS or email) from us. To read the Terms and Conditions, go to [humanservices.gov.au/em](http://humanservices.gov.au/em) or visit one of our Centrelink service centres.

Your partner's contact details

Phone number

Email

**11** Your partner's home address

Postcode

**12** Your partner's postal address if different to home address

Postcode

## Qualifying service

### 13 Please read this before answering the following question.

**Qualifying service** is service in a war or war like operations where you incurred danger from hostile forces of the enemy.

If you (and/or your partner) have qualifying service, any Department of Veterans' Affairs disability pension you receive will be exempt from the aged care income assessment.

#### You

Do you have **qualifying service**?

No

Yes

#### Your partner

Does your partner have **qualifying service**?

No

Yes

## Your assessment

### 14 Do you want to provide your income and financial assets so that we can calculate your cost of care?

No  You will pay the maximum home care fees until you reach the annual or lifetime cap.

This means that your provider can require you to pay the **basic daily fee** and the **maximum income-tested care fee**.

▶ **Go to 38**

Yes  Note: You are giving us permission to disclose your information to the Department of Social Services, the Department of Health, and/or the Department of Veterans' Affairs.

▶ *Go to next question*

## Dependent children

### 15 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 17**

Yes  ▶ *Go to next question*

### 16 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




## Your home

**17** Did you (and/or your partner) receive **rental income** from your family home at the commencement/application date?

No  ► *Go to next question*

Yes  ►

 Provide documents showing details of the rental income and the outgoings (costs) for the property.

► *Go to next question*


## Other property details

**18** Other than your family home, did you (and/or your partner) have **real estate properties** in or outside of Australia at the commencement/application date?

No  ► *Go to 23*

Yes  ► *Go to next question*

**19** How many properties in Australia and/or outside Australia do you (and/or your partner) own or have an interest in at the commencement/application date?

 **Note:** If you have/had more than one investment property, at the commencement/application date, you will need to copy and provide this page answering questions **20 to 22** for each property.

**20** Address of the property

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Postcode

Country (if not in Australia)

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.


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 Provide a copy of the latest council rates notice.

**21** Who owned/owns your **other property** as shown on the property title at the commencement/application date?

You  ► Percentage owned  %

Your partner  ► Percentage owned  %

Other  ► Give details below

Name of person/entity

Percentage owned

 %


 Provide a copy of each title deed if you answered 'Other'.

**22** Did you (and/or your partner) receive **rental income** from your other property at the commencement/application date?

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

No  ► *Go to next question*

Yes  ►

 Provide documents showing details of the rental income and the outgoings (costs) for each property.

► *Go to next question*

## Assets and income

- 23** Give details below of all **accounts** held by you (and/or your partner) in banks, building societies or credit unions, at the commencement/application date.

**Include:**

- savings accounts
- cheque accounts
- term deposits
- accounts you hold in trust or under any other name
- money held in church or charitable development funds, **or**
- money located in travel money cards or travellers cheques.

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 (AUD).

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



Provide evidence from your financial institution that shows your current account balance, BSB code, account number and account holder name(s). Copies can be provided.

**Note:** ATM slips are not acceptable.

<b>1</b>	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Type of account	<input type="text"/>
	Balance of account	<input type="text"/>
	Currency if not AUD	<input type="text"/>
	Your share	<input type="text"/> %
	Partner's share	<input type="text"/> %

*Continue*

<b>2</b>	Name of bank, building society or credit union	<input type="text"/>
	Account number (this may not be your card number)	<input type="text"/>
	Type of account	<input type="text"/>
	Balance of account	<input type="text"/>
	Currency if not AUD	<input type="text"/>
	Your share	<input type="text"/> %
	Partner's share	<input type="text"/> %

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

**24** Did you (and/or your partner) have any **money invested in superannuation or income stream products** at the commencement/application date?

**Superannuation includes:**

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

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 and Australian Defence Force superannuation payments)
- Superannuation Pension (non-defined benefit).

No  Go to next question

Yes  Give details below



If you have money invested in an income stream product provide the latest schedule for each fund.

Provide the latest statements for each fund, including latest council rates notices for any real estate held by SMSF and SAF.

**1** Name of institution/fund manager

Name of fund

Account balance (if applicable)	Amount that can be withdrawn as a lump sum (if applicable)
\$ <input type="text"/>	\$ <input type="text"/>

Amount of income received (if any)	How often (e.g. monthly)
\$ <input type="text"/>	per <input type="text"/>

Date of purchase	Your share	Partner's share
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="text"/> %

*Continued*

**2** Name of institution/fund manager

Name of fund

Account balance (if applicable)	Amount that can be withdrawn as a lump sum (if applicable)
\$ <input type="text"/>	\$ <input type="text"/>

Amount of income received (if any)	How often (e.g. monthly)
\$ <input type="text"/>	per <input type="text"/>

Date of purchase	Your share	Partner's share
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="text"/> %

**25** Did you (and/or your partner) have any **managed investments** in and/or outside Australia at the commencement/application date?

