

# cen<u>trelink</u>

# Residential aged care calculation of your cost of care

#### Online account



#### Completing this form online is faster and easier.

Access your Centrelink online account through myGov. 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 entering into aged care can be a sensitive time.

If you are entering residential aged care, the Australian Government may subsidise your aged care fees. This form collects details of your income and assets so we can calculate the amount you will pay towards your residential aged 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** 

No

#### When to use this form

Do you want an assessment for residential aged care?

Yes

Are you receiving a means tested income support payment (for example, Age Pension, Service Pension or Disability Support Pension)?

Do you agree to provide your income and asset details?

Yes

Complete this form

No

Yes

No

If you want an assessment for Support at Home, complete the Support at Home calculation of your cost of care (SA456) form instead.

See page 3 of the **Notes** for a list of payments as you may not need to complete this form. Other options:

- If you own or partly own your home including in a retirement village: Complete the shorter Residential aged care property details for Services Australia and DVA customers (SA485) form.
- If you do not own your home: We can automatically complete an assessment for Services Australia customers when you enter residential aged care. DVA clients can complete this form or call DVA on 1800 VETERAN (1800 838 372) for more information.

If your income and assets have not been updated in the last 2 years or have changed since your last update, Services Australia customers can go **online** through myGov or call Services Australia on **132 300** to update them. DVA clients can complete this form or call DVA on 1800 VETERAN (**1800 838 372**).

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

If you do not wish to provide your income and 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 means tested fee until you reach the annual, time limited or lifetime cap
- your agreed accommodation price.

This assessment is valid for 120 days from when we first notify you of the outcome.

Keep these Notes (pages 1 to 6) for your information.

SA457.2511 Notes—1 of 6

#### **Fee estimator**

You can get an estimate of the amount you may be asked to pay towards your residential aged 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. Some residents may also be required to pay a means tested 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 means tested fee for residents who entered residential aged care on or after 1 July 2014. Residents who entered residential aged care on or after 1 November 2025, have time limited and lifetime caps that apply to the means tested fee. Services Australia will write to you and your service provider once you have reached the annual, time limited or lifetime cap.

Some residents will have their accommodation costs paid in full or in part by the Australian Government. Others will need to pay the accommodation cost they negotiate with their registered provider.

The collection of your (and/or your partner's) personal information on this form, for the purposes of calculating your cost of care is voluntary.

Services Australia collects this information to undertake assessments to determine the fees payable by care recipients, and government subsidies payable to registered providers, under the *Aged Care Act 2024*.

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

#### 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.

#### 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.

#### 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 above, 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 Centrelink or DVA **means tested** payments listed above, and:

- · you do not own your home, and
- you have updated your records within the last 2 years, or
- your assets and income have not changed since you last provided an update.

#### Continued

### Centrelink or Department of Veterans' Affairs payments – continued

We have enough information about you to complete your assessment.

If your income and assets have not been updated in the last 2 years or have changed since your last update, Services Australia customers can go **online** through myGov or call Services Australia on **132 300** to update them. DVA clients can complete this form or call DVA on 1800 VETERAN (**1800 838 372**).

If you are receiving one of the Centrelink or DVA **means tested** payments listed on page 3 of the **Notes** and you own or partly own your home (including in a retirement village), **do not** complete this form. You will need to complete the shorter **Residential aged care property details for Services Australia and DVA customers (SA485)** form, as we need to collect information about your home to complete your assessment.

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

# Protected person for aged care purposes

For aged care legislation purposes, a protected person is:

- your partner or dependent child
- your carer<sup>1</sup> who is eligible to receive an Australian Government income support payment and who has lived in your home with you for the past 2 years
- your close relative who is eligible to receive an Australian Government income support payment and who has lived in your home with you for the past 5 years.

If your home is occupied by a protected person, it may not be counted as an asset for aged care purposes.

Your carer or close relative will need to give their consent in this form to allow Services Australia or DVA to check their eligibility for an income support payment.

This exemption may be lost if the protected person who has been living in the home, moves out of the home or loses their eligibility for their income support payment.

1 It is not necessary for your carer to have received a Carer Payment or Carer Allowance in order to be considered a carer. However, at the date you enter care or complete this form your carer must meet the eligibility criteria for an Australian Government income support payment (notionally entitled person).

# Assets for the purposes of aged care

An asset is any property or item of value you (and/or your partner) own, or have an interest in, including those held outside Australia. Examples include real estate, shares, household contents and personal effects.

If you have updated your income and assets in the last 2 years, and you are a member of a couple, you are deemed to own half of the total combined assets, regardless of whose name these are held in.

If you enter residential aged care on or after 1 July 2014, and your home is not occupied by a protected person, it will be counted as an asset. However, the amount of the home included as an asset will be capped.

If your home is counted as an asset, you do not need to have it professionally valued. If required we will verify the estimated value of the property at no cost to you.

You have not gifted more than \$10,000 in the current financial year, or more than \$30,000 over 5 financial years (this cannot include more than \$10,000 in a single financial year).

Gifts over these amounts will be considered an asset that is deemed to be earning income in your assessment.

# 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.

#### Retirement villages or independent living units

Retirement villages or independent living units are not residential aged care homes and are not subsidised by the Australian Government. A retirement village provides accommodation for retirees (55 years or older). Independent living units are a housing option for older people who want to live independently.

