Australian Government
Services Australia

centrelink

Residential aged care property details for Services Australia and DVA customers

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 home 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**

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)?**

Yes → **Did you or do you own or partly own your home (including in a retirement village) at the date you entered or are applying for aged care?**

Yes → **Complete this form**

No

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

No

If you do not receive a means tested income support payment from Centrelink or DVA, you will need to complete the **Residential aged care calculation of your cost of care (SA457)** form instead.

Age Pension (Blind), Disability Support Pension (Blind) and War Widow(er)s payments are not means tested.

See the next page for a full list of means tested income support payments.

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**).

No

If you do not own or partly own your home, we can automatically complete an assessment for you when you enter residential aged care. **Do not complete this form.**

If your income and assets have not been updated in the last 2 years or have changed since you last made an 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 your income and assets have not been updated in the last 2 years or have changed since you last made an 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**).

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

Keep these Notes (pages 1 to 4) for your information.

Fee estimator

You can get an estimate of the amount you may be asked to pay towards your 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.

Continued

Remove this Notes booklet from the form if you have not already done so.

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

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 receiving one of the Centrelink or DVA **means tested** payments listed on page 2 of the **Notes**, and own or partly own your home (including in a retirement village), complete this form, if you want us to adjust your cost of care to reflect your means, as we need to collect information about your home to complete your assessment.

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 on page 2 of the **Notes**, and:

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

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 you last made an 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 **not** receiving any Centrelink or DVA payments OR you are receiving a Centrelink or DVA **non-means tested** payment listed at the top of this page, **do not** complete this form. You will need to complete the **Residential aged care calculation of your cost of care (SA457)** form, for us to calculate your cost of care, as we do not know enough about your income and assets 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[1] 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).

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
- you enter residential aged care.

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 or 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 page 2 of the **Notes**) 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**).

Keep these Notes (pages 1 to 4) for your information.

Australian Government
Services Australia

centrelink

Residential aged care property details for Services Australia and DVA customers (SA485)

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.

1 Why do you want an assessment?

For residential aged care ☐ *Go to next question*

For Support at Home ☐ STOP Do not complete this form. See 'When to use this form' on page 1 of the **Notes**.

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

For a list of means tested payments, refer to 'Centrelink or Department of Veterans' Affairs payments' on page 2 of the **Notes.**

No ☐ STOP Do not complete this form. See 'When to use this form' on page 1 of the **Notes**.

Yes ☐ *Go to next question*

3 Did you or do you own your own home?

No ☐ STOP Do not complete this form. See 'When to use this form' on page 1 of the **Notes**.

Yes ☐ *Go to next question*

4 Are you completing this form on behalf of someone else?

For example, partner, parent or relative.

No ☐ *Go to next question*

Yes ☐ Give details below

Your full name

Your relationship to the person the assessment is for

If you wish to be listed as a nominee for aged care purposes, you and/or the person this assessment is for will need to complete the nominee section at the back of this form. We may contact nominees about this assessment.

5 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.

No ☐ *Go to next question*

Yes ☐ We will ask basic information about your partner.

If your partner would like an assessment, they need to complete a separate SA485 assessment form.

▶ *Go to next question*

CLK0SA485 2511

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

You (the person the assessment is for)

6 Have you notified your partner that their personal and financial information will be collected by Services Australia in this form for the purpose of calculating fees and subsidies under the *Aged Care Act 2024?*

Not applicable ☐ ▶ *Go to next question*

No ☐ ▶ Your partner needs to be made aware before you continue filling in this form.
▶ *Go to next question*

Yes ☐ ▶ *Go to next question*

7 Your Centrelink or DVA reference number

Centrelink Customer Reference Number (if known)

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

8 Your name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

9 Your date of birth (DD MM YYYY)

10 What is your current address, including if you are in residential aged care?

Postcode

11 Postal address if different to current address

Postcode

Your partner (of the person the assessment is for)

7 Your partner's Centrelink or DVA reference number

Centrelink Customer Reference Number (if known)

Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment

8 Your partner's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

9 Your partner's date of birth(DD MM YYYY)

10 Your partner's home address

Postcode

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

Postcode

Your assessment

To calculate your cost of care we will use the information we already have about your income and assets along with 'Your home details' being provided in this form.

