



1: Aged Care recipient's details

Family name	<input type="text"/>		Given name(s)	<input type="text"/>	
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>		Care recipient number. (if known):	<input type="text"/>	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			

Reason for this application

New admission:

Initial appraisal (new to residential care, or transfer from another facility > 28 days)

Date of admission: / /

New admission from hospital: Yes No

Mandatory re-appraisal:

Return from extended hospital leave

Date of re-admission: / /

6 months after admission from hospital (including 6 months after return from extended hospital leave)

6 months after significant change in dependency

Re-appraisal at request of the Agency

Residential Care Subsidy (RCS) expired

Voluntary re-appraisal:

Significant change in dependency

Re-appraisal of lowest classification resident (\$0)

Re-appraisal > 12 months after last appraisal

Transfer from another facility (28 days or less between facilities)

2: Details of service

Service number:	<input type="text"/>
Service name:	<input type="text"/>

3: Privacy notice

Your privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares 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/privacy

4: Declaration

I declare that: the information provided in this form is complete and correct.
I understand that: giving false or misleading information is a serious offence.

Approved provider/authorised agent's full name	Position held	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved provider/authorised agent's signature		Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>		

Office use only

Rejection code:	<input type="text"/>	Keyed (<i>initials</i>)	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Medical Diagnoses

Mental & behavioural diagnoses Sources of evidence <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">D1.1 <input type="checkbox"/></td> <td style="width: 25%;">D1.2 <input type="checkbox"/></td> <td style="width: 25%;">D1.3 <input type="checkbox"/></td> <td style="width: 25%;">D1.4 <input type="checkbox"/></td> </tr> <tr> <td>D1.5 <input type="checkbox"/></td> <td>D1.6 <input type="checkbox"/></td> <td>D1.7 <input type="checkbox"/></td> <td>D1.8 <input type="checkbox"/></td> </tr> </table>	D1.1 <input type="checkbox"/>	D1.2 <input type="checkbox"/>	D1.3 <input type="checkbox"/>	D1.4 <input type="checkbox"/>	D1.5 <input type="checkbox"/>	D1.6 <input type="checkbox"/>	D1.7 <input type="checkbox"/>	D1.8 <input type="checkbox"/>	1 2 3	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical diagnoses Sources of evidence <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">D2.1 <input type="checkbox"/></td> <td style="width: 25%;">D2.2 <input type="checkbox"/></td> <td style="width: 25%;">D2.3 <input type="checkbox"/></td> <td style="width: 25%;">D2.4 <input type="checkbox"/></td> </tr> <tr> <td>D2.5 <input type="checkbox"/></td> <td>D2.6 <input type="checkbox"/></td> <td>D2.7 <input type="checkbox"/></td> <td>D2.8 <input type="checkbox"/></td> </tr> </table>	D2.1 <input type="checkbox"/>	D2.2 <input type="checkbox"/>	D2.3 <input type="checkbox"/>	D2.4 <input type="checkbox"/>	D2.5 <input type="checkbox"/>	D2.6 <input type="checkbox"/>	D2.7 <input type="checkbox"/>	D2.8 <input type="checkbox"/>	1 2 3	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Activities of Daily Living

ACFI number	Assessment summary	Checklist 1	Checklist 2	Checklist 3	Rating
1. Nutrition		<input type="checkbox"/> (0 to 2)	<input type="checkbox"/> (0 to 2)		<input type="checkbox"/> (A to D)
2. Mobility		<input type="checkbox"/> (0 to 3)	<input type="checkbox"/> (0 to 2)		<input type="checkbox"/> (A to D)
3. Personal hygiene		<input type="checkbox"/> (0 to 2)	<input type="checkbox"/> (0 to 2)	<input type="checkbox"/> (0 to 2)	<input type="checkbox"/> (A to D)
4. Toileting		<input type="checkbox"/> (0 to 2)	<input type="checkbox"/> (0 to 2)		<input type="checkbox"/> (A to D)
5. Continence	5.1 <input type="checkbox"/> 5.2 <input type="checkbox"/> 5.3 <input type="checkbox"/>	<input type="checkbox"/> (1 to 4)	<input type="checkbox"/> (5 to 8)		<input type="checkbox"/> (A to D)

Behaviour

ACFI number	Assessment summary	Score	Checklist	Rating
6. Cognitive skills	6.1 <input type="checkbox"/> 6.2 <input type="checkbox"/> 6.3 <input type="checkbox"/> 6.4 <input type="checkbox"/> 6.5 <input type="checkbox"/> 6.6 <input type="checkbox"/> 6.7 <input type="checkbox"/> 6.8 <input type="checkbox"/>	<input type="checkbox"/> Psychogeriatric Assessment Scale (PAS) score	<input type="checkbox"/> (1 to 4)	<input type="checkbox"/> (A to D)
7. Wandering	7.1 <input type="checkbox"/> 7.2 <input type="checkbox"/> 7.3 <input type="checkbox"/>		<input type="checkbox"/> (1 to 4)	<input type="checkbox"/> (A to D)
8. Verbal behaviour	8.1 <input type="checkbox"/> 8.2 <input type="checkbox"/> 8.3 <input type="checkbox"/> 8.4 <input type="checkbox"/> 8.5 <input type="checkbox"/>		<input type="checkbox"/> (1 to 4)	<input type="checkbox"/> (A to D)
9. Physical behaviour	9.1 <input type="checkbox"/> 9.2 <input type="checkbox"/> 9.3 <input type="checkbox"/> 9.4 <input type="checkbox"/>		<input type="checkbox"/> (1 to 4)	<input type="checkbox"/> (A to D)
10. Depression	10.1 <input type="checkbox"/> 10.2 <input type="checkbox"/> 10.3 <input type="checkbox"/>	<input type="checkbox"/> Cornell Scale for Depression (CSD) score	<input type="checkbox"/> (1 to 4) <input type="checkbox"/> (5) <input type="checkbox"/> (6)	<input type="checkbox"/> (A to D)

Complex Health Care

ACFI number	Checklist	Rating
11. Medication	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> (A to C)
12. Complex health care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4(a) <input type="checkbox"/> 4(b) <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12(a) <input type="checkbox"/> 12(b) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <small>(Tick all boxes that apply)</small>	<input type="checkbox"/> (A to D)