Residents of retirement villages or those living in independent living units generally enter into an agreement that outlines how much they will pay to enter and the amount (if any) refundable after they leave. Following departure the amount refundable may be subject to this 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
- your protected person details have changed
- a dependent child or student either enters or leaves your care
- the status of your family home changes, for example, you sell your home.

Changes such as these may affect the amount of pension you receive or the aged 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 **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** 

### 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 **servicesaustralia.gov.au/actforyou** or call us on **1800 227 475**.

If you are receiving a DVA means tested payment (see **Notes** page 3) complete the **Aged Care Request for a nominee for Department of Veterans' Affairs customers (AC019)** form by going to **servicesaustralia.gov.au/forms** 

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



# centrelink

# Residential aged care calculation of your cost of care (SA457)

### 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.

You will see entry/application date in many of the questions in this form. An explanation of what each term means and what we need from you is below.

**Entry date** – If you are permanently living in an aged care home, you need to answer the questions and provide the documentation based on your date of entry into the home. For example, if you permanently moved into an aged care home on 10 January 2019, you need to provide supporting documents that show what your income and assets were on 10 January 2019.

Application date – If you have not moved into an aged care home, you need to answer the questions and provide supporting documentation based on your current situation. For example, if you submitted the form on 1 January 2019, you need to provide supporting documents that show what your income and assets were on 1 January 2019.

Why do you want an assessment?

For residential Go to next question aged care

For Support at Home



Do not complete this form. See 'When to use this form' on page 1 of the Notes for other options.

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', on page 3 of the Notes.

No Go to next question



You may not need to complete this form. See 'When to use this form' on page 1 of the **Notes** for other options.

Are you completing this form on behalf of someone else?		
For example, pa	artner, parent or relative.	
No Go to n	next question	
Yes 🕩 Give de	etails below	
Your full name		
Your relationship	o to the person the assessment is for	
purposes, you a for will need to	pe listed as a nominee for aged care and/or the person this assessment is complete the nominee section at the rm. We may contact nominees about this	

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

In this form we will collect information about your partner. If your partner would like an assessment, they need to complete a separate assessment form.

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.

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 SA457 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 <i>Aged Care Act 2024?</i>		
	Not applicable		
	No Your partner needs to be made aware before you continue filling in this form.  • Go to next question		
	Yes Go to next question		
6	Do you have a Centrelink or DVA reference number?	6	Does your partner ha number?
	No Go to next question		No Go to next q
	Yes Give details below		Yes Give details
	Centrelink Customer Reference Number (if known)		Centrelink Customer
	Department of Veterans' Affairs reference number		Department of Vetera
	Name of Department of Veterans' Affairs payment		Name of Department
7	Your name	7	Your partner's name
	Mr Mrs Miss Ms Mx Other		Mr Mrs Miss
	Family name		Family name
	First given name		First given name
	Second given name		Second given name
8	Your date of birth (DD MM YYYY)	8	Your partner's date o
9	Your gender	9	Your partner's gende
	Male		Male
	Female		Female
	Non-binary		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
	Scoona given name
8	Your partner's date of birth (DD MM YYYY)
9	Your partner's gender
	Male
	Female

# You (the person the assessment is for)

10 Have you been known by any other name(s)?

	Include:
	No Go to next question
	Yes Give details below
	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	<b>Read</b> 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	What is your current address, including if you are in residential aged care?
	Postcode
13	Postal address if different to current address
	Postcode

### Your partner (of the person the assessment is for)

IU	has your partner been known by any other name(s)?
	Include:
	name at birth     alias     name before marriage     adentive name
	<ul> <li>name before marriage</li> <li>previous married name</li> <li>foster name.</li> </ul>
	Aboriginal or skin 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 partner's contact details
	Phone number (including area code)
	Email
12	Your partner's home address
	Postcode
10	
13	Your partner's postal address if different to home address

Postcode

#### **15** Why do you want this assessment? Your assessment The entry/application date is the date you entered care **14** Do you want to provide your and your partner's (if applicable) or the date you submitted this form. income and assets details so we can calculate your cost of care? Tick one only No You will pay the maximum residential care Option 1: You are planning on going into fees until you reach the annual, time limited or residential aged care lifetime cap. Answer the questions in this form and This means that your registered provider can provide supporting documentation based require you to pay the basic daily fee, maximum on your current situation. means tested fee and accommodation cost. We will use the date you submit the form Go to 68 as the application date. Go to 16 Yes You are giving us permission to collect and Option 2: You are now or were in use your and your partner's (if applicable) residential aged care personal information and to disclose it to the: Department of Social Services for social Answer the questions in this form and security purposes, including to update provide supporting documentation based on your situation at the date of entering information about your income and assets residential aged care. · Department of Veterans' Affairs for purposes including determining Residential aged care start date responsibility for calculation and payment (DD MM YYYY) of subsidies under the Aged Care Act 2024, and Go to 16 Department of Health, Disability and Ageing Option 3: You entered residential aged for purposes including reporting, developing care before 1 November 2025 aged care policy and investigating aged care fees and payment issues. You are a residential aged care home resident who was already in permanent Go to next question residential care before 1 November 2025 and are thinking of having an assessment done under the current means testing rules as you are considering changing registered provider. You will need to call us on 1800 227 475.

**16 Read** this before answering the following question.

for aged care purposes' on page 4 of the Notes.

family home?

