



# Permanent Residential Aged Care Request for a Combined Assets and Income Assessment

## 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.

If you do not provide your assets and income details, you may be required to pay the **maximum** fee and charges.

## 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.

You should have received the booklet ***Information you need to know about your claim for Permanent Residential Aged Care Request for a Combined Assets and Income Assessment*** with this form. In this claim, this booklet will be referred to as the **Information Booklet**. If you do not have this booklet, go to [humanservices.gov.au/agedcare](http://humanservices.gov.au/agedcare) or call us on Freecall™ **1800 227 475**.

## 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,

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,

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](http://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](http://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](http://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](http://my.gov.au)

## 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 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 administering payments and services. This information is required to assist with 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

Go to 7

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?

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

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

\$



CLK0SA457 1609



- 18 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

\$

Admission details

- 19 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 20

**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 20

**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 38

**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 38

- 20 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

**21 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?

\$

**22 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 70**

Yes ☐ **Go to next question**

**23 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 28**

**24 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 26**


Your home was in a retirement village ☐ **Go to 27**

**25 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 70**

**26 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 70**

**27 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 70**

**28 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 34**

a house (including a dwelling located on a farm) ☐

**Go to 34**

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

No ☐ **Go to 32**

Yes ☐ **Go to next question**

**30 Does your partner still occupy your home?**

No ☐ **Go to next question**

Yes ☐ **Go to 70**

**31 On what date did your partner vacate your home?**

/  /

**Go to next question**



- 32 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.

- 33 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 64**

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

\$

**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 64**

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

No ☐ **Go to 47**

Yes ☐ **Go to next question**

- 35 Does your partner still occupy your home?

No ☐ **Go to next question**

Yes ☐ **Go to 37**

- 36 On what date did your partner vacate your home?

/ /

► **Go to next question**

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

No ☐ **Go to 70**

Yes ☐ **Go to 47**

- 38 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**?

\$

- 39 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 70**

Yes ☐ **Go to next question**

- 40 Is 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 44**

a house (including a dwelling located on a farm)

☐

**Go to 45**

- 41 Is your home occupied by your partner?

No ☐ **Go to next question**

Yes ☐ **Go to 70**

- 42 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.

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

No ☐ **Go to 64**

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 64**

- 44 Is your home occupied by your partner?

No ☐ **Go to 47**

Yes ☐ **Go to 70**

- 45 Is your home occupied by your partner?

No ☐ **Go to 47**

Yes ☐ **Go to next question**

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

No ☐ **Go to 70**

Yes ☐ **Go to next question**

- 47 Your home address

Postcode

- 48 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


- 49 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

%

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

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

Lot	Section
<input type="text"/>	<input type="text"/>

- 51 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



**52** Give details of your home below

Number of bedrooms <input type="text"/>	Number of bathrooms <input type="text"/>
Number of garages <input type="text"/>	Approximate age <input type="text"/>
Floor area in squares OR floor area in square metres <input type="text"/>	
Your assessment of the home's condition Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
Type of construction	
EXTERIOR (e.g. brick, timber, fibro) <input type="text"/>	
INTERIOR (e.g. plaster, not lined) <input type="text"/>	
ROOF (e.g. iron, tiled) <input type="text"/>	
Is there anything that may affect the value of the home (e.g. swimming pool, new kitchen, no off street parking)? <input type="text"/> <input type="text"/> <input type="text"/>	

**53** 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.

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

No ☐ **Go to next question**

Yes ☐ **Go to 56**

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

\$

**Go to 64**

**56** Give your estimate of the value of:

The home and the surrounding 2 hectares (5 acres)

\$

The remainder of the property

\$

**57** Is your home part of a farm property?

No ☐ **Go to 64**

Yes ☐ **Go to next question**

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

**59** Is the farm property currently operational/viable?

No ☐

Yes ☐

**60** Is it possible to subdivide the farm property or farm home?

No ☐

Yes ☐

61 Are there any improvements on the farm property?

No ☐ Go to next question

Yes ☐ Give details below

Hay shed/ Machinery shed	Number	Age (years)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Description <input type="text"/>		

Shearing shed	Number	Age (years)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Description <input type="text"/>		

Grain shed/Silos	Number	Age (years)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Description <input type="text"/>		

Cattle/sheep yard	Number
<input type="checkbox"/>	<input type="text"/>
Description <input type="text"/>	

62 Is there any fencing on the property?

No ☐ Go to next question

Yes ☐ Give details below

Type and condition of fencing

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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

64 **Important note: Please read this before answering questions 65 to 69**

**Occupants of your home**

Only one former principal residence will be exempt under protected arrangements.

