

Aged care claim for financial hardship assistance

When to use this form



Use this form if you need assistance to pay your aged care costs.

This form collects details of your assets and expenses. Your fees and charges may be updated according to your individual circumstances.

Before completing this form

If your (and/or your partner's) personal or financial details have changed since receiving your fee advice letter, the outcome of your financial hardship claim will not be correct. To update your details, use your online account or call the Aged Care line on **1800 227 475** or Department of Veterans' Affairs (DVA) on 1800 VETERAN (**1800 838 372**).

Eligibility for financial hardship assistance	Tick all that apply to you
You have completed a calculation of your cost of care for Support at Home or residential care. If you are applying for financial hardship for respite care, you have completed the calculation of your cost of care as if you were entering residential aged care.	<input type="checkbox"/>
You have assets valued at less than the current threshold of \$46,835.10 (current as of 20 March 2026), excluding any assets that cannot be sold or borrowed against. This threshold is indexed (adjusted) in March and September each year. If you have paid a lump sum accommodation payment to a residential aged care home, this will be included in your assets. For more information, go to myagedcare.gov.au and search 'financial hardship assistance' or call us on 1800 227 475 .	<input type="checkbox"/>
You have not gifted more than: <ul style="list-style-type: none"> • \$10,000 in the current financial year, or • \$30,000 over 5 financial years (this cannot include more than \$10,000 in a single financial year). Gifts include transferring ownership of an asset for less than its market value. Do not include the value of assets given away because of misappropriation by a third party.	<input type="checkbox"/>
For Support at Home claims only , you started receiving care after 1 July 2014.	<input type="checkbox"/>
If you have ticked all the applicable boxes, continue to page 2.	



If you have **not** ticked all the applicable boxes do not complete this form. You are not eligible for financial hardship. For other options, read 'Other help available' below.

Other help available

The Home Equity Access Scheme lets older Australians who are Age Pension age or older get a voluntary non-taxable loan from us. To help you (and/or your partner) decide whether to apply, you should use the eligibility calculator at **servicessaustralia.gov.au/homeequityaccess**

If you registered for the Pension Bonus Scheme before 1 July 2014 and kept working, you may get a lump sum pension bonus payment.

We have **Aged Care Specialist Officers (ACSOs)** who provide in-depth information about your aged care options, including financial aspects of aged care. Go to **servicessaustralia.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 **servicessaustralia.gov.au/fis**

For more information



Department of Veterans' Affairs (DVA) payment

If you receive a DVA payment, and would like to discuss your assessment you can call DVA on 1800 VETERAN (**1800 838 372**).

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'.

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.

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

Collection of personal information

The collection of your (and/or your partner's) personal information on this form is voluntary. We collect this information for the purpose of making a financial hardship determination under the *Aged Care Act 2024*. A financial hardship determination specifies the maximum accommodation payment or accommodation contribution you may be charged. If you choose not to provide your personal information on this form, we will not make a financial hardship determination.

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

Aged care claim for financial hardship assistance (SA462)

Filling in this form

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

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

 If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ► **Go to 1** skip to the question number shown.

 Read 'Person signing on your behalf' on page 2, before completing the following questions.

You (the person the assessment is for)

1 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*

2 Centrelink Customer Reference Number (if you have one)

or

DVA reference number (if you have one)

Name of DVA payment (if known)

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Your date of birth (DD MM YYYY)

Phone number (including area code)

Partner (of the person the assessment is for) (if applicable)

2 Centrelink Customer Reference Number (if they have one)

or

DVA reference number (if they have one)

Name of DVA payment (if known)

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

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

Phone number (including area code)



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6

Do you (and/or your partner) receive **National Disability Insurance Scheme (NDIS)** funding for any aged care fees or payments?

NDIS funding may be paid to assist with the cost of the following aged care fees or payments:

- means tested fee
- daily accommodation payment
- daily accommodation contribution
- non-clinical care contribution
- hotelling contribution
- accommodation bond paid by periodic payments
- accommodation payment
- accommodation charge
- income tested fee for residential aged care.

No Go to next question

Yes Give details below

Which aged care fees or payments are funded?

What amount does the NDIS pay?

\$

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

Accounts and term deposit accounts outside Australia should be included with the current balance in the type of currency which it is invested. We will convert this to Australian Dollars (AUD).

Include:

- savings accounts
- cheque accounts
- term deposits
- accounts you hold in trust or under any other name
- joint accounts
- money held in church or charitable development funds
- money located in travel money cards or travellers cheques.

Do not include:

- superannuation
- shares
- managed investments or accounts used exclusively for funding from the National Disability Insurance Scheme (NDIS).