No \_\_\_ Yes \_\_\_

At the entry/application date did your partner live in the

If you tick yes to having a partner living in your family home on entry application, it may not be counted as an asset for aged care purposes. This exemption may be lost if the person moves out of the home. Tell Services Australia or DVA if this occurs as your fees and charges may change. For more information, see 'Protected person

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17	<b>Read</b> 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 <b>Go to 19</b>			
	Yes How many?			
18	At the entry/application date did this dependent child/student live in the family home?			
	No 🗌			
	Yes			
Yc	our home details			
9	Did you (and/or your partner) own or partly own your			

home at the entry/application date?

Answer 'Yes' to this question for situations including, but not limited to:

- you were paying off a mortgage on your home
- your home was in a retirement village and you had paid an entry contribution
- · your home was owned by a private/family trust or a private company that was controlled by you (and/or your partner), or
- · you have an agreement with somebody else who owns part of the home (business/family partnership).

No	• Go to 38	
Yes What is your home address or previous add you are now living in residential aged care.		
	Postcode	

Do you (and/or your partner) still own or partly own this home or intend to buy or build a new family home?

No	)
----	---

Yes **Go to 22** 

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21

How n	nuch was your home pr?
your h	nat date was nome sold not yyyy)?
	2: You transferred the title thome to someone else
worth was tr	nuch was your home at the time the title ransferred?
the tit	nat date was le transferred
No [	ou receive anything in return for the title transfer?  How much did you receive?
	V How made and you reconso.
what a be) pa	\$ 3: You vacated your home cirement village amount was (or will hid to you (and/or hartner) when the
What a be) pa your p retirer was (i When amoun (and/o	\$ 3: You vacated your home cirement village amount was (or will aid to you (and/or
What a be) payour pretirer was (i When amoun (and/o (DD M	\$ 3: You vacated your home irrement village amount was (or will aid to you (and/or partner) when the ment village unit so vacated?  was (or will) this and be paid to you partner)

within the last 24 months and intend to buy or build a new family home?  No   Go to next question	<ul> <li>retirement village unit</li> <li>mobile home or motor home</li> <li>caravan</li> <li>boat?</li> </ul>
Yes Give details below	
What was the date of settlement?  (DD MM YYYY)	No Go to next question  Yes Give details below
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  S  Expected date of purchase or completion of your new family home  (DD MM YYYY)	Type of asset  Estimated market value  Balance of loan(s)  \$  Who owns your home?  Your share  0ther's share  0ther's share  0ther share  Mo

Select the <b>option</b> that applied questions based on the entry		What is the legal description of the property (for examp lot, section, parish)?
Option 1: Small property, sul apartment/unit My home is on land up to an		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.
ncluding 5 acres (2 hectares		provide details for each separate title.
Estimate the market value of your property including the buildings	Balance of loan(s) for your property	
\$	\$	
Who owns your home as sh	nown on the property title?	
Your share %	Your partner's %	Provide a copy of the council rates notice.
Other's share %		
Do you have a partner who		7 What is the area or dimension of the property?
at the entry/application date  No <b>Go to 26</b>	e?	You do not need to answer this question if your home is a unit or flat.
Yes <b>Go to 29</b>		Complete <b>one</b> of these measurements only.
If you have a morton	ge, provide a copy of a	Area in hectares
statement showing the	ne amount owing for each	or Area in acres
mortgage.		or Area in square metres
Option 2: Large property or I	large suburban blook	or Dimensions X
For example, if your home provide separate estimate and the first 5 acres of lan remaining 15 acres in the	is on a 20 acre property, d values for the home ad in the first box, and the	What type of buildings are on the property?  This information will help us to value the property.  1 What is the approximate How old is the floor area in square metres?
Estimate the market value		floor area in square metres? building?
of the first 5 acres of your		Tune of construction
property including the buildings	Estimate the market value of the remaining acreage	Type of construction  Exterior (for example, brick, timber)
\$	\$	Laterior (for example, brick, timber)
Balance of loan(s) for your property		Interior (for example, plaster, not lined)
\$		Roof (for example, iron, tiled)
Who owns your home as sh	nown on the property title?	Tioor (for example, from, theu)
Your share %	Your partner's 0/2	
Other's share %	share	General condition (for example, fair, good, poor)
Do you have a partner who at the entry/application date		Total number of flats/units in complex (if applicable)
No <b>Go to 26</b>		For residential building, number of bedrooms
Yes <b>Go to 26</b>		Number of other rooms (excluding laundry, bathroom, toilet)
If you have a mortoa		(excluding laditally, battilloom, tollot)
statement showing th	ge, provide a copy of a	

