

Home Care Package Calculation of your cost of home care

Online account



Completing this form online is faster and easier.

Access your Centrelink online account through myGov and select **Payments and claims**, then **Claims** and **Make a claim**.

If you do not have a myGov account, you can create one at my.gov.au and then link Centrelink to it.

Do not complete this form online if you receive a Department of Veterans' Affairs means tested income support payment. For more information, call DVA on 1800 VETERAN (**1800 838 372**).

About this form



We understand that seeking a Home Care Package can be a sensitive time.

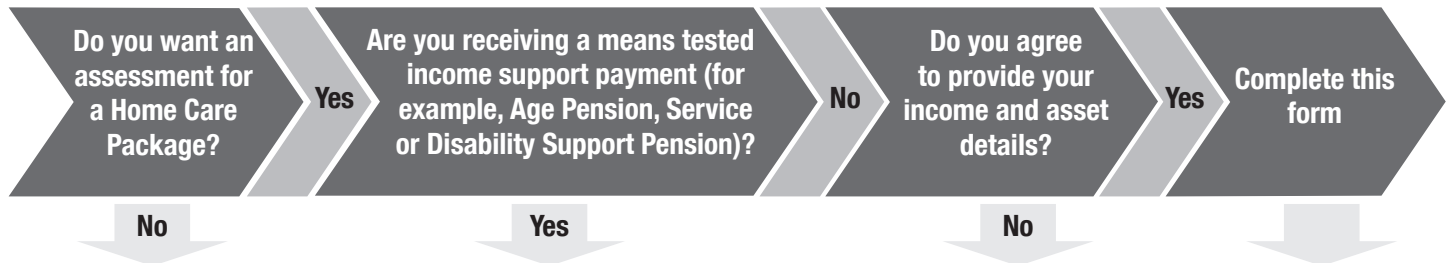
If you are seeking a Home Care Package, the Australian Government may subsidise your home care fees. **This form collects details of your income and financial assets so we can calculate the amount you will pay towards your home care.**

Other help available

We have **Aged Care Specialist Officers (ACSOs)** who provide in-depth information about your aged care option, including financial aspects of aged care. Go to servicesaustralia.gov.au/myagedcarefacetoface or call us on **1800 227 475** to find out if there is an ACSO near you, and to book an appointment. Staff in our service centres can also help you with general aged care information.

You can speak to a **Financial Information Service Officer (FISO)** who can help you understand your financial choices. Call us on **132 300** and say **Financial Information Service** when we ask why you are calling. For more information, go to servicesaustralia.gov.au/fis

When to use this form



No

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

Yes

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

You will need to update your income and financial assets if they have not been updated in the last 2 years or have changed since you last made an update. To do this, go **online** through myGov or call Services Australia on **132 300** or DVA on 1800 VETERAN (**1800 838 372**).

Age Pension (Blind), Disability Support Pension (Blind) and War Widow(er)s payments are not means tested. See the next page for a full list of means tested payments.

If you need a pre entry income assessment letter, call the Aged Care line on **1800 227 475** or DVA on 1800 VETERAN (**1800 838 372**).

No

If you do not wish to provide your income and financial asset details, complete this form and answer No at question 14. This means your provider can require you to pay:

- the basic daily fee
- the maximum income tested care fee until you reach the annual or lifetime cap.

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.

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 and searching for **fee estimator**.

For more information

Go to servicesaustralia.gov.au/agedcare or call us on **1800 227 475**.

Information in your language

We can translate documents you need to give us for free.

To speak to us in your language, call us on **131 202**.

Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to servicesaustralia.gov.au and search 'other support and advice'.



The information below will help you answer questions in this form.

Calculating your cost of care

All aged care residents may be asked to pay a basic daily fee. In addition, some home care recipients may also be required to pay an income tested care fee.

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

There are annual and lifetime caps that apply to the income tested care fee for care recipients who started home care on or after 1 July 2014. Services Australia will write to you and your service provider once you have reached the annual or lifetime cap.

The collection of your (and/or your partner's) personal information on this form is voluntary.

Services Australia collects this information to calculate your cost of care, to undertake assessments to determine the fees payable by care recipients, and government subsidies payable to approved aged care service providers, under the *Aged Care Act 1997*.

Without this information the care recipient will pay the maximum fees. All information collected by Services Australia can be accessed:

- through your Centrelink online account by signing in to myGov
- by calling the Aged Care line on **1800 227 475** or DVA on 1800 VETERAN (**1800 838 372**).