**Include:**

- investment trusts
- personal investment plans
- life insurance bonds
- managed fund
- friendly society bonds.


**Do NOT include:**

- conventional life insurance policies (policies that can be cashed in)
- funeral bonds
- superannuation or rollover investments
- investments purchased with a margin loan.

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

No  Go to next question

Yes  Give details below

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

**1** 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  %

**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, provide a separate sheet with details.

**26** At the commencement/application date did you (and/or your partner) own any **shares**, or other **securities listed** on a stock/securities exchange in and/or outside Australia, or in public companies **not listed** on a stock exchange?

**Include:**


- futures
- options
- derivatives
- rights
- shares
- preference shares
- convertible notes.

**Do NOT include:**

- managed investments
- self managed superannuation funds.

No  Go to next question

Yes  Give details below

 Provide the latest statement for each share holding.

**1** Name of the public company

ASX code      Number of shares held

Country if not Australia      Your share      Partner's share

       %       %

**2** Name of the public company

ASX code      Number of shares held

Country if not Australia      Your share      Partner's share

       %       %

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

**27** Did you (and/or your partner) have any **bonds or debentures** at the commencement/application date?

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.

No  Go to next question

Yes  Give details below

 Provide a document which gives details for each bond or debenture.

**1** Name of company

Type of investment

Current amount invested

Currency if not AUD



Your share  %

Partner's share  %

**2** Name of company

Type of investment

Current amount invested

Currency if not AUD



Your share  %


Partner's share  %

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

**28** Did you (and/or your partner) have any **funeral bonds, funeral investments** or have a contract to have funeral services provided for which an agreed sum has already been paid to the provider at the commencement/application date?

No  Go to next question

Yes  Give details below

 Provide documentation showing details of the funeral bonds, funeral investments or a copy of each contract.

**1** Name of company

Name of product

APIR code (if known)

Purchase price including instalments but not interest

 \$

Current value as per latest statement

Your share

Partner's share

 \$

 %

 %

**2** Name of company

Name of product

APIR code (if known)

Purchase price including instalments but not interest

 \$

Current value as per latest statement

Your share

Partner's share

 \$

 %


 %

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

**29** Did you (and/or your partner) have any **life insurance** policies that could be cashed in at the commencement/application date?

No  Go to next question

Yes  Give details below

 Provide a copy of the latest statement for each policy.

**1** Name of product

Policy number

Number of units	Your share	Partner's share
<input type="text"/>	<input type="text"/> %	<input type="text"/> %

**2** Name of product

Policy number

Number of units	Your share	Partner's share
<input type="text"/>	<input type="text"/> %	<input type="text"/> %

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

**30** At the commencement/application 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.

**Do NOT include** loans to secure accommodation in retirement villages or aged care.

No  Go to next question

Yes  Give details below

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

If the money was loaned to a private trust you will need to complete and return the **Private Trust** form (**Mod PT**). If you do not have this form, go to our website [humanservices.gov.au/forms](http://humanservices.gov.au/forms)

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

Date lent	Amount lent
<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Current balance of loan	Lent by you	Lent by your partner
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

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

Date lent	Amount lent
<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>

Current balance of loan	Lent by you	Lent by your partner
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

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

**31** In the 5 years **before** your application/entry date, have you (and/or your partner) **given away**, or sold for less than their market value, or surrendered a right to any cash, assets, property or income?

**Gifting is where you:**

- give away assets, or
- transfer them for less than their market value.

**For example if you or your partner:**

- give away/transfer shares in a private company
- transfer your shares or units in a trust or company and do not get full market value for them
- give up control of a trust or company – this is a gift of all the assets the trust or company holds
- own a property and sell it for less than it is worth
- buy a car as a present
- have 10% of your wages donated to your church
- forgive a loan
- have to repay a business loan because you guaranteed it
- put money into a family trust and neither you nor your partner control the trust.

**It is not gifting if you:**

- own a house valued at an amount, but sold it on the open market with the best offer to date, as you could not wait for a higher offer
- have a debt that you cannot repay, so you transfer a car worth about the same to wipe out the debt
- put money into a family trust that you or your partner control.

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

**2** 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, provide a separate sheet with details.

**32** Did you (and/or your partner) **receive payments from outside Australia** at the commencement/application 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



Provide 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.

**1** Type of payment

Country which pays it?

Amount paid

(before tax or deductions)

Currency if not AUD



Paid to: You  Your partner

**2** Type of payment

Country which pays it?

Amount paid

(before tax or deductions)

Currency if not AUD



Paid to: You  Your partner

If you (and/or your partner) receive more than 2 payments from an authority or agency outside Australia, provide a separate sheet with details.


**33** Do you (and/or your partner) have any interest in a **business partnership**, a **farm** or from operating as a **sole trader**?

**Include:**

- self-employed
- sole trader
- partnership
- sub-contractor.