29	Are you (and/or your partner) using any rooms or buildings in your home property solely for business purposes?	33	33 Did you (and/or your partner) receive rental income from your home property at the entry/application date?		
	This includes rooms used for a bed and breakfast or a room/office used solely for running a business.		No Go to next question  Yes Provide documents showing details		
	No Go to next question  Yes Value of the rooms or buildings of your home property used only for business  \$	34	of the rental income and the costs for each property.  At the entry/application date, did any of the following		
30	Is any portion of the land surrounding your home property used primarily for business purposes?		people live in your home?  Tick all that apply. If there is more than 1 person provide a separate sheet with details for question 34 to question 37.		
	This includes using the land for cultivation, orchards, grazing animals or for other reasons such as camping sites.		Carer: Any person providing daily care to you, who has occupied the home for at least 2 years  Go to 35		
	No Go to next question  Yes Estimated value of the portion of the land (up to 2 hectares or 5 acres) surrounding your home property that you own and that is used primarily for business purposes  \$		Close relative: your sibling, child, grandchild, or parent who has occupied the home for at least 5 years  **None of the above**  **Go to 35**  **Go to 38**		
31	Is your home part of a farm property?  No • Go to 33  Yes • Farm property primarily used for (for example, grazing, wheat, hobby)	35	Does this person still live in the home?  No Date vacated (DD MM YYYY)  Go to next question  Yes Go to next question		
32	Is the farm property currently operational/viable?  No  Yes  Is it possible to subdivide the farm property or farm home?  No	36	Is the carer/close relative in receipt of an income support payment?  No Complete and return the Aged care carer or close relative assessment (SA483) form. If you do not have this form, go to servicesaustralia.gov.au/forms  Go to next question		
	Yes List any other constructions located on the property (for example, workers' quarters, manager's house)		Yes Go to next question		
	If you need more space, provide a separate sheet with details				
	If you need more space, provide a separate sheet with details.				

### **Consent by carer or close relative**

37 Read this before answering the following question.

Services Australia or the Department of Veterans' Affairs needs to verify the period that your carer or close relative occupied your home and that they were eligible to receive an income support payment at the entry/application date.

Carer or close relative (protected person)		
Before signing, make sure you have read <b>Privacy</b> and your personal information on page 21 of this assessment and also the <b>Protected person for aged</b> care purposes section on page 4 of the <b>Notes</b> .		
Consent by carer or close relative  Details of carer or close relative		
Family name		
First given name		
Second given name		
Date of birth (DD MM YYYY)		
Centrelink Customer Reference Number (if known)		
OR		
Department of Veterans' Affairs reference number		
Relationship to the applicant		
Phone number (including area code)		
I consent to Services Australia or the Department of Veterans' Affairs using information collected from me for income support payment purposes and for the additional purpose of determining the value of the applicant's assets under the <i>Aged Care Act 2024</i> .		
Signature of carer or close relative		
Date (DD MM YYYY)		

Yo	ur other property details	41	what type of property is this?
38	Other than your family home, did you (and/or your partner) own other properties in and/or outside of Australia at the entry/application date?  No		Vacant land House on land larger than 2 hectares (5 acres) Townhouse  Self contained flat (part of or attached to a house) Units/flats Retail premises Commercial premises Industrial premises Industrial premises Farm/primary producer property Market garden Hobby farm Bush block House Other,  Give details below
	at the entry/application date, you will need to copy and attach pages 10 to 11 answering questions <b>39</b> to <b>47</b> for each property.		for example, granny flat
39	What is the legal description of the other 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.	42	What is your estimate of the current market value of the property, including land, buildings and water assets (for example, water rights, allocations or licences)?  If your other property is counted as an asset, you do not need to have it professionally valued. If required, we will verify the estimated value of the property at no cost to you.
			\$
	Provide a copy of the council rates notice.		Provide a copy of the water rights, allocation or licence documents, if applicable.
40	Who owns/owned your other property as shown on the property title at the entry/application date?		Are there any circumstances affecting the value of the property?
	You Percentage owned %  Your partner Percentage owned %  Other Give details below  Name of person/entity		This may include details such as:  no water on property for grazing livestock  lack of adequate fencing  hills  rocky ground  natural bushland  unusual title.
	Percentage owned %		No Go to next question Yes Give details below
	Provide a copy of each title deed if you answered 'Other'.		
			If you need more space, provide a separate sheet with details.

	What type of buildings are on the other property?		Did you (and/or your partner) receive <b>rental income</b> from your other property, at the entry/application date?
	This information will assist us to value the pro  1 What is the approximate How	operty.	Include rental income from properties both in and/or outside Australia.
		ding?	No Go to next question
	Type of construction  Exterior (for example, brick, timber)		Provide documents showing details of the rental income and the costs for each property.
	Interior (for example, plaster, not lined)	47	What is your estimate of the <b>current market value of the household contents</b> you (and/or your partner) own in the other property, at the entry/application date?
	Roof (for example, iron, tiled)		Only answer this question if this property is <b>not</b> your
	General condition (for example, fair, good, poo	or)	home property.  The <b>current market value</b> of the household contents is what you would get if you sold it. It is not the replacement or insured value.
	Total number of flats/units in complex (if applicable)		If you do not provide an estimate, we will use a default amount of \$10,000.
	For residential building, number of bedrooms  Number of other rooms (excluding laundry, bathroom, toilet)		<ul> <li>Include:</li> <li>all furniture (including soft furnishings such as curtains), antiques and works of art</li> <li>electrical appliances such as televisions and fridges.</li> </ul>
	If you (and/or your partner) have more than 1 on this property, provide a separate sheet wit		Do not include:  • fixtures such as stoves and built-in items.
44	What is the area or dimension of the other pro-	north/2	Current market value
44	What is the area or dimension of the other property complete <b>one</b> of these measurements only.	perty?	\$
	Area in hectares		
	or Area in acres		
	or Area in square metres		
	or Dimensions X		
	If your property is made up of more than one provide a separate sheet with details of the a dimensions for each title.		
45	Was the property mortgaged or encumbered a entry/application date?	t the	
	No Go to next question		
	Provide the:  mortgage or loan agreemer showing which assets or pr are held as security against (if applicable)  statement of each loan according to the statement of each loan agreement of ea	roperties t the loan	

#### **Assets and income**

48 What is your estimate of the current market value of your (and/or your partner's) household contents and personal effects at the entry/application date?