Provide evidence from your financial institution that shows your account balance, account number and account holder name(s) as at the date written down at question 4.

Copies can be provided.

ATM slips are not acceptable.

You **only** need to provide evidence if:

- you are a self-funded retiree and have not updated your financial information in the last 12 months
- you are involved in a private trust or company and have not updated financial information in the last 12 months
- the care recipient you are claiming for has died.

	1 Account	2 Account
Name of bank, building society or credit union		
Account number		
Balance of account		
Currency if not AUD		
Country held in		
Your share	%	%
Your partner's share	%	%

	3 Account	4 Account
Name of bank, building society or credit union		
Account number		
Balance of account		
Currency if not AUD		
Country held in		
Your share	%	%
Your partner's share	%	%

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

Give details below of your (and/your partner's) essential expenses.

For financial hardship purposes, essential expenses are what you must pay to meet your day-to-day living costs. We will use the information you give us to see how much income you have after you have paid your essential expenses.

Expense	Expense type	Amount	Frequency (for example, week, fortnight, month, quarter or year)
Aged care fees and charges include: <ul style="list-style-type: none"> • daily accommodation contribution • daily accommodation payment Do not include: <ul style="list-style-type: none"> • Support at Home contributions • extra or additional service fees • basic daily fee • income tested care fee • means tested fee • non-clinical care contribution • hotelling contribution 		\$	per
Pharmaceutical expenses include: <ul style="list-style-type: none"> • prescription medication • non prescription medication (for example, paracetamol or vitamin supplements) • packaging related to medication (for example, Webster pack or similar) 		\$	per
Medical expenses include out of pocket amounts for: <ul style="list-style-type: none"> • artificial limbs, artificial eyes or hearing aids • dental • wheelchairs and mobility aids • visual aids • other medical expenses (for example, doctor or specialist appointments, blood tests and x-rays) 		\$	per
Private health insurance and/or ambulance cover		\$	per
Home and contents insurance		\$	per
Utilities include: <ul style="list-style-type: none"> • water • gas • electricity 		\$	per
Phone, mobile and internet		\$	per
Rates		\$	per
Transport costs include: <ul style="list-style-type: none"> • taxi fare, parking and public transport fares • vehicle registration, repairs and insurance 		\$	per

Continues on to next page

8 (Continues) claiming expenses details

Expense	Expense type	Amount	Frequency (for example, week, fortnight, month, quarter or year)
<p>Accommodation costs include:</p> <ul style="list-style-type: none"> • mortgage repayments • private rent • government rent • board and/or lodgings • accommodation in some care situations • fees in a retirement village or shared equity housing • site fees, hire fees, and/or mooring fees if your home is a caravan, camper, mobile home, tent, boat or similar 		\$	per
<p>Home maintenance include:</p> <ul style="list-style-type: none"> • repair and replacement costs to maintain the home <p>Do not include:</p> <ul style="list-style-type: none"> • services that a Support at Home provider assists with (for example, cleaning or home modifications) 		\$	per
<p>Funeral expenses include:</p> <ul style="list-style-type: none"> • funeral plans • funeral insurance <p>Do not include:</p> <ul style="list-style-type: none"> • pre-paid funerals 		\$	per
<p>Food Support at Home recipients only</p>		\$	per
<p>Other expenses for example:</p> <ul style="list-style-type: none"> • court fees/fines • state trustee fees • spousal maintenance • assistance/service animals 		\$	per

In the **5 years before** or **any time after the date you are claiming financial hardship assistance from**, have you (and/or your partner) **gifted**, or sold for less than their market value, or surrendered a right to any cash, assets, property or income?

Include:

- selling or transferring full or part ownership of a property for less than it is worth
- buying a car as a present
- transferring shares or units in a trust or company for less than full market value
- giving up control of a trust or company – this is a gift of all the assets that the trust or company holds
- donating a percentage of your wages to your church
- forgiving a loan you have made to another person
- repaying a business or personal loan because you were guarantor
- putting money into a family trust that neither you nor your partner control
- forgiving loans and/or shares in private companies.

Do not include:

- selling assets to meet your normal living expenses
- payments for services received.

Relief from financial hardship is not provided if you have chosen to gift more than:

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

No Go to next question

Yes Give details below



Provide evidence of assets that have been gifted (for example, transfer agreement, contract of sale or a written statement by the person who made the gift).

	1 Item	2 Item
What you gifted (for example, money, car, second home, land, farm)		
Date given or sold	DD / MM / YYYY	DD / MM / YYYY
Your estimated value	\$	\$
How much you received (if applicable)	\$	\$
Your share	%	%
Your partner's share	%	%
Was this given to a Special Disability Trust (SDT)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

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

10 What is your estimate of the **current market value** of your (and/or your partner's) **household contents** and **personal effects**?