Services Australia only shares 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

Centrelink or Department of Veterans' Affairs payments

Non-means tested payments may include:

- Age Pension (Blind)
- Disability Support Pension (Blind)
- War Widow(er)s Pension
- Disability Compensation Payment paid by DVA (not including income support supplement)
- Service Pension (Blind) paid by DVA.

Means tested payments may include:

- Age Pension
- Disability Support Pension
- Carer Payment (not including Carer Allowance)
- Special Benefit
- Service Pension
- Income Support Supplement
- Veterans Payment
- Farm Household Allowance.

Continued

Who should complete this form?

If you are not receiving a Centrelink or DVA payment **or** you are receiving a Centrelink or DVA **non-means tested** payment listed on page 2 of the **Notes**, you will need to complete this form if you want us to calculate your income tested cost of care. If you do not complete this form, your cost of care will not be adjusted to reflect your income.

Who should *not* complete this form?

Do not complete this form if you are receiving one of the **means tested** payments from Centrelink or DVA listed on page 2 of the **Notes**, and:

- you have updated your income and financial assets within the last 2 years, or
- your income and financial assets have not changed since you last provided an update.

We have enough information about you to complete your assessment.

You will need to update your income and financial assets if they have not been updated in the last 2 years or have changed since you last made an update. To do this, go **online** through myGov or call Services Australia on **132 300** or DVA on 1800 VETERAN (**1800 838 372**).

Important information for Australian ex-prisoner of war or Victoria Cross recipients

If you are an Australian ex-prisoner of war or Victoria Cross recipient, you may not need to complete this form. Contact DVA on **133 254**. If you live in regional Australia call DVA on 1800 VETERAN (**1800 838 372**).

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
- some payments paid by the Department of Veterans' Affairs
- 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 previous 12 months or \$30,000 in the previous 5 years – this cannot include more than \$10,000 in any year. Gifts over these amounts will be considered an asset that is deemed to be earning income, in your assessment.

Changes you should tell us about

You should tell us if:

- you marry, are in or start 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, for example, you sell your home
- you enter residential aged care.

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

To advise us of changes, call us on **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. You **must** provide photo identification for **all** signing guardians and attorneys.

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.

Identity requirements

Power of Attorney or authorised person

The **Power of Attorney** or **authorised person** of the customer will need to provide photo identification in person at one of our service centres, agents or access points to have their identity verified. For example, a current Australian driver licence or valid passport can be provided – for a full list, go to servicessaustralia.gov.au/identity

Authorised organisation staff

Staff from your authorised organisation will need to verify their identity details when they create their Provider Digital Access (PRODA) account to access nominee online services. For more information, go to servicessaustralia.gov.au/proda

Authorising a person or organisation to enquire or act on your behalf

You can authorise a person or organisation to enquire or act on your behalf for aged care purposes. You will need to complete the **Authorising a person or organisation to enquire or act on your behalf (SS313)** form at the back of this form and return it separately. If you want more information about nominee arrangements, go to servicessaustralia.gov.au/authorisedrepresentative or call us on **1800 227 475**.

If you are receiving a DVA means tested payment (see **Notes** page 2), complete the **Aged Care Request for a nominee for Department of Veterans' Affairs customers (AC019)** form by going to servicessaustralia.gov.au/forms

For information about the DVA authorised person arrangements, call DVA on 1800 VETERAN (**1800 838 372**).

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

- 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.

1 Why do you want an assessment?

Tick one only

Option 1:

Starting a Home Care Package

- Answer the questions in this form based on your current situation. We will use the date you submit the form as the application date.

► **Go to next question**

Option 2:

I am currently receiving or have previously received a Home Care Package

- Answer the questions in this form based on your situation at the date you started the Home Care Package.


Home Care Package start date (DD MM YYYY)

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► **Go to next question**

Option 3:

For residential aged care

-  Do not complete this form. See 'When to use this form' on page 1 of the **Notes**.

2 Do you receive a means tested income support payment from Centrelink or DVA?

For a list of means tested payments, refer to 'Centrelink or Department of Veterans' Affairs payments' 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 page 1 of the **Notes**.

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

--

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. We may contact nominees about this assessment.

4 Do you (the person who the assessment is for) have a partner?

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 ask basic information about your partner.

If your partner would like an assessment, they need to complete a separate SA456 assessment form.