The **current market value** is the price that you would expect to get **if you sold the item**. It is not the replacement or insured value.

If you do not provide an estimate we will use a default amount of \$10,000.

#### Include:

- all furniture (including soft furnishings such as curtains), antiques and works of art
- · electrical appliances such as televisions and fridges
- jewellery for personal use.

#### Do not include:

fixtures such as stoves and built-in items.

An estimate of the current market value

\$
----

49 Did you (and/or your partner) own, partly own or have a financial interest in any motor vehicles, boats, caravans or trailers at the entry/application date?

No 🗌	Go to next question
/es	Give details below

n	Provide a copy of a statement showing the amount owing for each loan.
9	the amount owing for each loan,
	if applicable.

1 Type of asset	Make
(for example, car)	(for example, Ford)
Model (for example, Focus)	Year
Current market value	Balance of loan(s)
\$	\$
Your share %	Partner's %

Your share	%	Partner's share	%
2 Type of asset (for example, car	·)	Make (for example, Ho	lden)
Model (for example	, Astra)	Year	
Current market value		Balance of loan(s	s)
\$		\$	
Your share	%	Partner's [ share	%

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

Give details below of all accounts held by you (and/or your partner) in banks, building societies or credit unions at the entry/application date.

#### Include:

- · savings accounts
- cheque accounts
- · term deposits
- · joint accounts
- accounts you hold in trust or under any other name
- money held in church or charitable development funds
- 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).

g	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.

Name of bank, building society or credit union			
Account number (this may n	ot be your card number)		
Type of account			
Balance of account	Currency if not AUD		
Your share %	Partner's %		
2 Name of bank, building so	ciety or credit union		
Account number (this may n	ot be your card number)		
(and may not be your date individual)			
Type of account			
Balance of account Currency if not AUD			
Your share %	Partner's %		
	Silait		

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

#### **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).

Did you (and/or your partner) have any **money invested in superannuation or income stream products** at the entry/application date?

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

Name of institution/fund manager			
Name of fund			
Account balance (if applicable)	Amount that can be withdrawn as a lump sum (if applicable)		
\$	\$		
Amount of income received (if any)	How often (for example, monthly)		
\$	per		
Partner's Date of purchase (DD MM YYYY) Your share share			
	%		
2 Name of institution/fund	manager		
	a.iagoi		
Name of fund			
Trains of fand			
Account balance (if applicable)	Amount that can be withdrawn as a lump sum (if applicable)		
\$	\$		
Amount of income received (if any)	How often (for example, monthly)		
\$	per		
Date of purchase (DD MM)	YYYY) Your share Share		
	%		

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

52 Did you (and/or your partner) have any managed investments in and/or outside Australia at the entry/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 of	code (if known)
Current market value	Currency if not AUD
\$	
Your share %	Partner's %
2 Name of company	

Your share	%	Partner's share	%
2 Name of com	pany		
Name of produc example, investi	•	Type of product/ example, balance	. ,
Number of units	APIR co	ode (if known)	
Current market	value	Currency if not A	AUD
\$			
Your share	%	Partner's	%

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

At the entry/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?

In	ᆈ		A	٥.
ln	GI	u	u	U.

- futures
- options
- derivatives
- rights
- shares
- preference shares
- · convertible notes.

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

#### Do not include:

- · managed investments
- self managed superannuation funds.

No Go to next question
Yes Give details below
Provide the statement for each share holding.
1 Name of the public company

Number of shares held

Country if not Australia	Your share	Partner's share
	%	%
2 Name of the public comp	oany	
ASX code (if you have one)	Number of sl	hares held
Nox code (ii yea nave one)	Trainibor or or	naroo nota
Country if not Australia	Your share	Partner's share
	%	%

Country if not Australia	Your snare	Snare	
	%	%	
3 Name of the public company			
ASX code (if you have one)	Number of sh	nares held	
		Partner's	
Country if not Australia	Your share	share	
	%	%	

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

54 Did you (and/or your partner) have any **bonds or debentures** at the entry/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 questi	on				
Yes Give details below	N				
	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 9	Partner's %				
2 Name of company					
Type of investment					
Current amount invested					
Your share 9	Partner's %				
If you need more space.	provide a separate sheet with				

5 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 entry/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 pri	ce including out 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.

details.