The **current market value** of the household contents is what you would get if you sold it. It is not the replacement or insured value.

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 and hobby collections (for example, stamps, coins).

Do not include:

- fixtures such as stoves and built-in items.

An estimate of the current market value \$

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

11 Do you (and/or your partner) own, partly own or have a financial interest in any **motor vehicles, boats, caravans or trailers**?

No ► *Go to next question*

Yes ► Give details below

	1 Asset	2 Asset
Type of asset		
Estimated market value	\$	\$
Balance of loan(s) taken to purchase	\$	\$
Make		
Model and year		
Your share	%	%
Your partner's share	%	%

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

12 Other than your family home, do you (and/or your partner) own any **other properties**?

No **Go to 13**

Yes How many other properties in Australia and/or outside Australia do you (and/or your partner) own or have an financial interest in?

If you (and/or your partner) have more than one other property, you will need to copy and provide the answer to the following in question 12 for each.

What is your other property?

Tick one only

House

Townhouse
(including duplex or triplex)

Self contained unit (part of
or attached to a house)


Part of a farming property

Unit or apartment How many units or apartments are in the block?

Other Give details

Estimated market value

\$

 Provide a copy of the most recent mortgage statement, rates notice, details of rental income and the outgoings (costs) for each investment property.

13

Do you (and/or your partner) have any **other assets** (in or outside Australia) that you have not already advised us about on this form?

Include:

- taxi plates
- time share
- racehorses
- travel cash passports
- cyber currency (for example, bitcoin)
- commercial licences (for example, fishing, hunting).

Do not include:

- accounts used for funding from the National Disability Insurance Scheme (NDIS)
- lump sum accommodation payments to a residential aged care home.

No Go to next question

Yes Give details below



Provide copies of valuation certificates or insurance valuations (if available).

	1 Asset	2 Asset
Description of asset		
Current market value	\$	\$
Amount owed		
Currency if not AUD		
Your share		
Your partner's share		
	%	%
	%	%

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

14

Have you (and/or your partner) paid a **lump sum accommodation payment to a residential aged care home?**

If the lump sum accommodation payment was paid in instalments, you will need to give details of each instalment paid.

No Go to next question

Yes Give details below

Current balance (held by the provider)

\$

	1 Payment	2 Payment
Amount paid	\$	\$
Date paid	DD / MM / YYYY	DD / MM / YYYY


If you need more space or need to provide details for a second lump sum accommodation payment, provide a separate sheet with details.

15 Give details below of any assets you (and/or your partner) **cannot sell or borrow against**.

For financial hardship purposes we can exclude the value of an asset that you cannot sell or borrow against.

Do not include:

- private trusts and private companies
- rented properties, unless the rented property meets the definition of **a property you cannot sell** or is rented to person who meets the definition under **a property that an immediate family member lives in**.

Assets that cannot be sold or borrowed against	 Evidence required (attach evidence and provide an explanation of why the asset(s) cannot be sold or borrowed against, at the end of this question)
Tick all that apply	
<p>A property you cannot sell <input type="checkbox"/></p> <p>Any property, including your family home that cannot attract a buyer and has:</p> <ul style="list-style-type: none"> • been marketed for a period of at least 6 months • an asking price no higher than 10% above the current market value, and • had at least one price reduction in a 6 month period. 	<p>Provide:</p> <ul style="list-style-type: none"> • a valuation from a real estate agent • a document showing the asking price • a document showing the property has been actively on the market for at least 6 months • a document showing that there has been at least one price reduction over a 6 month period.
<p>A property you cannot borrow against <input type="checkbox"/></p> <p>If the reason you are in hardship is temporary, you may be able to borrow against a property by seeking assistance from banks, finance companies (or similar institutions) or government body (for example, Rural Assistance Authority). If your attempt to borrow against a property has been unsuccessful the value of the property can be excluded from your assets.</p> <p>You may own multiple properties that may meet the criteria.</p>	<p>No evidence is required.</p>
<p>A property that an immediate family member lives in <input type="checkbox"/></p> <p>This includes:</p> <ul style="list-style-type: none"> • an immediate family member who has lived in the property for at least 10 years • an immediate family member who has previously been your sole carer in your family home • your child with a disability who lives in the property to promote their independent living. <p>You may own multiple properties that may meet the criteria.</p>	<p>Provide:</p> <ul style="list-style-type: none"> • bank statements, driver licence or other documents which show the immediate family member has lived in the home for at least 10 years • a letter from a treating medical practitioner which gives details of the care provided, or • a letter from a treating medical practitioner which gives details of the child's disability. No evidence is required if the child has been assessed as eligible for a Disability Support Pension payment.
<p>A unit or apartment in a retirement village <input type="checkbox"/></p> <p>Where a retirement village unit or apartment is your principal home, and</p> <ul style="list-style-type: none"> • the retirement village management will not market the unit or apartment for an extended period of time and has not marketed the property within the last 6 months, or • the unit or apartment has been on the market for at least 6 months and cannot attract a buyer. There must also have been at least one price reduction in a 6 month period. 	<p>Provide:</p> <ul style="list-style-type: none"> • an accredited valuation • a document showing the asking price • a document showing the length of time a property has been marketed • a letter from the retirement village management showing why the property has not been marketed or that the property has been actively marketed with at least one price reduction over a 6 month period.