► **Go to next question**



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The following questions are about the person the assessment is for and their partner (if applicable).

You (the person the assessment is for)

- 5** Have you notified your partner that their personal and financial information will be collected by Services Australia in this form for the purpose of calculating fees and subsidies under the *Aged Care Act 1997*?

Not applicable

No

Yes

- 6** Do you have a Centrelink or DVA reference number?

No Go to next question

Yes Give details below

Centrelink Customer Reference Number (if known)

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

- 7** Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

- 8** Your date of birth (DD MM YYYY)

- 9** Your gender

Male

Female

Non-binary

Your partner (of the person the assessment is for)

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

No Go to next question

Yes Give details below

Centrelink Customer Reference Number (if known)

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

- 7** Your partner's name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

- 8** Your partner's date of birth (DD MM YYYY)

- 9** Your partner's gender

Male

Female

Non-binary

You (the person the assessment is for)

10 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 (for example, name at birth)

2 Other name

Type of name (for example, name before marriage)

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

11 Read this before answering the following question.

Providing a mobile phone number or an email address means you may receive SMS or emails from us. To read the terms and conditions, go to servicesaustralia.gov.au/em

Your contact details

Phone number (including area code)

Email

12 Your home address

Postcode

13 Postal address if different to home address

Postcode

Your partner (of the person the assessment is for)

19 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 (for example, name at birth)

2 Other name

Type of name (for example, name before marriage)

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

11 Read this before answering the following question.

Providing a mobile phone number or an email address means your partner may receive SMS or emails from us. To read the terms and conditions, go to servicesaustralia.gov.au/em

Your partner's contact details

Phone number (including area code)

Email

12 Your partner's home address

Postcode

13 Your partner's postal address if different to home address

Postcode

Qualifying service

14 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 Adjusted 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

15 Do you want to provide your and your partner's (if applicable) income and financial assets so 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 40**

Yes

You are giving us permission to use your and your partner's (if applicable) personal information and to disclose it to the:

- Department of Social Services for social security purposes, including to update information about your income and financial assets
- Department of Veterans' Affairs for purposes including determining responsibility for calculation and payment of subsidies under the *Aged Care Act 1997*, and
- Department of Health and Aged Care for purposes including reporting, developing aged care policy and investigating aged care fees and payment issues.

► **Go to next question**

Dependent children

16 Read this before answering the following question.

For aged care purposes, to be a dependent child the young person must be:

- younger than 16 years, or
- 16 to 24 years 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 ► How many?

Your home

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

No ► **Go to next question**

Yes



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

► **Go to next question**

18 Have you (and/or your partner) sold your former home within the last 24 months and intend to buy or build a new family home?

No ► *Go to next question*


Yes ► Give details below

What was the date of settlement?

(DD MM YYYY)

What was the amount you received after any mortgage and costs were taken out of the sale price?

\$

 Provide documents to verify the details of the sale (for example, settlement statement). Copies are acceptable.

What is the total amount you (and/or your partner) intend to use to buy or build your new family home (cannot exceed the amount of the sale proceeds)?

\$

If you are a member of a couple, what share of the intended amount do you and your partner each have invested?

You

Your partner

\$

\$

Expected date of purchase or completion of your new family home

(DD MM YYYY)


Your other property details

19 Other than your family home, did you (and/or your partner) own other properties in or outside of Australia at the start/application date?

No ► *Go to 25*

Yes ► *Go to next question*

20 How many properties in Australia and/or outside Australia do you (and/or your partner) own, partly own or have an interest in at the start/application date?

 If you own/owned more than one investment property, at the start/application date, you will need to copy and provide this page answering questions **21** to **24** for each property.

21 Address of the property

Postcode

Country (if not in Australia)

22 What is the legal description of the property, for example, lot, section, parish?

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.

 Provide a copy of the latest council rates notice.

23 Who owns/owned your other property as shown on the property title at the start/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'.

24 Did you (and/or your partner) receive **rental income** from your other property at the start/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 costs for each property.
► *Go to next question*

Assets and income

- 25** Give details below of all accounts held by you (and/or your partner) in banks, building societies or credit unions, at the start/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, account number and account holder name(s) for each account held. Copies can be provided. ATM slips are not acceptable.

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 %

Continue

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 %

4 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 need more space, provide a separate sheet with details.