56	Did you (and/or your partner) have any <b>life insurance</b> policies that could be cashed in at the entry/application date?  58	Did you (and/or your partner) have <b>money on loan</b> to another person or organisation at the entry/application date?		
	No ☐► Go to next question	<b>Include</b> all loans, whether they are made to family members, other people or organisations or trusts.		
	Yes ☐ Give details below	<b>Do not include</b> loans to secure accommodation in retirement villages or aged care.		
Provide a copy of the statement for each policy.				
		No Go to next question		
	1 Name of product	Yes Give details below		
		Provide a document which gives details for each loan (if available).		
	Policy number	If the money was loaned to a private		
	Douboude	trust you will need to complete and return the <b>Private Trust (Mod PT)</b> form.		
	Number of units  Your share  Partner's share	If you do not have this form, go to		
	% %	servicesaustralia.gov.au/forms		
	2 Name of product	1 Who did you lend the money to?		
	Name of product			
	Policy number	Date lent (DD MM YYYY)		
	Folicy number			
	Partner's	Amount lent Current balance of loan		
	Number of units Your share share	\$		
	% %	Lent by you % Lent by your % partner		
	If you need more space, provide a separate sheet with details.	2 Who did you lend the money to?		
57	Have you (and/or your partner) paid a lump sum accommodation payment to a residential aged care	Date lent (DD MM YYYY)		
	home at the entry/application date?			
	No Go to next question	Amount lent Current balance of loan		
	Yes ☐ Give details below	\$		
	How much was paid	Lent by you % Lent by your %		
	\$	partner		
	When was the last payment made (DD MM YYYY)	If you need more space, provide a separate sheet with details.		
	Provide a copy of a receipt for all lump sum accommodation payments and documents detailing the source of the funds. If the lump			
	sum accommodation payment was paid in instalments, provide a receipt for each payment made.			

59 In the 5 years **before** your application/entry 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:

No Go to next question

- 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 4 of the **Notes**.

Yes Give details below				
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)	Partner's Your share share			
Was this gift to a Special Dis Trust (SDT)?	sability No Yes			

Continued

	sold for less than its market ey, car, second home, land,
What it was worth	What you got for it
\$	\$
Date given or sold	Partner's
(DD MM YYYY)	Your share share
	%
Was this gift to a Special Di Trust (SDT)?	sability No  Yes
If you need more space, pro details.	vide a separate sheet with

**60** Did you (and/or your partner) **receive payments from outside Australia** at the entry/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

You must include details of pensions, allowances and other payments even if they are not taxable in the country of payment.

No	Go to	o next q	uestion
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
Country which pays it?
Amount paid (before tax or deductions) Currency if not AUD
Paid to: You Your partner

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

Did you (and/or your partner) have an interest in a business at the entry/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) 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.

62 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 entry/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.

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

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

No \_\_\_ Yes \_\_\_

64 Have you (and/your partner) had an interest in a private company in any of the ways detailed below, in the 5 years up to the entry/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

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

**65** Did you (and/or your partner) have any **other assets** (in or outside Australia) that you have not already told us about on this form at the entry/application date?

#### Include:

- taxi plates
- time share
- racehorses
- · travellers cheques

Currency if not AUD

- crypto currency (for example, bitcoin)
- collectables (for example, stamps, coins, wine, art, antiques)
- · commercial licences (for example, fishing, hunting)
- water assets including rights, allocations or licences not associated with land owned by you (and/or your partner).

**Do not include** an account used exclusively for funding from the National Disability Insurance Scheme (NDIS).

No Go to next q	uestion
Yes Give details	below
Provi	ide supporting documentation.
1 Description of ass	set
Current market value	e Amount owed
	Partner's

2 Description of asset		
Current market value	Amount owe	ed
Currency if not AUD	Your share	Partner's share
	%	%

Your share

share

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

Did you (and/or your partner) receive any **other income** that you have not already listed on this form at the entry/application date?

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
	%	%

2 Type of income		
Gross amount received		
\$	per	
		Partner's
Currency if not AUD	Your share	share
	%	%

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

Questions continue next page

### **Department of Veterans' Affairs clients** 67 Are you (and/or your partner) a veteran or a dependant of a deceased veteran? No Do not continue with these questions as you (and/or your partner) are not a veteran or a dependant of a veteran. Go to 68 Yes Go to next question Did you (and/or your partner) receive a payment of \$25,000 from the Australian Government as compensation for internment by: North Korean forces during the Korean war, or · Japanese or Axis forces during World War II? No Go to next question Yes The amount of these payments is deducted from the value of your assets if you have received them. Go to next question

**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.

Do you and/or your partner have **qualifying service?**No

Yes

Any Department of Veterans' Affairs Adjusted Disability Pension you receive will be exempt from the aged care income assessment.



### Person authorised to act on behalf of a Department of Veterans' Affairs client

The Department of Veterans' Affairs clients can nominate a representative for income support payment purposes.

Persons authorised to act on behalf of a client, such as those holding a power of attorney, are able to assist you to meet your obligations under the *Veterans' Entitlement Act 1986* by notifying the Department of Veterans' Affairs of changes on their behalf. However, the obligation to inform the Department of Veterans' Affairs of changes in circumstances that may affect your pension or allowance(s) remains with you.

For income support purposes, the Department of Veterans' Affairs authorised persons have the authority to:

- enquire about your pension
- assist you to meet your obligations to the Department of Veterans' Affairs.

Persons holding a valid financial power of attorney can also be accepted as having the authority to:

- act as a signatory for you
- receive income support related mail on your behalf.

If you wish to be registered as a power of attorney for future contacts with the Department of Veterans' Affairs, provide a certified copy of your power of attorney documentation.

For information about the Department of Veterans' Affairs authorised person arrangements, call the Department of Veterans' Affairs on 1800 VETERAN (1800 838 372).

Go to next page

#### **Privacy notice**

#### 68 You need to read this

#### Privacy and your personal information

The privacy and security of your (and/or your partner's) personal information is important to us and is protected by law. We collect your personal information to calculate your cost of care and to undertake assessments to determine:

- the fees payable by care recipients
- government subsidies payable to registered providers.

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

#### **69 Read** this before continuing.

If you (the person the assessment is for) are not able 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 70. See 'Person signing on your behalf' section on page 6 of the **Notes**.

