

# Home Care Package Calculation of your cost of care



## About this form

We understand that seeking a Home Care Package can be a sensitive time.

If you are seeking a Home Care Package, the Australian Government may subsidise your home care fees. **This form collects details of your income and financial assets so we can calculate the amount you will pay towards your home care.**

A simpler digital version of this form is available by going to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms) and selecting 'Aged Care Calculation of your cost of care (SA486)'.



## Fee Estimator

You can get an estimate of the amount you may be asked to pay towards your home care by going to [myagedcare.gov.au](https://myagedcare.gov.au) and searching for 'fee estimator'.

You can talk to a **Financial Information Service (FIS)** officer who will give you information about the financial aspects of aged care. Call us on **132 300** and say '**Financial Information Service**' when we ask why you are calling.



## For more information

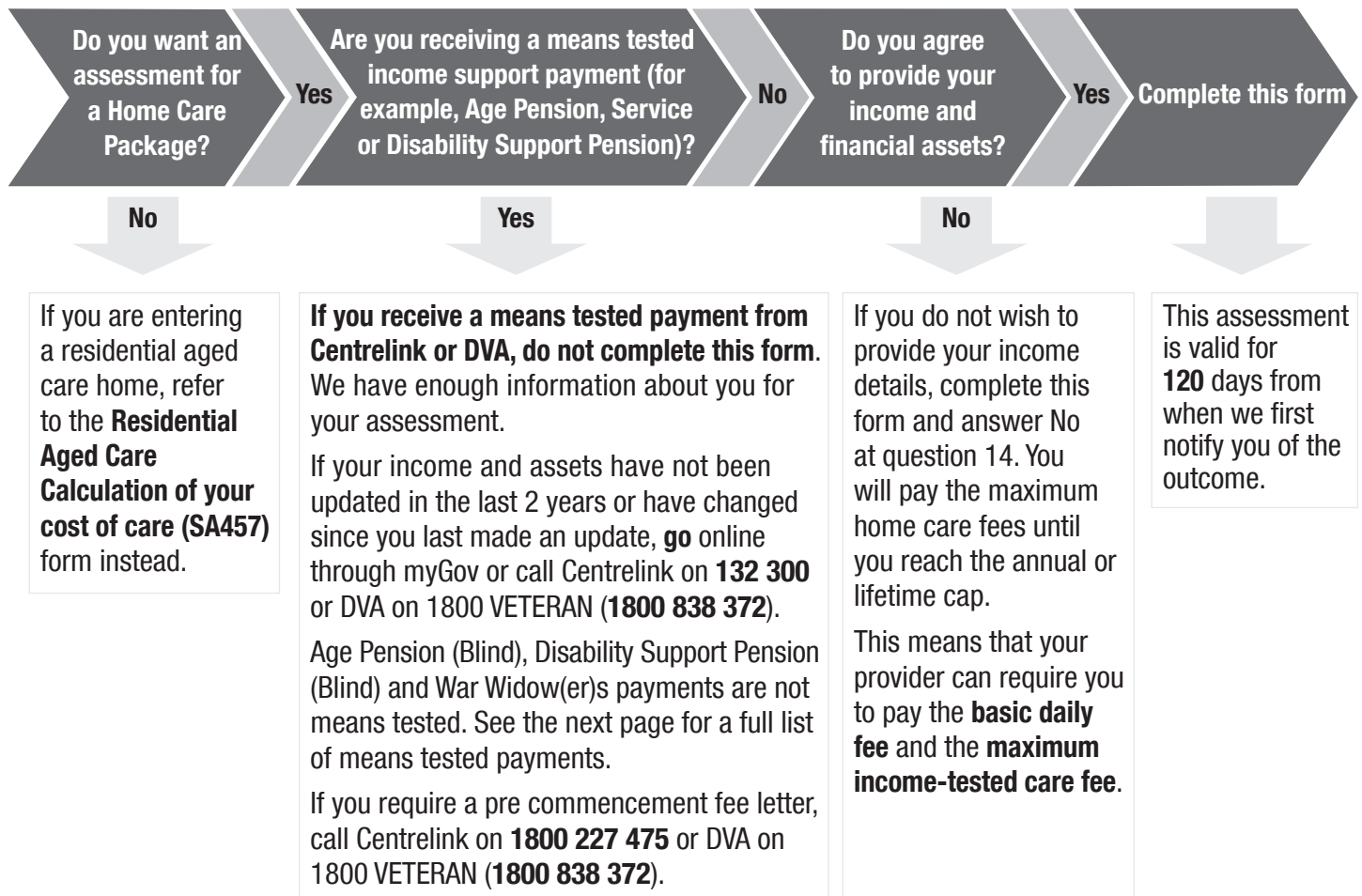
Go to [servicesaustralia.gov.au/agedcare](https://servicesaustralia.gov.au/agedcare) or call us on **1800 227 475**.