26 Did you (and/or your partner) have any **money invested in superannuation or income stream products** at the start/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 (for example, 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 and in the next column



For each account-based income stream, you (and/or your partner) will need to provide:

- a Services Australia/DVA schedule or similar schedule, or
- a **Details of income stream product (SA330)** form.

If you do not have this form, go to **servicesaustralia.gov.au/forms**

The schedule or form must be completed by your:

- product provider
- the trustee of the Self Managed Superannuation Funds (SMSF) or Small APRA Funds (SAF), or
- SMSF administrator.

Provide a copy of the latest statements for superannuation funds and retirement savings accounts. Statements must include a breakdown of your superannuation investment portfolio.

If you have a SMSF or SAF, provide the financial statement including income tax return and member statement.

Do not include printouts of online balances.

Continued

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 (for example, monthly)
\$ <input type="text"/>	per <input type="text"/>
Date of purchase (DD MM YYYY)	Partner's share
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> % <input type="text"/> %

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 (for example, monthly)
\$ <input type="text"/>	per <input type="text"/>
Date of purchase (DD MM YYYY)	Partner's share
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> % <input type="text"/> %

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

27 Did you (and/or your partner) have any **managed investments** in and/or outside Australia at the start/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.

Asia Pacific Investment Register (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 for each investment (for example, certificate with number of units or account balance).

1 Name of company

Name of product (for example, investment trust) Type of product/option (for example, 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 (for example, investment trust) Type of product/option (for example, balanced, growth)

Number of units APIR code (if known)

Current market value Currency if not AUD

 \$

Your share % Partner's share %

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

28 At the start/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

Australian Securities Exchange (ASX) code (if you have one)

Number of shares held

Country if not Australia

Your share

 %

Partner's share

 %

2 Name of the public company

ASX code (if you have one)

Number of shares held

Country if not Australia

Your share

 %

Partner's share

 %

3 Name of the public company

ASX code (if you have one)

Number of shares held

Country if not Australia

Your share

 %

Partner's share

 %

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

29 Did you (and/or your partner) have any **bonds or debentures** at the start/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 need more space, provide a separate sheet with details.

30 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 start/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 need more space, provide a separate sheet with details.

31 Did you (and/or your partner) have any **life insurance** policies that could be cashed in at the start/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

 %

2 Name of product

Policy number

Number of units

Your share

 %

Partner's share

 %

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

32 At the start/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 (Mod PT)** form.

If you do not have this form, go to servicesaustralia.gov.au/forms

1 Who did you lend the money to?

Date lent (DD MM YYYY)

 / /

Amount lent

\$

Current balance of loan

\$

Lent by you

 %

Lent by your partner

 %

2 Who did you lend the money to?

Date lent (DD MM YYYY)

 / /

Amount lent

\$

Current balance of loan

\$

Lent by you

 %

Lent by your partner

 %

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

33 In the 5 years **before** your start/application 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.

For more information, refer to page 3 of the **Notes**.

No Go to next question

Yes Give details below

1 What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

What it was worth

What you got for it

\$

\$

Date given or sold (DD MM YYYY)

Your share

Partner's share

%

%

Was this gift to a Special Disability Trust (SDT)?

No Yes

Continued

2 What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

What it was worth

What you got for it

\$

\$

Date given or sold (DD MM YYYY)

Your share

Partner's share

%

%

Was this gift to a Special Disability Trust (SDT)?

No Yes

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

34 Did you (and/or your partner) **receive payments from outside Australia** at the start/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.

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 (for example, 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

Continued

2 Type of payment	
<input type="text"/>	
Country which pays it?	
<input type="text"/>	
Amount paid (before tax or deductions)	Currency if not AUD
<input type="text"/>	<input type="text"/>
Paid to: You <input type="checkbox"/> Your partner <input type="checkbox"/>	

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


35 Did you (and/or your partner) have an interest in a business at the start/application date?

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.

36 Have you (and/or your partner) **had an interest** in a **private trust** in any of the ways detailed below, in the 5 years up to the start/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 38

Yes

 If you (and/or your partner) have not previously advised us of this trust, complete and return a **Private Trust (Mod PT)** form.

If you do not have this form, go to servicesaustralia.gov.au/forms

▶ Go to next question

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

No Go to next question

Yes Go to next question

38 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 start/application date?