#### I consent to:

 the Department of Health, Disability and Ageing 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 and the Department of Veterans' Affairs for the purpose of calculating fees and subsidies under the Aged Care Act 2024
- 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)

(or the percent eighning	011 111011	Donanij		
Date (DD MM YYYY)			1 1	

▶ If someone is signing on behalf of the person the assessment is for, question 70 must also be completed and signed

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 <b>must</b> provide photo identification for <b>all</b> signing guardians and attorneys.
Signature of legal guardian, power of attorney or existing nominee
CASHING HOMINICE
A.
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 second legal guardian, power of attorney or existing nominee
<b>₽</b> n
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

Questions continue next page

Not applicable – existing nominee arrangement

#### Checklist

Which of the following forms and documents are you (and/or your partner) providing with this form?

You must provide **copies** of the 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

Details of the sale of your home or details of the transfer or retirement village agreement (if you answered <b>question 21</b> )	
Documents to verify the details of the sale of your former home (if you answered Yes at <b>question 22</b> )	
Details on value of mobile home/caravan/boat, refundable entry contributions or property Statement showing the amount owing for any loans (if you answered Yes at <b>question 23</b> )	
Statement showing the amount owing for each mortgage (if you answered <b>question 25</b> or Yes at <b>question 45</b> )	
Council rates notice (if you answered <b>question 26</b> or <b>39</b> )	
Documents showing details of the rental income (if you answered Yes at <b>question 33</b> or <b>46</b> )	
Aged care carer or close relative assessment (SA483) form (if you answered No at question 36)	
Details of each additional property (if you answered Yes at <b>question 38</b> )	
Title deed(s) for each property (if you answered Other at <b>question 40</b> )	
Documents of water rights, allocation or licence (if you answered <b>question 42</b> )	
	$\Box$
Details on amount owing for each loan secured by vehicles (if you answered Yes at <b>question 49</b> )	
vehicles	

#### Continued

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 <b>question 51</b> )	
Managed investment certificates or similar document (if you answered Yes at question 52)	
Share certificates or statement for each shareholding listed on a stock exchange (if you answered Yes at <b>question 53</b> )	
Investment bond/debenture documents (if you answered Yes at <b>question 54</b> )	
Details of the funeral bond(s) or funeral investment(s) (if you answered Yes at <b>question 55</b> )	
Statement for each life insurance policy (if you answered Yes at question 56)	
Receipts for all lump sum accommodation payments (if you answered Yes at <b>question 57</b> )	
Money on loan documents (if available) and <b>Private Trust (Mod PT)</b> form (if required) (if you answered Yes at <b>question 58</b> )	
Documents with details of payments by authorities or agencies outside Australia (if you answered Yes at <b>question 60</b> )	
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 <b>question 61</b> )	
Private Trust (Mod PT) form (if required) (if you answered Yes at question 62)	
Private Company (Mod PC) form (if you answered Yes then No at question 64)	
Documents with details on any other assets (if you answered Yes at <b>question 65</b> )	
Documents with details on any other income (if you answered Yes at <b>question 66</b> )	
Documents related to signing on behalf of the person the assessment is for (if signed at <b>question 70</b> )	

#### **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** you enter care (if possible) to make sure your cost of care can be calculated as quickly as possible. If you enter aged care without having an assessment, you could be asked to pay the maximum aged 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 3) 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





# centrelink

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



# 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 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.

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

#### **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** 

#### Page 2 is for your reference to help you fill in this form

#### 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.



# centrelink

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

How to complete this form	4 Your permanent home address
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	Postcode
organisation) (pages 1 and 3).	Your postal address (if different from above)
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.	Postcode
Where you see a box like this	Has your permanent home or postal address changed since you last told us?
	No <b>to question 5</b>
Privacy notice	Yes Date of change (DD MM YYYY)
ou need to read this	
Privacy and your personal information	<b>5</b> Select the type of arrangement you are requesting:
The privacy and security of your personal information is important to us, and is protected by law. We collect this information to	For more information, go to page 1 of the notes.
provide payments and services. We only share your information with other parties where you have agreed, or where the law	Tick all that apply
allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy	Option 1: Person permitted to enquire  They can ask questions about your payments and services. They cannot make updates to your payments and services.
Part A – Customer details (the person requesting an authorised person or organisation)	Option 2: Person permitted to update
Your Centrelink Customer Reference Number (if known)	They can ask questions about your payments and services and provide information to update your payments and services.
	Option 3: Correspondence nominee
Your name	They can ask questions about your payments and services, tell us about changes to your
Mr Mrs Miss Ms Mx Other	circumstances, complete and sign forms/ statements, attend appointments with you or
Family name	on your behalf (if appropriate) and get copies of your letters from us.
	Option 4: Payment nominee
First given name	They can receive your Centrelink payments on your behalf. Provide your nominee's account details at <b>question 11</b> .
Second given name(s)	
	6 How long do you want this type of arrangement for?
Your date of birth (DD MM YYYY)	Indefinitely or until (DD MM YYYY)