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

If you have a hearing or speech impairment, you can call the TTY service on **1800 555 677**.

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

## When to use this form



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

**The following information is for your reference to help you fill in this form.**

**Calculating your cost of care**

Most aged care services in Australia, including home care services, are subsidised through government payments to providers. You may be asked to contribute to the cost of your care if you can afford to do so.

This form is used to calculate the amount you will pay towards your cost of care.

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

**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

**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

**Who should complete this form?**

If you are not receiving any Centrelink or DVA payments **or** you are receiving a Centrelink or DVA **non-means tested** payment listed above, you will need to complete this form so we can calculate your cost of care. This is because we do not know enough about your income and financial assets to complete your assessment.

**Who should not complete this form?**

If you are receiving one of the **means tested** payments from Centrelink or DVA listed above, 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

**do not complete this form.** 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, **go** online through myGov or call Centrelink on **132 300** or DVA on 1800 VETERAN (**1800 838 372**).

**Important information for Australian ex-prisoner of war or Victoria Cross recipients**

If you are an Australian ex-prisoner of war or Victoria Cross recipient, you may not need to complete this form. Contact DVA on **133 254**. If you live in regional Australia call DVA on 1800 VETERAN (**1800 838 372**).

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

## Income for the purposes of aged care

Income, for the purposes of aged care, is not the same as taxable income. Your assessed income includes:

- income from work
- income support payments from the Australian Government, such as the Age Pension, a Service Pension or an Income Support Supplement
- income from financial investments
- net income from rental properties
- some payments paid by the Department of Veterans' Affairs
- net income from businesses, including farms
- superannuation and overseas pensions, income from income stream products such as annuities and allocated pensions
- family trust distributions or dividends from private company shares
- income from outside Australia.

If you have a partner, you will be asked to answer questions about your combined income. Your income will be assessed as half of the total combined income, regardless of whose name it is in.

Financial investments deemed to be earning income include bank accounts and other financial investments. It is important you tell us about all the bank accounts and financial investments you (and/or your partner) have no matter what income they are actually earning.

Money or assets that you (and/or your partner) have given away in the last 5 years, may be considered to earn income.

If you have made a gift, the limit you are able to give away is \$10,000 in the previous 12 months or \$30,000 in the previous 5 years – this cannot include more than \$10,000 in any year. Gifts over these amounts will be considered an asset in your assessment.

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## Changes you should tell us about

You should tell us if:

- you marry, are in or commence 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
- 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 an aged care home.

Changes such as these may affect the amount of your pension you receive or the home care fees you may be asked to pay.

To advise us of changes, call us on **1800 227 475** or DVA on **133 254**.

## Person signing on your behalf

This form must be signed by the person the application is for or someone who is authorised to sign on their behalf. An authorised person may be an Enduring Power of Attorney, Power of Attorney (financial), or a person/organisation holding an administrative or financial order.

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.

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## 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 Centrelink payments and services including Aged Care. 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/nominees](https://servicesaustralia.gov.au/nominees) or call us on **1800 227 475**.

If you are receiving a DVA means tested payment (see notes page 2 of 4) complete the **Aged Care Request for a nominee for Department of Veterans' Affairs customers (AC019)** form by going to [servicesaustralia.gov.au/forms](https://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.**

# Home Care Package Calculation of your cost of home care (SA456)

## 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.

### 1 What do you want an assessment for?

#### Tick one only

#### Option 1:

Starting a  
Home Care  
Package

- ☐ You will need to answer the questions in the form based on your current situation. We will use the date you lodge the form as the application date.
- **Go to next question**


#### Option 2:

Are you currently  
receiving or have  
you previously  
received a Home  
Care Package

- ☐ You will need to answer the following questions based on your situation at the date you commenced the Home Care Package.
- What was that commencement date (DD MM YYYY)?
- 
- **Go to next question**

#### Option 3:

Residential aged  
care

- ☐  Do not complete this form. See 'When to use this form' on the front page.