65 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
<input type="text"/>
Child/student's first given name
<input type="text"/>
Child/student's second given name
<input type="text"/>
Child/student's gender
Male <input type="checkbox"/>
Female <input type="checkbox"/>
Child/student's date of birth
<input type="text"/>

66 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 ☐

67 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 ☐

68 Did you answer 'Yes' to either question 66 or question 67?

No ☐ Go to 70

Yes ☐ Go to next question

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

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.

**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*.

**Carer or close relation**

Family name

First given name

Second given name

Date of birth

Centrelink Reference Number (if known)

**OR**

Department of Veterans' Affairs reference number

Relationship to the applicant

Daytime phone number

Mobile number

Signature of carer or close relation

Date

**Asset details**

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

You need to answer the following questions based on what your (and your partner's) assets were at the **relevant date**, refer to your answer to question 20 for the relevant date.

If you are not sure what payment is assessed, please refer to the **Information Booklet**.

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)?

No ☐ **Go to 72**

Yes ☐ **Go to next question**

**71 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 complete the following questions.

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 are not sure, answer 'Yes'.

No ☐ **Go to 109**

Yes ☐ **Go to next question**

**72 At the relevant date, did you (and/or your partner) have any real estate properties other than your home?**

No ☐ **Go to 89**

Yes ☐ **Go to next question**

**73 How many properties in Australia and/or outside Australia do you (and/or your partner) own or have an interest in?**



**Note:** 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 74 to 88 for each property.

**74** Address of the property

Postcode

Country (if not in Australia)

--

**75** 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 ☐

How many units/flats are in the block?

--

Other ☐ Give details below


**76** 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

--

 %

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

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

Lot

--

Section

--

**78** 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

--

**79** 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.

\$

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**80** 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.

- 81** Provide the following details of the main building (or tick the box if there are no buildings):

No buildings ☐ Go to next question

Number of bedrooms	Number of bathrooms
<input type="text"/>	<input type="text"/>
Number of garages	Approximate age
<input type="text"/>	<input type="text"/>
Floor area in squares OR floor area in square metres	
<input type="text"/>	
Your assessment of the home's condition	
Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
Type of construction	
EXTERIOR (e.g. brick, timber, fibro)	
<input type="text"/>	
INTERIOR (e.g. plaster, not lined)	
<input type="text"/>	
ROOF (e.g. iron, tiled)	
<input type="text"/>	
Is there anything that may affect the value of the building (e.g. swimming pool, new kitchen, no off street parking)?	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

- 82** Is your property a farm/hobby farm?

No ☐ Go to 89

Yes ☐ Go to next question

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

- 84** Is the farm property currently operational/viable?

No ☐

Yes ☐

- 85** Is it possible to subdivide the farm property or farm home?

No ☐

Yes ☐

- 86** Are there any improvements on the farm property?

No ☐ Go to next question

Yes ☐ Give details below

<b>Hay shed/ Machinery shed</b>	Number	Age (years)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Description		
<input type="text"/>		
<b>Shearing shed</b>	Number	Age (years)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Description		
<input type="text"/>		
<b>Grain shed/Silos</b>	Number	Age (years)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Description		
<input type="text"/>		
<b>Cattle/sheep yard</b>	Number	
<input type="checkbox"/>	<input type="text"/>	
Description		
<input type="text"/>		

- 87** Is there any fencing on the property?

No ☐ Go to next question

Yes ☐ Give details below

Type and condition of fencing

- 88** Please 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.

- 89** At the **relevant date**, did you (and/or your partner) own any motor vehicles, boats, caravans or trailers?

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

No ☐ **Go to 91**

Yes ☐ Give details below

<b>1</b> Make (e.g. Holden)	Model (e.g. Barina)
<input type="text"/>	<input type="text"/>
Year	Market value
<input type="text"/>	\$ <input type="text"/>
Percentage owned by:	
You <input type="text"/> %	Your partner <input type="text"/> %


<b>2</b> Make (e.g. Holden)	Model (e.g. Barina)
<input type="text"/>	<input type="text"/>
Year	Market value
<input type="text"/>	\$ <input type="text"/>
Percentage owned by:	
You <input type="text"/> %	Your partner <input type="text"/> %

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

- 90** 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

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

<b>1</b> Details of the motor vehicles/boats/caravans or trailers secured by the loan
<input type="text"/>
Amount owing
\$ <input type="text"/>

<b>2</b> Details of the motor vehicles/boats/caravans or trailers secured by the loan
<input type="text"/>
Amount owing
\$ <input type="text"/>

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

- 91** 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.

- 92** 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).

- 93** 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).



93 Continued

**1** Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account \$

Currency if not AUD

Your share  % Partner's share  %

**2** Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account \$

Currency if not AUD

Your share  % Partner's share  %

**3** Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account \$

Currency if not AUD

Your share  % Partner's share  %

If you (and/or your partner) have more than 3 accounts, attach a separate sheet with details.