Continues on to next page

Privacy notice and declaration

16 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 for the purpose of making a financial hardship determination under the *Aged Care Act 2024*. 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

17 Declaration for the person the assessment is for

If you (the person the assessment is for) **are not able to sign** this declaration, **question 17 should be signed by someone who is authorised to sign on your behalf.**

The authorised person must also sign question 18. For more information, see 'Person signing on your behalf' on page 2.

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 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.

This form must be signed below by the person the assessment 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), a person or organisation holding an administrative or financial order or the Director of Nursing at the aged care home where the person the application is for is a resident.

Signature of the person the assessment is for or the person authorised to sign their behalf



Date (DD MM YYYY)

- **If someone is signing on behalf of** the person the assessment is for, **question 18** must also be completed and signed.

18 Read this before answering the following question.

Question 17 must be signed before you complete this question. If:

- 2 or more people hold joint power of attorney, all joint attorneys must sign
- more than 2 signatures are required, copy this page and provide the additional details.

All signing authorised persons and attorneys must provide photo identification at one of our service centres, agents or access points to have their identity verified. For more information, see 'Identity requirements' on page 2.

You need to provide documents as listed in the **Checklists** at **question 19**.

If someone signs on your behalf

Mr Mrs Miss Ms Mx Other

Full 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 authorised persons and attorneys.

Signature of authorised person, power of attorney or existing aged care nominee

Date (DD MM YYYY)

Signature of second authorised person, power of attorney or existing aged care nominee

Date (DD MM YYYY)

You need to provide documents as listed in the **Checklists** at **question 19**.

► *Go to next question*



Checklists

19 Checklist for documents you need to provide with this form

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

Account statements for all financial institution accounts held (only required at question 7) if:	<input type="checkbox"/>
<ul style="list-style-type: none"> you are a self-funded retiree and have not updated your financial information in the last 12 months you are involved in a private trust or company and have not updated financial information in the last 12 months the care recipient you are claiming for has died. 	
Evidence that assets have been gifted (if you answered Yes at question 9)	<input type="checkbox"/>
Recent mortgage statements, rates notice, details of rental income and the outgoings (costs) for any investment property mortgages (if you answered Yes at question 12)	<input type="checkbox"/>
Valuation certificate or insurance valuations for any other assets (if you answered Yes at question 13)	<input type="checkbox"/>
Supporting evidence for any assets that cannot be sold or borrowed against (required at question 15)	<input type="checkbox"/>

Documents related to signing on behalf of the person the assessment is for
(if signed at **question 18**)

A copy of the financial power of attorney order	<input type="checkbox"/>
A copy of the administration order	<input type="checkbox"/>
A copy of the financial management order	<input type="checkbox"/>
A letter from a medical professional	<input type="checkbox"/>
A copy of the authorised person(s) and/or attorney(s) photo identification	<input type="checkbox"/>
Not applicable – existing nominee arrangement	<input type="checkbox"/>
A copy of the will showing the executor's details (if the person the assessment is for has died)	<input type="checkbox"/>

20 Checklist for the person signing

Tick all that apply

Question 17 is signed by the person the assessment is for or by the person authorised to sign on their behalf	<input type="checkbox"/>
If someone has signed on behalf of the person, both question 17 and question 18 have been completed and signed	<input type="checkbox"/>
Where there is joint power of attorney or more than 1 authorised person all required signatures have been provided at question 18	<input type="checkbox"/>
If more than 2 signatures are required for joint power of attorney or authorised persons, an additional page has been provided and all required signatures are included	<input type="checkbox"/>
All signatories will need to provide their photo identification in person at one of our service centres, agents or access points to have their identity verified	<input type="checkbox"/>

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents:

- online using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- by post to
Services Australia
Aged Care
PO Box 7821
CANBERRA BC ACT 2610