No  ► *Go to next question*

Yes  ►

 You will need to provide:  
your (and/or your partner's) latest personal income tax return(s)  
business income tax return for the last financial year  
a profit and loss statement,  
depreciation schedule and any other explanatory notes which form part of the accounts of the business or company.

**34** Have you (or your partner) **had an interest** in a **private trust** in any of the ways detailed below, in the 5 years up to the commencement/application date?

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

No  ► *Go to 36*

Yes  ►

 If you (and/or your partner) have not previously advised us of this trust, please complete and return a **Private Trust** form (**Mod PT**).  
If you do not have this form, go to our website [humanservices.gov.au/forms](http://humanservices.gov.au/forms)  
► Go to next question

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

No  ► *Go to next question*

Yes  ► *Go to next question*

**36** Have you (or your partner) **had an interest** in a **private company** in any of the ways detailed below, in the 5 years up to the commencement/application?

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

No  ► *Go to next question*

Yes  ► Was your involvement only as a director and you (and/or your partner) have no shares in or loans to the company?

No  ►

 You will need to complete and return the **Private Company** form (**Mod PC**).  
If you do not have this form, go to our website [humanservices.gov.au/forms](http://humanservices.gov.au/forms)  
► Go to next question

Yes  ► *Go to next question*



**37** At the commencement/application date did you (and/or your partner) receive any **other income** that you have not already listed on this form?

**Include** income or money from:

- gratuities
- income from boarders and lodgers
- income protection insurance
- life interests
- other Australian government departments
- other income
- other payments from outside Australia
- regular compensation payments or damages
- work.

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

No  ► *Go to next question*

Yes  ► Give details below



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

**1** Type of income

Gross amount received

\$  per

**2** Type of income

Gross amount received

\$  per

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

**Questions continue next page ►**

## Privacy notice

### 38 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](http://humanservices.gov.au/privacy)

## Declaration for the person the assessment is for

### 39 Please read this before continuing.

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. The authorised person must also sign question 40.

See 'Person signing on your behalf' section on page 4 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.

40

## 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 who 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 two 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 the 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](http://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](http://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 19**

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**



## 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 15.

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

---

---

Postcode

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.

## 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 15.

**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 <b>question 6 of the nominee section</b> )	<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 <b>question 8 of the nominee section</b> )	<input type="checkbox"/>

**Go to next page** ►

## Checklist

Which of the following forms and 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.

	<b>Tick ALL that apply</b>
Documents showing details of the rental income (If you answered Yes at <b>question 17</b> or <b>question 22</b> )	<input type="checkbox"/>
Details of each additional property (If you have more than one investment property at <b>question 19</b> )	<input type="checkbox"/>
Latest council rates notice (required at <b>question 20</b> )	<input type="checkbox"/>
Title deed(s) of each property (if required at <b>question 21</b> )	<input type="checkbox"/>
Documents showing balances and details of bank, building society and credit union accounts (required at <b>question 23</b> )	<input type="checkbox"/>
Latest statements or schedules for each fund, including latest council rates notices for any real estate held by SMSF and SAF (If you answered Yes at <b>question 24</b> )	<input type="checkbox"/>
Managed investment certificate or similar document (If you answered Yes at <b>question 25</b> )	<input type="checkbox"/>
Share certificates or latest statement for each shareholding listed on a stock exchange (If you answered Yes at <b>question 26</b> )	<input type="checkbox"/>

## Continued

Investment bond/debenture documents (If you answered Yes at <b>question 27</b> )	<input type="checkbox"/>
Details of the funeral bond(s) or funeral investment(s) (If you answered Yes at <b>question 28</b> )	<input type="checkbox"/>
Latest statement for each life insurance policy (If you answered Yes at <b>question 29</b> )	<input type="checkbox"/>
Money on loan documents (if available) and <b>Private Trust</b> form (Mod PT) (if required) (If you answered Yes at <b>question 30</b> )	<input type="checkbox"/>
Documents with details of payments by authorities or agencies outside Australia (If you answered Yes at <b>question 32</b> )	<input type="checkbox"/>
Latest personal income tax return(s), business income tax return, a profit and loss statement, depreciation schedule and any other explanatory notes of the business or company (If you answered Yes at <b>question 33</b> )	<input type="checkbox"/>
<b>Private Trust</b> form (Mod PT) (If you required at <b>question 34</b> )	<input type="checkbox"/>
<b>Private Company</b> form (Mod PC) (If you required at <b>question 36</b> )	<input type="checkbox"/>
Documents with details on 'other' income (If you answered Yes at <b>question 37</b> )	<input type="checkbox"/>
Documents related to a signing on behalf of the person the assessment is for (If you answered Yes at <b>question 40</b> )	<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 commenced your home care package or as at the date you are lodging this form and you have signed and dated this form. Return your form to the Department of Human Services unless you receive an income support payment from the Department of Veterans' affairs.

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

**Department of Veterans' Affairs**  
**GPO Box 9998**  
**Brisbane QLD 4001**