If you do not want us to use the information we already have, you will pay the maximum means tested fee until you reach the annual, time limited or lifetime cap.

This means that your registered provider can require you to pay the **basic daily fee, maximum means tested fee** and **accommodation cost**.

If you do not want us to use your recorded information, call us on **1800 227 475** to discuss.

12 What do you want this assessment for?

The entry/application date is the date you have entered care or the date you have submitted your form.

Tick one only

Option 1: You are planning on going into residential aged care

Answer the questions in this form based on your current situation.

We will use the date you submit the form as the entry/application date. ☐ ***Go to 13***

Option 2: You are now or were in residential aged care

Answer the questions in this form based on your situation at the date of entering residential aged care.

Residential aged care entry date (DD MM YYYY)

☐☐ ☐☐ ☐☐☐☐ ☐ ***Go to 13***

Option 3: You entered residential aged care before 1 November 2025

You are a residential aged care home resident who was already in permanent 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.

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

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 for aged care purposes' on page 3 of the **Notes**.

At the entry/application date did your partner live in the family home?

No ☐

Yes ☐

Dependent children

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

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

- younger than 16 years, or
- 16 to 24 years and receiving full-time education at a school, college or university, **and** not in full-time employment or receiving a Centrelink income support payment.

You must be legally responsible (whether alone or jointly with another person) for their day-to-day care, welfare and development, or under a legal obligation to provide financial support to them.

Do you (and/or your partner) have any dependent children/students in your care?

No ☐ ***Go to 16***

Yes ☐ How many?

☐☐

15 At the entry/application date did this dependent child/student live in the family home?

No ☐

Yes ☐

Your home details

16 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 34***

Yes ☐ ▶ What is your home address or previous address if you are now living in residential aged care?

Postcode

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

No ☐ ▶ *Go to next question*

Yes ☐ ▶ ***Go to 19***

18 **Select** the **option** that applies to you:

Option 1: You sold your home ☐

How much was your home sold for? $

On what date was your home sold (DD MM YYYY)?

Option 2: You transferred the title of your home to someone else ☐

How much was your home worth at the time the title was transferred? $

On what date was the title transferred (DD MM YYYY)?

Did you receive anything in return for the title transfer?

No ☐

Yes ☐ ▶ How much did you receive? $

Option 3: You vacated your home in a retirement village ☐

What amount was (or will be) paid to you (and/or your partner) when the retirement village unit was (is) vacated? $

When was (or will) this amount be paid to you (and/or your partner) (DD MM YYYY)?

Provide documentation which gives details of the sale of your home, the details of the transfer or details of the retirement village agreement.

For example:

- a solicitor's letter
- documentation which gives details of the sale/transfer of your home
- what has been done with the proceeds
- bank statements and agreements.

▶ ***Go to 31***

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

No ☐ *Go to next question*

Yes ☐ Give details below

What was the date of settlement?

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

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

$

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

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

$

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

You	**Your partner**
$	$

Expected date of purchase or completion of your new family home

☐☐ ☐☐ ☐☐☐☐ (DD MM YYYY)

20 At the entry/application date, was your home a:

- retirement village unit
- mobile home or motor home
- caravan
- boat?

No ☐ *Go to next question*

Yes ☐ Give details below

Type of asset

Estimated market value	Balance of loan(s)
$	$

Who owns your home?

Your share % Your partner's share %

Other's share %

Do you have a partner who is/was living in your home at the entry/application date?

No ☐ ***Go to 26***

Yes ☐ ***Go to 26***

Provide documentation on the value of the mobile home/caravan/boat, refundable entry contributions or property.

