Australian Government
Services Australia

Aged care application for the dementia and cognition supplement in home care provided before 1 November 2025 (AC014)

Completing this task online is faster and easier

If you are a registered provider, go online using the Aged Care Provider Portal to:

- enter this information
- upload this form.

Go to **servicesaustralia.gov.au/agedcareportal**

When to use this form

Use this form to advise Services Australia that a care recipient within your service was eligible to receive the dementia and cognition supplement for care provided under the Home Care Packages program.

You do not need to use this form for care provided from 1 November 2025 under the Support at Home program.

Important information

On 1 November 2025, the Support at Home program replaced the Home Care Packages program.

For more information

For more information about the dementia and cognition supplement, go to the Dementia Supplement Eligibility Guidelines **health.gov.au/dementia**

For more information about aged care, go to **servicesaustralia.gov.au/healthprofessionals** or for help completing this form, call **1800 195 206** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to **servicesaustralia.gov.au/formhelp**

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Eligibility assessment

1 The care recipient:

☐ has been assessed using the Psychogeriatric Assessment Scales (PAS) – Cognitive Impairment Scale by a clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or a medical practitioner and obtained a score of 10 or more.

Date of assessment (DD MM YYYY)

Assessment score

or

☐ has been assessed using the Psychogeriatric Assessment Scales (PAS) – Cognitive Decline Scale by a clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or a medical practitioner and obtained a score of 10.

Date of assessment (DD MM YYYY)

Assessment score

or

☐ is from a culturally or linguistically diverse background and has been assessed with the Rowland Universal Dementia Assessment Scale, conducted by a clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or a medical practitioner and obtained a score of 22 or less.

Date of assessment (DD MM YYYY)

Assessment score

or

☐ is an Aboriginal person, or a Torres Strait Islander, who lives in a rural or remote area and has been assessed with the Kimberley Indigenous Cognitive Assessment (KICA-Cog), conducted by a clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or a medical practitioner or other health practitioner trained in the use of the tool and obtained a score of 33 or less.

Date of assessment (DD MM YYYY)

Assessment score

MCA0AC014 2511

Service details

2 Service name

3 Service ID

Care recipient details

4 Care recipient ID

5 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

6 Date of birth (DD MM YYYY)

Privacy notice

7 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

8 **I declare that**:

- I am authorised to sign on behalf of the registered provider
- I have retained a written record of the assessment
- the information I have 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

Authorised person's position held

Authorised person's contact phone number (including area code)

Authorised person's signature

On completion, print and sign by hand.

Date (DD MM YYYY)

Returning this form

You must complete all applicable fields. Incomplete forms may be returned to you for further information.

Return this form and any supporting documents:

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

Reset form