94 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.

No ☐ Go to next question

Yes ☐ Give details below

 Attach 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, attach a separate sheet with details.

**95** 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.

**96** 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 on the next column

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

**96** *Continued*

**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, attach a separate sheet with details.


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

**1** Name of company

Number of shares  
or other securities

Code (if known)

Country if not Australia

Your share

Partner's share

%

%

97 *Continued*

<b>2</b> 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.		

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

No ☐ **Go to 100**

Yes ☐ Give details below

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

<b>1</b> Name of company		
Name of product		
APIR code (if known)	Purchase price incl. instalments but not interest	
	\$	
Current value as per latest statement	Your share	Partner's share
\$	%	%

<b>2</b> Name of company		
Name of product		
APIR code (if known)	Purchase price incl. 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, attach a separate sheet with details.

**99** 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.

**100** 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 102**

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?

\$

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

No ☐

Yes ☐

**102 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? \$

**103** 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.

**1** Name of institution/fund manager

Name of fund

Account balance Amount that can be withdrawn as a lump sum (if any)

\$ \$

Amount of income received How often (e.g. monthly)

\$ per

Owned by: You ☐ Your partner ☐

**103 Continued****2** Name of institution/fund manager

Name of fund

Account balance

\$ \$

Amount of income received

Amount that can be withdrawn as a lump sum (if any)

\$ per

How often (e.g. monthly)

Owned by: You ☐ Your partner ☐

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

**104** 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.

**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.

**105 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.

<b>1</b> Name of institution/fund manager			
<input type="text"/>			
Name of fund			
<input type="text"/>			
Account balance	Lump sum that can be withdrawn (if any)		
\$ <input type="text"/>	\$ <input type="text"/>		
Amount of income received	How often (e.g. monthly)		
\$ <input type="text"/>	per <input type="text"/>		
Your share <input type="text"/>	%	Partner's share <input type="text"/>	%

**105 Continued**

**2** Name of institution/fund manager


<input type="text"/>			
Name of fund			
<input type="text"/>			
Account balance	Lump sum that can be withdrawn (if any)		
\$ <input type="text"/>	\$ <input type="text"/>		
Amount of income received	How often (e.g. monthly)		
\$ <input type="text"/>	per <input type="text"/>		
Your share <input type="text"/>	%	Partner's share <input type="text"/>	%

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

**106 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.

<b>1</b> Name of institution/fund manager			
<input type="text"/>			
Name of fund			
<input type="text"/>			
Account balance			
\$ <input type="text"/>			
Amount of income received	How often (e.g. monthly)		
\$ <input type="text"/>	per <input type="text"/>		
Your share <input type="text"/>	%	Partner's share <input type="text"/>	%

<b>2</b> Name of institution/fund manager			
<input type="text"/>			
Name of fund			
<input type="text"/>			
Account balance			
\$ <input type="text"/>			
Amount of income received	How often (e.g. monthly)		
\$ <input type="text"/>	per <input type="text"/>		
Your share <input type="text"/>	%	Partner's share <input type="text"/>	%

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

**107** 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 ☐

**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, attach a separate sheet with details.

**108** 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.

**108** *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.

Income details

**109** Please read this before answering the following questions.

You only need to complete questions 110 to 112 if you first entered residential aged care **BEFORE 1 July 2014**.

**Note:** You need to answer the questions 110 to 112 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 20 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 113**

Yes ☐ **Go to next question**

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

No ☐ **Go to 113**


Yes ☐ **Go to next question**



**111** 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

<input type="text"/>		
Amount owing	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

**2** Creditor


<input type="text"/>		
Amount owing	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

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

**112** 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

<input type="text"/>		
Amount owing	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

**2** Creditor

<input type="text"/>		
Amount owing	Your share	Partner's share
\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

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

**113 Please read this before answering the following questions.**

**Note:** You need to answer the questions 118 to 124 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 20 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 115**

Yes ☐ **Go to next question**

**114 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 complete 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 122**

Yes ☐ **Go to next question**

**115** 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 119**

Yes ☐  Attach documents showing details of the rental income for each property.  
▶ **Go to next question**

**116 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 116 to 118 to complete these questions for each additional property.

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

**117** 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

**118** 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?

/ /

**119** 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.

**1** Type of payment

Country which pays it?

Amount paid

(before tax or deductions)

Currency if not AUD

Paid to: You ☐ Your partner ☐

**119** Continued

**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, attach a separate sheet with details.

**120** 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

\$



You will need to attach:

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

**121** 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).

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.