Provide a copy of a statement showing the amount owing for any loans.

21 What type of property is your home:

House ☐

Townhouse (including duplex/triplex) ☐

Self contained flat (part of or attached to a house) ☐

Unit/flat ☐

How many units/flats are in the block?

Part of a farming property ☐

Other ☐ Give details below

22 Select the **option** that applies to you and answer the questions based on the entry/application date:

Option 1: Small property, suburban block or apartment/unit

My home is on land up to and including 5 acres (2 hectares) ☐ Give details below

Estimate the market value of your property including the buildings

$

Balance of loan(s) for your property

$

Who owns your home as shown on the property title?

Your share %

Your partner's share %

Other's share %

Do you have a partner who is/was living in your home at the entry/application date?

No ☐ ***Go to 23***

Yes ☐ ***Go to 26***

If you have a mortgage, provide a copy of a statement showing the amount owing for each mortgage.

Option 2: Large property or large suburban block

My home is on land over 5 acres (2 hectares) ☐ Give details below

For example, if your home is on a 20 acre property, provide separate estimated values for the home and the first 5 acres of land in the first box, and the remaining 15 acres in the second box.

Estimate the market value of the first 5 acres of your property including the buildings

$

Estimate the market value of the remaining acreage

$

Balance of loan(s) for your property

$

Who owns your home as shown on the property title?

Your share %

Your partner's share %

Other's share %

Do you have a partner who is/was living in your home at the entry/application date?

No ☐ ***Go to 23***

Yes ☐ ***Go to 23***

If you have a mortgage, provide a copy of a statement showing the amount owing for each mortgage.

23 What is the legal description of the property (for example, lot, section, parish)?

This information can be found on a rates notice.

If the property is made up of more than one title, provide details for each separate title.

Provide a copy of the council rates notice.

24 What is the area or dimension of the property?

You do not need to answer this question if your home is a unit or flat.

Complete **one** of these measurements only.

Area in hectares

or Area in acres

or Area in square metres

or Dimensions X

25 What type of buildings are on the property?

This information will help us to value the property.

What is the approximate floor area in square metres?

How old is the building?

Type of construction

Exterior (for example, brick, timber)

Interior (for example, plaster, not lined)

Roof (for example, iron, tiled)

General condition (for example, fair, good, poor)

Total number of flats/units in complex (if applicable)

For residential building, number of bedrooms

Number of other rooms (**excluding** laundry, bathroom, toilet)

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

26 Are you (and/or your partner) using any rooms or buildings in your home property solely for business purposes?

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 ☐ ▶ Value of the rooms or buildings of your home property used only for business

$

27 Is any portion of the land surrounding your home property used primarily for business purposes?

This includes using the land for cultivation, orchards, grazing animals or for other reasons such as camping sites.

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

$

28 Is your home part of a farm property?

No ☐ ▶ ***Go to 30***

Yes ☐ ▶ Farm property primarily used for (for example, grazing, wheat, hobby)

29 Is the farm property currently operational/viable?

No ☐

Yes ☐

Is it possible to subdivide the farm property or farm home?

No ☐

Yes ☐

List any other constructions located on the property (for example, workers' quarters, manager's house)

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

30 Did you (and/or your partner) receive rental income from your home property at the entry/application date?

No ☐ ▶ *Go to next question*

Yes ☐ ▶ Provide documents showing details of the rental income and the costs for each property.

31 At the entry/application date, did any of the following people live in your home?

Tick all that apply. If there is more than one person, provide a separate sheet with details for question 31 to question 33.

