Australian Government
Services Australia

Aged care entry record (AC021)

Completing this task online is faster and easier

If you are a registered provider enter this information online using the Aged Care Provider Portal, go to **servicesaustralia.gov.au/agedcareportal**

When to use this form

Use this form:

- if you cannot enter this information online through the Aged Care Provider Portal
- to advise Services Australia that a care recipient has entered either permanent residential care or commenced receiving Support at Home **after 1 November 2025**.

The *Aged Care Act 2024* requires that this information be submitted **within 28 days of a care recipient entering your care**. If you do not advise Services Australia of the care recipient entry information, you will not be paid any applicable subsidy or supplements.

For more information

For more information go to **servicesaustralia.gov.au** and search for 'aged care entry requirements for providers' or 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.
- Where you see a box like this ☐ ***Go to 1*** skip to the question number shown.

1 Type of care

Permanent residential care ☐
Support at Home ☐

Service details

2 Service name

3 Service ID (NAPS ID)

Care recipient details

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

Family name

First given name

Second given name

5 Date of birth (DD MM YYYY)

6 Gender

Male ☐
Female ☐
Non-binary ☐

7 Care recipient ID

MCA0AC021 2511

8 Pensioner identification numbers

Pensioner Concession Card Customer Reference Number (CRN)

Department of Veterans' Affairs card number

9 What is the care recipient's pension status?

Tick one only

- Full pensioner ☐
- Part pensioner ☐
- Non-pensioner ☐

10 **Only** complete question 10 if receiving Support at Home services.

Support at Home care recipient's residential address

Postcode

Support at Home care recipient's postal address (if different to above)

Postcode

11 **Only** complete question 11 if care recipient is entering permanent residential care.

Is the care recipient entering to receive palliative care?

- No ☐
- Yes ☐ Only answer yes if the care recipient meets requirements to be assessed as having 'palliative care status' – refer to subsection 36(2) of the Classification Principles.

12 Has the care recipient been in receipt of approved care in an unfunded capacity before entry?

- No ☐
- Yes ☐ Provide original entry date (DD MM YYYY)

13 Has the care recipient received an award or settlement?

- No ☐
- Yes ☐ Give details below
  - Workers compensation ☐
  - Third party insurance ☐
  - Common law settlement ☐

Date of award or settlement (DD MM YYYY)

Provide the documents advising of the award or settlement.

14 Has a current My Aged Care approval for Commonwealth subsidised care been sighted for this new entry?

- No ☐
- Yes ☐

15 Was the care recipient receiving care **before 1 November 2025**?

- No ☐
- Yes ☐

16 Has the care recipient elected in writing to be subject to the new means testing arrangements **from 1 November 2025**?

- No ☐
- Yes ☐ Provide the completed **Continuing residential aged care recipient opting into the new arrangements – from 1 November 2025** form (**AC022**). If you do not have this form, go to **servicesaustralia.gov.au/ac022**

17 **Only** complete questions 18 and 19 if receiving Support at Home services.

Care types applicable

Tick all that apply

- Ongoing services ☐ Date of entry (DD MM YYYY)
- Assistive Technology ☐ Date of entry (DD MM YYYY)
- Home Modifications ☐ Date of entry (DD MM YYYY)
- Restorative Care Pathway ☐ Date of entry (DD MM YYYY)
- End-of-Life Pathway ☐ Date of entry (DD MM YYYY)
- Specified Needs – Assistance Dogs ☐ Date of entry (DD MM YYYY)

18 Carer status

Tick one only

- Co-resident carer ☐
- Non co-resident carer ☐
- No carer ☐

19 **Only** complete questions 19 to 26 if receiving permanent residential care.

Date of entry (DD MM YYYY)

20 Has pre-entry leave been taken?

- No ☐
- Yes ☐ Date from (DD MM YYYY)

To (DD MM YYYY)

21 For entries in an extra service place **before 1 November 2025**, what is the room type?

22 **Only** complete questions 22 to 24 if care recipient entered permanent residential care **before 1 July 2014**.

How has the care recipient paid for their accommodation?

Tick one only

Bond ☐
Charge ☐
Neither ☐ ***Go to 26***

23 Amount of bond agreed to be paid

If periodic payment, supply lump sum equivalent amount of bond.

$

24 If a bond has been paid, was the bond rolled over from another approved aged care provider?

No ☐
Yes ☐

25 **Only** complete question 25 if care recipient entered permanent residential care **on or after 1 July 2014**.

What is the accommodation payment amount, agreed in writing, before the care recipient entered permanent residential care under the *Aged Care Act 2024*?

$

Date care recipient signed the accommodation agreement.

Date (DD MM YYYY)

Privacy notice

26 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can administer subsidies and grants under the *Aged Care Act 2024*. Your personal and sensitive information may be disclosed to the Australian Government Department of Health, Disability and Ageing and the Australian Government Department of Veterans' Affairs. 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

27 **I declare that**:

- I have obtained the consent of the care recipient listed in this form for the collection, use and disclosure of their personal information to Services Australia, the Department of Health, Disability and Ageing and the Department of Veterans' Affairs for the purpose of providing payments under the *Aged Care Act 2024*
- I am authorised to sign on behalf of the registered provider
- 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 by post to

Services Australia
Aged Care Payments Team
PO Box 7854
CANBERRA BC ACT 2610

Reset form