



Aged Care Request for a nominee

for Department of Veterans' Affairs customers (AC019)

When to use this form

Use this form to choose someone to deal with us if you are in residential care or get a Home Care Package. This person or organisation is your nominee. Your nominee can:

- complete and sign Aged Care forms
- ask questions about your Aged Care costs
- update your income and assets
- receive copies of your Aged Care letters.

If your nominee holds a Power of Attorney, or similar, letters from us will be sent to them instead of you.

For more information

Go to servicessaustralia.gov.au/agedcare

Call us on **1800 195 206**.

To speak to us in your language, call us and we will arrange an interpreter for you.

We can translate documents you need for free.

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

How to complete this form

You can complete this form on your computer, print and sign it.

Part A and **Part C** – is to be completed by the customer.

Part B and **Part D** – is to be completed by your Aged Care nominee.

If you have a printed form:

- Print in BLOCK LETTERS using black or blue pen.
- Where you see a box like this **GO** to the question number shown.

Privacy notice

You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Part A – Customer details

1 Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment (if known)

2 Your name

Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

4 Has your permanent home or postal address changed since you last told us?

No **GO to question 5**

Yes Give details below

Date of address change (DD MM YYYY)

Your permanent home address

Postcode

Your postal address, for example PO Box address (if different from above)

Postcode



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Part B – Nominee details

5 Tick one only

Is your nominee request for a person or organisation?



Person **GO** to Person below

or



Organisation **GO** to Organisation below



Person

The person's name

Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

The person's date of birth (DD MM YYYY)

Other name(s) this person has been known by

Include:

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

The person's contact details

Permanent address

Postal address (if different from above)

Contact phone number (including area code)

GO to question 6



Organisation

The organisation's Australian Business Number (ABN)

This is mandatory when nominating an organisation.

Trading name of organisation

This is not the contact person. The name of the contact person is to be provided at the end of this question.

Business name of organisation

The organisation's contact details

Permanent address

Postal address (if different from above)

Organisation's email address

Name of contact person

Contact phone number (including area code)

GO to question 6

Part C – Customer declaration and Third Party authorisation

6 Tick one only

I declare that I am **GO to Customer Declaration** below able to make my own decisions

Or If the customer is **GO to Third Party authorisation** below not able to make their own decisions


Read this before continuing. Make sure you have read the **Privacy and your personal information** on page 1.

Customer declaration

If the customer is able to make their own decisions but is not able to sign this form, it may be signed by their Power of Attorney.

Tick this box if a Power of Attorney is signing this form

Name of the Power of Attorney

 Provide a copy of the Power of Attorney. If there are multiple attorneys, you will need to copy this page and provide the name and signature of each attorney.

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 Services Australia on my behalf for Aged Care purposes only, according to the nominee arrangement shown on this form.

I understand that:

- if my nominee is voluntary, I can cancel it at any time.
- the nominee may be rejected or cancelled at any time by Services Australia, if the person or organisation is not able to meet their responsibilities and obligations.
- giving false or misleading information is a serious offence.


Your signature

Date (DD MM YYYY)

GO to question 7

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.

-  An appropriate third party may be one of the following and they must provide evidence as outlined below:
- a relevant professional such as a treating doctor, nurse, case worker or social worker
 - provide a letter, a copy of a report or medical evidence
 - the holder of an Enduring Power of Attorney
 - provide a copy of the legal document and medical evidence of the customer's incapacity
 - if there are multiple attorneys they must all provide a letter or signature with their agreement.
 - the person or organisation holding a guardianship, financial management or administration order
 - provide a copy of the order.

Name of the third party

Relationship to customer

Address

Postcode

Contact phone number (including area code)

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 Services Australia on the customer's behalf according to the nominee arrangement shown on this form.
- the information I have provided in this form is complete and correct.


Signature of the third party

Date (DD MM YYYY)

GO to question 7

Part D – To be completed by your Aged Care nominee

- 7 Do you have any of the following:
- Power of Attorney
 - Enduring Power of Attorney
 - Guardianship
 - Guardianship or Financial management/ administration order
 - None of the above

 Provide a copy of the document(s) ticked above.

- 8 **PASSWORD** – For security purposes, we will ask for this password every time you contact us.

Provide a password for your Aged Care nominee arrangement.

The password needs to have 4 to 10 letters or numbers.

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Nominee's declaration

- 9 Make sure the person and/or organisation details are correct in **Part B (page 2)**.
Read **Privacy and your personal information** on page 1 of this form.

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.
- the arrangement may be rejected or cancelled at any time by Services Australia, if I am not able to meet my responsibilities and obligations.
- giving false or misleading information is a serious offence.

Nominee's signature



Date (DD MM YYYY)

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Nominee's relationship with the customer (for example, parent, child, guardian, accountant, Public Trustee).



Checklist

Which of the following documents are you providing with this form?

Provide a copy of the relevant documents, they do not need to be certified and will not be returned to you.

Tick all that apply	
Customer declaration – I am able to make my own decisions (Question 6)	
If the Power of Attorney completes the customer declaration, they will need to provide a copy of:	
<ul style="list-style-type: none"> the Power of Attorney document <ul style="list-style-type: none"> if there are multiple attorneys, you will need to copy page 3 of the form and provide the name and signature of each attorney. 	<input type="checkbox"/>
Third Party authorisation – the customer is not able to make their own decisions (Question 6)	
If a third party provides authorisation they must provide evidence as outlined below:	
<ul style="list-style-type: none"> a professional like a treating doctor, nurse, case worker or social worker must provide a letter or a copy of the medical evidence 	<input type="checkbox"/>
<ul style="list-style-type: none"> the holder of an Enduring Power of Attorney must provide a copy of the document, and: <ul style="list-style-type: none"> medical evidence of the customer’s incapacity if there are multiple attorneys they must all provide a letter or signature with their agreement 	<input type="checkbox"/>
<ul style="list-style-type: none"> the person or organisation holding a guardianship, financial management or administration order must provide a copy of the order 	<input type="checkbox"/>
If your Aged Care nominee holds any of the following they will need to provide a copy of the documents (Question 7)	
<ul style="list-style-type: none"> Power of Attorney 	<input type="checkbox"/>
<ul style="list-style-type: none"> Enduring Power of Attorney 	<input type="checkbox"/>
<ul style="list-style-type: none"> Guardianship 	<input type="checkbox"/>
<ul style="list-style-type: none"> Guardianship or Financial management/administration order 	<input type="checkbox"/>

Returning this form

Return this form and any supporting documents by:

- email to aged.care.liaison@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.
- post to
Services Australia
Aged Care Payments Team
PO Box 7854
CANBERRA BC ACT 2610

Stopping or changing your nominee

You can cancel or change your nominee at any time, unless it is a court, tribunal, guardianship or administration appointed arrangement. To cancel the nominee:

- call us on **1800 195 206**
- write to us
Services Australia, Aged Care Payments Team
PO Box 7854, CANBERRA BC ACT 2610
- scan signed request and email to **aged.care.liaison@servicesaustralia.gov.au**
There may be risks with sending personal information through unsecured networks or email channels.

If you cancel your nominee a letter will be automatically issued to you and your nominee.

Services Australia may review, reject or cancel your nominee at any time. This includes if your nominee is not able to meet their responsibilities and obligations.