A person caring for you, who has occupied the home for at least 2 years ☐ ▶ ***Go to 32***

Close relative: your sibling, child, grandchild, or parent who has occupied the home for at least 5 years ☐ ▶ ***Go to 32***

None of the above ☐ ▶ ***Go to 34***

32 Does this person still live in the home?

No ☐ ▶ Date vacated (DD MM YYYY)

▶ *Go to next question*

Yes ☐ ▶ *Go to next question*

Consent by carer or close relative

33 **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 had 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 **Privacy and your personal information** on page 9 of this assessment and also the **Protected person for aged care purposes** section page 3 of the **Notes**.

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 *Aged Care Act 2024*.

Signature of carer or close relative

Date (DD MM YYYY)

Questions continue ▶

Privacy notice

34 **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

35 **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 36.

See 'Person signing on your behalf' section page 4 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)

Date (DD MM YYYY)

▶ If **someone is signing on behalf of** the person the assessment is for, question 36 **must** also be completed and signed.

36 **If someone signs on your behalf**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name

Address

Postcode

Phone number (including area code)

Relationship to the person who the assessment is for

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

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

Signature of legal guardian, power of attorney or existing nominee

Date (DD MM YYYY)

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

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

Date (DD MM YYYY)

Which of the following documents are you providing with this form?

- A copy of the power of attorney order ☐
- A copy of the administration order ☐
- A copy of the financial management order ☐
- A letter from a medical professional ☐
- A copy of the guardian(s) and/or attorney(s) photo identification ☐
- Not applicable – existing nominee arrangement ☐

Questions continue next page ▶

Checklist

Which of the following 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 **question 18**)	☐
Documents to verify the details of the sale of your former home (if you answered Yes at **question 19**)	☐
Details on value of mobile home/caravan/boat, refundable entry contributions or property. Statement showing the amount owning for any loans (if you answered Yes at **question 20**)	☐
Statement showing the amount owing for each mortgage (if you answered **question 22**)	☐
Council rates notice (if you answered **question 23**)	☐
Documents showing details of the rental income (if you answered Yes at **question 30**)	☐
Documents related to signing on behalf of the person the assessment is for (if signed at **question 36**)	☐

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 page 2 of the **Notes**) 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**

This page has been left blank intentionally.

Australian Government
Services Australia

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.

STOP

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

Protecting you and your information

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

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

For more information

TTY

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

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

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

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

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

Type of arrangement you can request

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

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

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

Identity requirements

Power of Attorney or **authorised person**

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

Authorised organisation staff

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

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.

Australian Government
Services Australia

centrelink

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

How to complete this form

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

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

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

If you have a printed form:

- Print in BLOCK LETTERS using black or blue pen.
- Where you see a box like this ☐ GO skip to the question number shown.

Privacy notice

You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacypolicy**

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

1 Your Centrelink Customer Reference Number (if known)

2 Your name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name(s)

3 Your date of birth (DD MM YYYY)

4 Your permanent home address

Postcode

Your postal address (if different from above)

Postcode

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

No ☐ GO *to question 5*

Yes ☐ Date of change (DD MM YYYY)

5 Select the type of arrangement you are requesting:

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

Tick all that apply

Option 1: Person permitted to enquire ☐

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

Option 2: Person permitted to update ☐

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

Option 3: Correspondence nominee ☐

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

Option 4: Payment nominee ☐

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

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

Indefinitely ☐ **or** until (DD MM YYYY)

CLK0SS313 2308

Part B – Authorised person or organisation details

7 **Tick one only**

Are you authorising a person or organisation?

Person ☐ GO to Authorised person below

or

Organisation ☐ GO to Authorised organisation below

Authorised person

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

The authorised person's name

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

Second given name(s)

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

Other name(s) the authorised person has been known by

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

The authorised person's contact details

Permanent address

Postcode

Postal address (if different from above)

Postcode

Contact phone number (including area code)

Email

GO *to question 8*

Authorised organisation

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

Trading name of organisation

This is not the contact person. The name of the contact person is to be provided at the end of this question.

Business name of organisation (if different from above)

Australian Business Number (ABN)

This is mandatory when nominating an organisation.