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 (Mod PC)** form. If you do not have this form, go to servicesaustralia.gov.au/forms
▶ Go to next question

Yes Go to next question

39 At the start/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:

- income from boarders and lodgers
- income protection insurance
- life interests
- other Australian government departments
- other income (for example, royalties)
- other payments from outside Australia
- regular compensation payments or damages
- work (including holiday pay, long service leave, sick pay)
- gratuities (tips).

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

Currency if not AUD	Your share	Partner's share
<input type="text"/>	<input type="text"/> %	<input type="text"/> %

2 Type of income

Gross amount received

\$ per

Currency if not AUD	Your share	Partner's share
<input type="text"/>	<input type="text"/> %	<input type="text"/> %

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

Privacy notice

40 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 servicesaustralia.gov.au/privacypolicy

Declaration for the person the assessment is for

41 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 42. See 'Person signing on your behalf' section on page 4 of the **Notes**.

I consent to:

- the Department of Health and Aged Care providing Services Australia 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:

- my partner (if applicable) is aware/notified that their personal and financial information will be collected by Services Australia in this form for the purpose of calculating fees and subsidies under the *Aged Care Act 1997*.
- 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 (DD MM YYYY)

--	--	--	--	--	--

- For the **person signing on behalf** of the person the assessment is for, continue to the next question.

42

If someone signs on your behalf

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Address

Postcode

Phone number (including area code)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to the person who the assessment is for

Make sure you have read **Privacy and your personal information** on this page.

You **must** provide photo identification for **all** signing guardians and attorneys.

Signature of legal guardian, power of attorney or existing nominee



Date (DD MM YYYY)

--	--	--	--	--	--	--	--	--	--

When 2 or more people have joint power of attorney, all people with joint power of attorney need to sign. If more than 2 signatures are required, provide a separate sheet with details.

Signature of the second legal guardian, power of attorney or existing nominee



Date (DD MM YYYY)

--	--	--	--	--	--	--	--	--	--



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

A copy of the guardian(s) and/or attorney(s) photo identification

Nil – existing nominee arrangement

Questions continue 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.

Tick all that apply	
Documents showing details of the rental income (If you answered Yes at question 17 or question 24)	<input type="checkbox"/>
Documents to verify the details of the sale of your former home (If you answered Yes at question 18)	<input type="checkbox"/>
Details of each additional property (If you have more than one investment property at question 20)	<input type="checkbox"/>
Latest council rates notice (required at question 22)	<input type="checkbox"/>
Title deed(s) of each property (if required at question 23)	<input type="checkbox"/>
Documents showing your current account balance, account number and account holder name(s) (required at question 25)	<input type="checkbox"/>
A Services Australia/DVA schedule or similar schedule or a Details of income stream product (SA330) (if required at question 26)	<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 question 26)	<input type="checkbox"/>
Managed investment certificate or similar document (If you answered Yes at question 27)	<input type="checkbox"/>

Continued

Share certificates or latest statement for each shareholding listed on a stock exchange (If you answered Yes at question 28)	<input type="checkbox"/>
Investment bond/debenture documents (If you answered Yes at question 29)	<input type="checkbox"/>
Details of the funeral bond(s) or funeral investment(s) (If you answered Yes at question 30)	<input type="checkbox"/>
Latest statement for each life insurance policy (If you answered Yes at question 31)	<input type="checkbox"/>
Money on loan documents (if available) and Private Trust (Mod PT) form (if required) (If you answered Yes at question 32)	<input type="checkbox"/>
Documents with details of payments by authorities or agencies outside Australia (If you answered Yes at question 34)	<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 question 35)	<input type="checkbox"/>
Private Trust (Mod PT) form (If you required at question 36)	<input type="checkbox"/>
Private Company (Mod PC) form (If you required at question 38)	<input type="checkbox"/>
Documents with details on 'other' income (If you answered Yes at question 39)	<input type="checkbox"/>
Documents related to a signing on behalf of the person the assessment is for (If you answered Yes at question 42)	<input type="checkbox"/>

Returning this form

Return this form and any supporting documents to:

- **Services Australia**

if you receive an income support payment from Services Australia, return to:

Services Australia
Residential Care
PO Box 7821
Canberra BC ACT 2610

- **Department of Veterans' Affairs**

if you receive an income support payment from the Department of Veterans' Affairs, return to:

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

You should do this **before** your home care commences (if possible) to make sure your cost of care can be calculated as quickly as possible. If you start home care without having an assessment, you could be asked to pay the maximum home care fees applicable.