CLK0SS313 230

### Part B – Authorised person or organisation details

7

Tick one only	
Are you authorising a person or organisation?	
Person to Authorised person below	Organisation to Authorised organisation below
Authorised person	Authorised organisation
The authorised person's Centrelink Customer Reference Number (if known)	The authorised organisation's Centrelink Customer Reference Number (if known)
The authorised person's name	Trading name of organisation
Mr Mrs Miss Ms Mx Other  Family name	This is not the contact person. The name of the contact person is to be provided at the end of this question.
First given name	Business name of organisation (if different from above)
Second given name(s)	Australian Business Number (ABN)
	This is mandatory when nominating an organisation.
The authorised person's date of birth (DD MM YYYY)	
Other name(s) the authorised person has been known by	The authorised organisation's contact details
Include:	Permanent address
<ul> <li>name at birth</li> <li>name before marriage</li> <li>adoptive name</li> </ul>	
previous married name     foster name.	
Aboriginal or skin name	Postcode
	Postal address (if different from above)
The authorised person's contact details	
Permanent address	Postcode
	Organisation's email
Postcode	Name of contact person
Postal address (if different from above)	
	Contact phone number (including area code)
D. J. J.	
Postcode Contact phone pumpher (including oran code)	
Contact phone number (including area code)	The authorised organisation will need to register their business for Provider Digital Access (PRODA) and Business
Email	Hub to use the Nominee Services online.
LIIIaii	For more information, go to servicesaustralia.gov.au/proda

▶ GO to question 8

▶ GO to question 8

R

#### Tick one only

I declare that I am able to make my own decisions

GO	to <b>Customer</b>
	<b>Declaration</b> held

Or If the

If the customer is not able to make their own decisions



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:

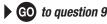
- this is voluntary and I can cancel this arrangement at any time.
- the type of arrangement may be rejected or cancelled at any time by Services Australia, if the person or organisation is not able to meet their responsibilities and obligations.
- giving false or misleading information is a serious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

Your signature

Date
(DD MM YYYY)



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



#### **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 age cause distress or confusion for		No 🗌	Yes		
Name of the third party					
Relationship to customer					
Address					
	Dooto				
	Postcode				
Contact phone number					
(including area code)		1 1 1	1 1		

#### 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.

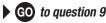
Signature of the third party

Date
(DD MM YYYY)



You have now completed Part C.

The authorised person or organisation is to complete Part D.



9	Do you have any of the following:	Authorised person (	or organisation declaration	
	Power of Attorney (financial and/or legal decisions)		· ·	
	Enduring Power of Attorney (financial and/or legal decisions)	Make sure the a are correct in <b>q</b>	authorised person and/or organisation details uestion 7.	
	Guardianship order Financial management/administration order	obligations as a	mation about the responsibilities and an authorised person or organisation, refer to	
	None of the above	the <b>Notes</b> .  Read <b>Privacy and your personal information</b> on page 1 of this form.		
	Provide a copy of any documents ticked above.	I declare that I:		
40		for the type of	nd accept the responsibilities and obligations farrangement requested in this form.	
10	PASSWORD – For security purposes, we will ask for this password every time you contact us.	will act in the     I understand tha	best interest of the customer.	
	Provide a password	<ul> <li>any personal information I am given access to under this</li> </ul>		
	The password needs to have 4 to 12 letters or numbers.	legislation. I a only as author	ement is protected under Commonwealth gree to access, use or disclose the information rised by the person to whom the information	
		any time by S	rangement may be rejected or cancelled at Services Australia, if I am not able to meet my is and obligations.	
Pa	yment nominee only to complete	•	r misleading information is a serious offence.	
	This is not applicable if you are only accessing aged care services.	Signature of the	authorised person or organisation	
11	Will you be receiving payments on behalf of the customer?			
	No <b>GO to question 12</b>	Date (DD MM YY	YY)	
	Yes – by deposit			
	Yes – by group Give Group payment details below payment	Your relationship	with the customer  Tick one only	
	Complete this if you are a payment nominee.	Parent of	customer	
	It may be easier as a nominee to manage the payments by		customer	
	having a separate account. As a nominee you must tell us if	Legal	guardian	
	this account changes.		Partner Sibling Silving Silvin	
	Deposit account	Grandparent of	Sibling	
	Name of bank, building society or credit union	Grandchild of		
	Describe and (DOD)		er relative	
	Branch number (BSB)	Org	anisation	
		Pro	fessional	
	Account number (this may not be your card number)		Other Give details below	
	Account held in the name(s) of			

**Group payment** 

Group Payment organisations – enter 3 character

Group Institution Code (if applicable)

#### 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 a	II 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				
the Power of Attorney (financial and/or legal decisions) document				
<ul> <li>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</li> </ul>				
• photo identification for the attorney, has been provided in person to a service centre, agent or access point				
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				
a relevant professional, for example, a treating doctor, nurse, case worker or social worker				
<ul> <li>a letter or the medical evidence of the customer's incapacity</li> </ul>				
the holder of an Enduring Power of Attorney (financial and/or legal decisions)				
<ul> <li>a copy of the legal document and medical evidence of the customer's incapacity</li> </ul>				
<ul> <li>photo identification for the attorney, has been provided in person to a service centre, agent or access point</li> </ul>				
<ul> <li>if there are multiple attorneys with majority or joint decision making, they must all provide a letter or signature with their agreement</li> </ul>				
the person or organisation holding a guardianship, financial management or administration order				
<ul> <li>a copy of the order or certificate</li> </ul>				
If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents (question 9)				
Power of Attorney (financial and/or legal decisions)				
Enduring Power of Attorney (financial and/or legal decisions)				
Guardianship order				
Financial management/administration order				

#### 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.