The authorised organisation's contact details

Permanent address

Postcode

Postal address (if different from above)

Postcode

Organisation's email

Name of contact person

Contact phone number (including area code)

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

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

GO *to question 8*

Part C – Customer declaration and Third Party authorisation

8 **Tick one only**

I declare that I am able to make my own decisions ☐ GO to **Customer Declaration** below

or

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)

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

GO *to question 9*

Third Party authorisation

If the customer is not able to sign this form due to physical or mental disability and the type of arrangement is in the person's best interest, a third party may sign this section on their behalf.

An appropriate third party may be one of the following and they must provide evidence as outlined below:
- a relevant professional, for example, a treating doctor, nurse, case worker or social worker
  - provide a letter or the medical evidence of the customer's incapacity
- the holder of an Enduring Power of Attorney (financial and/or legal decisions)
  - provide a copy of the legal document and medical evidence
  - provide photo identification for the attorney, such as an Australian driver licence or valid passport
  - if there are multiple attorneys with majority or joint decision making, they must all provide a letter or signature with their agreement
- the person or organisation holding a guardianship, financial management or administration order
  - provide a copy of the order or certificate.

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

Name of the third party

Relationship to customer

Address

Postcode

Contact phone number (including area code)

I declare that:
- the customer is not able to sign this form due to physical or mental disability.
- it is in the customer's best interest to authorise the person or organisation named on this form, to deal with Services Australia on the customer's behalf according to the type of arrangement shown on this form.
- the information I have provided in this form is complete and correct.

Signature of the third party

Date (DD MM YYYY)

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

GO *to question 9*

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

9 Do you have any of the following:

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

Provide a copy of any documents ticked above.

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

Provide a password

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

Payment nominee only to complete

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

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

No ☐ GO *to question 12*
Yes – by deposit into account ☐ Give Deposit account details below
Yes – by group payment ☐ Give Group payment details below

Complete this if you are a payment nominee.

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

Deposit account

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

Group payment

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

Authorised person or organisation declaration

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

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

Read **Privacy and your personal information** on page 1 of this form.

I declare that I:

- understand and accept the responsibilities and obligations for the type of arrangement requested in this form.
- will act in the best interest of the customer.

I understand that:

- any personal information I am given access to under this type of arrangement is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates.
- the type of arrangement may be rejected or cancelled at any time by Services Australia, if I am not able to meet my responsibilities and obligations.
- giving false or misleading information is a serious offence.

Signature of the authorised person or organisation

Date (DD MM YYYY)

Your relationship with the customer

Tick one only

Parent of customer ☐
Child of customer ☐
Legal guardian ☐
Partner ☐
Sibling ☐
Grandparent of customer ☐
Grandchild of customer ☐
Other relative ☐
Organisation ☐
Professional ☐
Other ☐ Give details below

Checklist

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

- authorised person, or
- Power of Attorney, either completing the customer declaration or Third Party authorisation section,

is required to provide photo identification in person at one of our service centres, agents or access points. For locations go to **servicesaustralia.gov.au/findus**.

Which of the following documents are you providing with this form?

Provide a copy of the relevant documents. They do not need to be certified and will not be returned to you.

	Tick all that apply
Customer declaration – I am able to make my own decisions **(question 8)**	
If the Power of Attorney completes the customer declaration, they will need to provide	
• the Power of Attorney (financial and/or legal decisions) document – 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	☐
• 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	
– a letter or the medical evidence of the customer's incapacity	☐
• the holder of an Enduring Power of Attorney (financial and/or legal decisions)	
– a copy of the legal document and medical evidence of the customer's incapacity	☐
– photo identification for the attorney, has been provided in person to a service centre, agent or access point	☐
– if there are multiple attorneys with majority or joint decision making, they must all provide a letter or signature with their agreement	☐
• the person or organisation holding a guardianship, financial management or administration order	
– a copy of the order or certificate	☐
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.