If you are authorising a person or organisation to enquire or act on your behalf, complete and return the form on the following pages separately.



If you are receiving a Department of Veterans' Affairs (DVA) means tested payment (see **Notes** page 2) you should complete and return the **Aged Care Request for a nominee for Department of Veterans' Affairs customers (AC019)** form. If you do not have this form, go to servicesaustralia.gov.au/forms

Authorising a person or organisation to enquire or act on your behalf

centrelink



When to use this form

You can use this form to authorise a person or organisation to enquire or act on your behalf for Centrelink payments and services including aged care.



If you or your nominee have your Centrelink payments income managed, call **1800 132 594** before filling in this form.



Protecting you and your information

If you are affected by family and domestic violence, there is help available. Call **132 850** Monday to Friday, 8am to 5pm local time, and ask to speak to a social worker. Otherwise, you can contact 1800RESPECT (**1800 737 732**), a 24 hour service. If you are in immediate danger, call **000**. For more information, go to servicesaustralia.gov.au/domesticviolence

If you think the arrangement you have given a person or organisation is being misused, you can call us on your regular payment line, or call **132 850** Monday to Friday from 8 am to 5 pm, or visit one of our service centres.



For more information

For Child Support, Medicare or more information, go to servicesaustralia.gov.au/authorisedrepresentative

If you need to call us, use your regular payment line.

To speak to us in your language, call **131 202**. Call charges may apply.

We can translate documents you need to give us for free.

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

Type of arrangement you can request

The **information below** may help you choose the type of arrangement that best suits your needs and will assist you to answer question 5. There are 4 types of arrangements that can be requested.

If you want to have a different correspondence nominee to your payment nominee, person permitted to enquire or person permitted to update, you will need to complete a separate form.

Your authorised person or organisations can:	Person permitted		Correspondence nominee	Payment nominee
	to enquire	to update		
Ask us questions about your payments or services	✓	✓	✓	✓
Tell us about changes to your circumstances	✗	✓	✓	✗
Respond to requests for information	✗	✓	✓	✗
Come to appointments with you or, if appropriate, on your behalf	✗	✗	✓	✗
Complete and sign forms and statements	✗	✗	✓	✗
Get copies of your letters	✗	✗	✓	✗
Get your Centrelink payments, and use them only for your benefit	✗	✗	✗	✓
View and update your information online	✗	✗	✓	✓
Claim payments and services for you	✗	✗	✓	✗

Identity requirements

Power of Attorney or authorised person

The **Power of Attorney** or **authorised person** of the customer will need to provide photo identification in person at one of our service centres, agents or access points to have their identity verified. For example, a current Australian driver licence or valid passport can be provided – for a full list, go to servicesaustralia.gov.au/identity

Authorised organisation staff

Staff from your authorised organisation will need to verify their identity details when they create their Provider Digital Access (PRODA) account to access nominee online services. For more information, go to servicesaustralia.gov.au/proda

Important information – type of arrangement

When choosing your type of arrangement, you should consider the following:

- you can only have **one** correspondence and **one** payment nominee. These can be different people. You will need to complete a separate form for each
- a person or organisation who is **both a correspondence and payment nominee** can enquire, act and get your Centrelink payments and aged care fee assessment on your behalf
- the person you are authorising cannot have a nominee acting on their behalf
- you can still deal with us, even if you have authorised a person or organisation to assist you
- if you get more money from us than you are entitled to, you will need to repay this. Your nominee is not responsible for repaying this money
- if you have a nominee of the same type already in place, this request will automatically cancel the existing arrangement. Your existing nominee will get a letter telling them of the cancellation.

Person permitted to enquire or update – responsibilities and obligations



A person permitted to enquire or update:

- is required to use the information we give them to assist you to better understand your payment and services.



A person permitted to update:

- can provide us with information to update your payment and services
- must act in your best interest.

A person permitted to enquire or update cannot:

- make decisions for you
- sign forms or statements
- get copies of your letters.

You can authorise more than one person or organisation to be your person permitted to enquire or update.

Correspondence and payment nominee – responsibilities and obligations



A correspondence nominee is required to:

- let us know of any changes to your circumstances **within 14 days (within 28 days if they are outside Australia)**
- respond to notices, including providing requested information and reporting notifiable events. If they do not respond to a notice, it will mean that you (as the customer), did not meet your obligations. If applicable, your payments may be stopped
- act in your best interest
- let us know of any changes that may affect their ability to be your nominee.