## Nominee details

**122** 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 143*

Yes ☐ *Go to next question*

**123** Is this authorisation for a person or organisation?

**Tick ONE box ONLY**

Authorise a PERSON ☐ *Go to next question*

Authorise an ORGANISATION ☐ *Go to 127*

**124** Your authorised person's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

**125** Your authorised person's date of birth

 /  / 

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

 -  -  - 

**Go to 128**

**127** 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

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

**129** Your authorised person's contact details  
Street address

Postcode

Postal address (if different to above)

Postcode

Phone number

Fax number

Mobile number

Email

**130** 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 135

**131** 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 133

**132** Do you receive a Disability Pension from the Department of Veterans' Affairs and have qualifying service?

No ☐ Go to 136

Yes ☐ Go to next question

**133** 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. ☐

**134** How long do you want this arrangement to last?

For this means test assessment only ☐

Indefinitely ☐

**135** 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 140

**136** 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 138

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

### 137 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.

### 138 What is the arrangement you are authorising?

Voluntary ☐ [Go to next question](#)

Power of Attorney ☐

Court, Tribunal, Guardianship  
or Administration Order ☐

 Attach  
supporting  
documents.

### 139 How long do you want this arrangement to last?

Indefinitely ☐ **OR**

From  /  /  To  /  /

### 140 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  /  /

### 141 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  /  /

### 142 Nominee's acceptance

**Important information:** Check to make sure that your personal and/or organisation details are correct.  
For a Department of Human Services customer, check you have provided a password at question 137.

**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** 

**143** Which of the following forms, documents and other attachments are you (and/or your partner) providing with this form?

*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 25**) ☐
- Documentation with details on the transfer of title  
(If required at **question 26**) ☐
- Accommodation payment agreement  
(If required at **question 27**) ☐
- Documentation with details on value of mobile home/  
caravan/boat or refundable entry contributions  
(If required at **question 32 or 42**) ☐
- Documentation with details on loan secured by home  
(If you answered Yes at **question 33 or 43**) ☐
- Documentation with details on amount owing  
for each property  
(If you answered Yes at **question 53 or 80**) ☐
- Details requested for each additional property  
(If required at **question 73**) ☐
- Documentation with details on amount owing for  
each loan secured by vehicles  
(If you answered Yes at **question 90**) ☐
- Recent balance sheet stating  
current interest in the business  
(If you answered Yes at **question 91**) ☐
- Valuation certificates or insurance certificates  
(If you answered Yes at **question 92**) ☐
- Documents showing balances for bank, building  
society and credit union accounts  
(if required for **question 93**) ☐
- Investment bond/debenture documents  
(If you answered Yes at **question 94**) ☐
- Money on loan documents (if available)  
(If you answered Yes at **question 95**) ☐
- Managed investment certificates or similar documents  
(If you answered Yes at **question 96**) ☐
- Share certificates or latest statement for each  
shareholding LISTED on a stock exchange  
(If you answered Yes at **question 97**) ☐
- Documentation with details of the funeral bond(s) or  
funeral investment(s)  
(If you answered Yes at **question 98**) ☐
- Funeral bond contract(s)  
(If you answered Yes at **question 99**) ☐

**143** Continued

- 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 103**) ☐
- Latest statement for each life insurance policy  
(If you answered Yes at **question 104**) ☐
- Latest schedules for income stream products  
(If you answered Yes at **question 105 or 106**) ☐
- Documentation with details on 'other assets'  
(If you answered Yes at **question 108**) ☐
- Documentation with details on credit card debts or  
debts, or other personal loans  
(If you answered Yes at **question 111 or 112**) ☐
- Documentation with details on rental income  
(If you answered Yes at **question 115**) ☐
- Documents with details of payments by  
authorities or agencies outside Australia  
(If you answered Yes at **question 119**) ☐
- 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 120**) ☐
- Documents with details on 'other' income  
(If you answered Yes at **question 121**) ☐
- Verification that another person is authorised to  
act on your behalf  
(If you answered Yes at **question 135**)  
or if required at **138**) ☐
- Verification that a third person is authorised to  
sign for you  
(If required at **question 141**) ☐

Questions continue ►



**144 Please read this before continuing.**

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.

**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. My consent does not include advising aged care homes about the outcome of my assessment.

**144 Continued****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      /      /

► For the **person signing on behalf** of the aged care recipient continue to next page

## 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

 /  / 

OFFICE USE ONLY

CRN

<input type="text"/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>1</span><span>2</span><span>3</span><span>4</span><span>5</span> </div>	-	<input type="text"/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>1</span><span>2</span><span>3</span><span>4</span><span>5</span> </div>	-	<input type="text"/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>1</span><span>2</span><span>3</span><span>4</span><span>5</span> </div>	-	<input type="text"/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>1</span><span>2</span><span>3</span><span>4</span><span>5</span> </div>
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Centrelink date of receipt