



Application for the Oxygen and/or Enteral Feeding Supplement (AC011)

Aged Care Act 1997
(Section 44-5 Primary supplements for residential care subsidy)
(Section 48-3 Primary supplements for home care subsidy)

Aged Care (Transitional Provisions) Act 1997
(Section 44-13 Oxygen supplement)
(Section 44-14 Enteral Feeding Supplement)


Subsidy Principles 2014
Residential care subsidy
(Sections 24 to 27 Oxygen supplement)
(Sections 28 to 31 Enteral feeding supplement)

Home care subsidy
(Sections 74 to 77 Oxygen supplement)
(Sections 78 to 81 Enteral feeding supplement)

Service name Change to Service ID (NAPS ID) Phone number (including area code)

Enteral Feeding Supplement


Eligibility criteria

 (1) Written certification from a medical practitioner stating that the care recipient has a medical need for enteral feeding must be returned with this form.
(2) Written certification from a medical practitioner or dietician stating that the dietary formula is a nutritionally complete formula must be returned with this form.
(3) If enteral feeding expenses are at least 25% above the standard supplement and a higher supplement is claimed, costings are required on a daily basis.
(4) Higher supplement applicable to Home Care. Only applicable to Residential Care if the start date is before 1 October 2022.

Care recipient ID	Care recipient's name	Feeding method		Dates (DD MM YY)		Name of formula	If a higher supplement is claimed, costings are required on a daily basis						
		Bolus	Non-Bolus	Start	End		mls per day	Tin size	Tin cost	Giving set	Flexitainers	Hire of pump	
				/ /	/ /								
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				/ /	/ /								

Oxygen Supplement

Eligibility criteria

 (1) Written certification from either a medical practitioner or nurse practitioner stating that the care recipient has a continual need for the administration of oxygen must be returned with this form.
(2) If oxygen expenses are at least 25% above the standard supplement and a higher supplement is claimed, costings are required on a monthly basis and copies of invoices covering a 3 month period must be returned with this form.
(3) Higher supplement applicable to Home Care. Only applicable to Residential Care if the start date is before 1 October 2022.

Care recipient ID	Care recipient's name	Dates (DD MM YY)		If a higher supplement is claimed, costings are required on a monthly basis			
		Start	End	Concentrator hire	Cylinder delivery cost	Cylinder hire	Kit hire
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month

Approval for higher level funding for oxygen treatment is generally for a 6 month period. This is because costs often fluctuate considerably for most residents' individual oxygen needs. Approved Providers and Services must advise Services Australia of any changes that result in a variation of the amount being paid and also any changes affecting payment of the supplement to the service.

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Privacy notice

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 servicesaustralia.gov.au/privacypolicy

Declaration

I declare that:

- the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Authorised person's full name

Signature of approved provider/authorised signatory



Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Returning this form

Return this form:

- **online**, using the Aged Care Provider Portal for Residential care only. For more information, go to servicesaustralia.gov.au/hpos
- by post to
Services Australia
Aged Care Payments Team
PO Box 7854
CANBERRA BC ACT 2610