A payment nominee is required to:

- use your Centrelink payments for your benefit
- keep records on how the money was spent. We can review these records at any time. If the payment nominee does not provide this information, financial penalties may be imposed on them
- act in your best interest
- let us know of any changes that may affect their ability to be your nominee.

Aged care calculation of your cost of care

Your **person permitted to enquire** can ask questions only, and your **person permitted to update** can ask questions and make updates to your income and assets.

If you are accessing aged care services, your **correspondence nominee** will be able to:

- complete and sign forms for calculation of your aged care cost of care
- ask questions about your aged care cost of care
- update your income and assets
- get copies of your aged care cost of care letters.

Authorising a person or organisation to enquire or act on your behalf (SS313)


How to complete this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

Part A and Part C – collects the customer's details (the person requesting an authorised person or organisation) (pages 1 and 3).

Part B and Part D – collects the authorised person or organisation details (pages 2 and 4).

If you have a printed form:

- Print in BLOCK LETTERS using black or blue pen.
- Where you see a box like this  skip 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 to provide payments and services. 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

Part A – Customer details (the person requesting an authorised person or organisation)

1 Your Centrelink Customer Reference Number (if known)

2 Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name(s)

3 Your date of birth (DD MM YYYY)

4 Your permanent home address

Your postal address (if different from above)

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

No  to question 5

Yes Date of change (DD MM YYYY)

5 Select the type of arrangement you are requesting:

For more information, go to page 1 of the notes.

Tick all that apply



Option 1: Person permitted to enquire

They can ask questions about your payments and services. They cannot make updates to your payments and services.



Option 2: Person permitted to update

They can ask questions about your payments and services and provide information to update your payments and services.



Option 3: Correspondence nominee

They can ask questions about your payments and services, tell us about changes to your circumstances, complete and sign forms/statements, attend appointments with you or on your behalf (if appropriate) and get copies of your letters from us.



Option 4: Payment nominee

They can receive your Centrelink payments on your behalf. Provide your nominee's account details at **question 11**.

6 How long do you want this type of arrangement for?

Indefinitely or until (DD MM YYYY)



CLK0SS313 2308

Part B – Authorised person or organisation details

7 Tick one only

Are you authorising a person or organisation?



Person **GO** to Authorised person below

or



Organisation **GO** to Authorised organisation below



Authorised person

The authorised person's Centrelink Customer Reference Number (if known)

The authorised person's name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name(s)

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

Other name(s) the authorised 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 authorised person's contact details

Permanent address

Postcode

Postal address (if different from above)

Postcode

Contact phone number (including area code)

Email

GO to question 8



Authorised organisation

The authorised organisation's Centrelink Customer Reference Number (if known)

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 (if different from above)

Australian Business Number (ABN)

This is mandatory when nominating an organisation.

The authorised organisation's contact details

Permanent address

Postcode

Postal address (if different from above)

Postcode

Organisation's email

Name of contact person

Contact phone number (including area code)

The authorised organisation will need to register their business for Provider Digital Access (PRODA) and Business Hub to use the Nominee Services online.

For more information, go to servicesaustralia.gov.au/proda

GO to question 8

Part C – Customer declaration and Third Party authorisation

8

Tick one only

I declare that I am able to **GO** to **Customer Declaration** below


OR If the customer is not able to **GO** to **Third Party authorisation** below

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

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 the customer declaration

-  The Power of Attorney needs to provide:
- a copy of the legal documents
 - photo identification for the attorney, such as an Australian driver licence or valid passport
 - if there are multiple attorneys with majority or joint decision making, you will need to copy this page and provide the name and signature of each attorney.

Name of the Power of 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 according to the type of arrangement shown on this form.

I understand that:

- this is voluntary and I can cancel this arrangement at any time.
- the type of arrangement 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)




You have now completed **Part C**.
The **authorised person or organisation** is to complete **Part D**.

GO to question 9

Third Party authorisation

If the customer is not able to sign this form due to physical or mental disability and the type of 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, for example, a treating doctor, nurse, case worker or social worker
 - provide a letter or the medical evidence of the customer's incapacity
- the holder of an Enduring Power of Attorney (financial and/or legal decisions)
 - provide a copy of the legal document and medical evidence
 - provide photo identification for the attorney, such as an Australian driver licence or valid passport
 - if there are multiple attorneys with majority or joint decision making, 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 or certificate.

Will receiving Centrelink or aged care letters cause distress or confusion for the customer? No Yes

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 type of 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)




You have now completed **Part C**.
The **authorised person or organisation** is to complete **Part D**.

GO to question 9

Part D – To be completed by the authorised person or organisation

9 Do you have any of the following:

- Power of Attorney (financial and/or legal decisions)
- Enduring Power of Attorney (financial and/or legal decisions)
- Guardianship order
- Financial management/administration order
- None of the above

 Provide a copy of any documents ticked above.

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

Provide a password

The password needs to have 4 to 12 letters or numbers.

Payment nominee only to complete

This is not applicable if you are only accessing aged care services.

11 Will you be receiving payments on behalf of the customer?

No **GO to question 12**

Yes – by deposit into account Give Deposit account details below

Yes – by group payment Give Group payment details below

Complete this if you are a payment nominee.

It may be easier as a nominee to manage the payments by having a separate account. As a nominee you must tell us if this account changes.

Deposit account

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

Group payment

Group Payment organisations – enter 3 character Group Institution Code (if applicable)

Authorised person or organisation declaration

12 Make sure the authorised person and/or organisation details are correct in **question 7**.

For more information about the responsibilities and obligations as an authorised person or organisation, refer to the **Notes**.

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 type of arrangement requested in this form.
- will act in the best interest of the customer.

I understand that:

- any personal information I am given access to under this type of 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 type of 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.

Signature of the authorised person or organisation

Date (DD MM YYYY)

Your relationship with the customer

Tick one only

- Parent of customer
- Child of customer
- Legal guardian
- Partner
- Sibling
- Grandparent of customer
- Grandchild of customer
- Other relative
- Organisation
- Professional

Other Give details below

Checklist

Identity requirements – Authorised person – (question 7) or Power of Attorney (question 8)

- authorised person, or
- Power of Attorney, either completing the customer declaration or Third Party authorisation section, is required to provide photo identification in person at one of our service centres, agents or access points. For locations go to servicesaustralia.gov.au/findus.



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 8)	
If the Power of Attorney completes the customer declaration, they will need to provide	
<ul style="list-style-type: none"> • the Power of Attorney (financial and/or legal decisions) document <ul style="list-style-type: none"> – if there are multiple attorneys with majority or joint decision making, you will need to copy page 3 of the form and provide the name and signature of each attorney 	<input type="checkbox"/>
<ul style="list-style-type: none"> • photo identification for the attorney, has been provided in person to a service centre, agent or access point 	<input type="checkbox"/>
Third Party authorisation – the customer is not able to make their own decisions (question 8)	
If a third party provides authorisation, they must provide evidence as outlined below	
<ul style="list-style-type: none"> • a relevant professional, for example, a treating doctor, nurse, case worker or social worker <ul style="list-style-type: none"> – a letter or the medical evidence of the customer's incapacity 	<input type="checkbox"/>
<ul style="list-style-type: none"> • the holder of an Enduring Power of Attorney (financial and/or legal decisions) <ul style="list-style-type: none"> – a copy of the legal document and medical evidence of the customer's incapacity – photo identification for the attorney, has been provided in person to a service centre, agent or access point – if there are multiple attorneys with majority or joint decision making, 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 <ul style="list-style-type: none"> – a copy of the order or certificate 	<input type="checkbox"/>
If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents (question 9)	
<ul style="list-style-type: none"> • Power of Attorney (financial and/or legal decisions) 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Enduring Power of Attorney (financial and/or legal decisions) 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Guardianship order 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Financial management/administration order 	<input type="checkbox"/>

Stopping your arrangement

You can cancel your arrangement at any time, unless it is a court, tribunal, guardianship or an administration appointed arrangement.

If you cancel your nominee arrangement, a letter will automatically be sent to you and your nominee.

To cancel the type of arrangement:

- call us – go to servicesaustralia.gov.au/phoneus
- use your **online account** to cancel or change your correspondence and/or payment nominee at any time
- write to us – go to servicesaustralia.gov.au/contactus

Centrelink may review, reject or cancel your type of arrangement at any time. This includes if the person or organisation is not able to meet their responsibilities and obligations.

Returning this form

Return this form and any supporting documents:

- **online** (excluding identity documents) using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- post to: Services Australia, PO Box 7800, CANBERRA BC ACT 2610
- fax to: 1300 786 102
- in person at one of our service centres.