### 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' section on page 2 of the **Notes**.

No ☐ ► **Go to next question**

Yes ☐  Do not complete this form. See 'When to use this form' on the front page.

### 3 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. Nominees may be contacted by us regarding this assessment.

### 4 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 be asking basic information about your partner.  
If your partner would like an assessment, they need to complete a separate assessment form (SA456).

► **Go to next question**



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## Qualifying service

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

**Qualifying service** is service in a war or war like operations where you incurred danger from hostile forces of the enemy.

If you (and/or your partner) have qualifying service, any Department of Veterans' Affairs Adjusted Disability Pension, you receive will be exempt from the aged care income assessment.

### You

Do you have **qualifying service**?

No ☐

Yes ☐

### Your partner

Does your partner have **qualifying service**?

No ☐

Yes ☐

## Your assessment

**14** Do you want to provide your income and financial assets so that we can calculate your cost of care?

No ☐ You will pay the maximum home care fees until you reach the annual or lifetime cap.

This means that your provider can require you to pay the **basic daily fee** and the **maximum income-tested care fee**.

► **Go to 38**

Yes ☐ You are giving us permission to disclose your information to the Department of Social Services, the Department of Health, and/or the Department of Veterans' Affairs.

► **Go to next question**

## Dependent children

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

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

- under 16 years of age, or
- 16–24 years of age 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 17**

Yes ☐ ► **Go to next question**

**16** Details of the **youngest** dependent child/student in your care.

Dependant family name

Dependant first given name

Dependant second given name

Dependant gender

Male ☐

Female ☐

Non-binary ☐

Dependant date of birth (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Your home

- 17** Did you (and/or your partner) receive **rental income** from your family home at the commencement/application date?

No ☐ ► *Go to next question*

Yes ☐ ►

 Provide documents showing details of the rental income and the outgoings (costs) for the property.

► *Go to next question*


## Other property details

- 18** Other than your family home, did you (and/or your partner) have **real estate properties** in or outside of Australia at the commencement/application date?

No ☐ ► *Go to 23*

Yes ☐ ► *Go to next question*

- 19** How many properties in Australia and/or outside Australia do you (and/or your partner) own or have an interest in at the commencement/application date?

 If you have/had more than one investment property, at the commencement/application date, you will need to copy and provide this page answering questions **20** to **22** for each property.

- 20** Address of the property

Postcode

Country (if not in Australia)

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 latest council rates notice.

- 21** Who owned/owns your **other property** as shown on the property title at the commencement/application date?

You ☐ ► Percentage owned  %


Your partner ☐ ► Percentage owned  %

Other ☐ ► Give details below

Name of person/entity

Percentage owned

 %


 Provide a copy of each title deed if you answered 'Other'.

- 22** Did you (and/or your partner) receive **rental income** from your other property at the commencement/application date?

**Include** rental income from properties both in and/or outside Australia.

No ☐ ► *Go to next question*

Yes ☐ ►

 Provide documents showing details of the rental income and the outgoings (costs) for each property.

► *Go to next question*

## Assets and income

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

**Include:**

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

Accounts and term deposits outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars (AUD).

**Do not include** superannuation, shares, managed investments or an account used exclusively for funding from the National Disability Insurance Scheme (NDIS).



Provide evidence from your financial institution that shows your current account balance, account number and account holder name(s). Copies can be provided.  
ATM slips are not acceptable.

**1** Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account

Currency if not AUD

Your share  %

Partner's share  %

*Continue*

**2** Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account

Currency if not AUD

Your share  %

Partner's share  %

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

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

**Superannuation includes:**

- approved deposit funds
- deferred annuities
- retirement savings accounts
- Self Managed Superannuation Funds (SMSF) and Small APRA Funds (SAF) if the funds are complying.

An **income stream product** is a regular series of payments which may be made for a lifetime or a fixed period by:

- a financial institution
- a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF)
- an employer subject to Australian prudential regulations.

**Types of income streams include:**

- Allocated Pension (also known as Account Based Pension)
- Market-Linked Pension (also known as Term Allocated Pension)
- Annuities
- Defined Benefit Pension (for example, ComSuper pension, State Super pension and Australian Defence Force superannuation payments)
- Superannuation Pension (non-defined benefit).

No ☐ Go to next question

Yes ☐ Give details below



If you have money invested in an income stream product provide the latest schedule for each fund.

Provide the latest statements for each fund, including latest council rates notices for any real estate held by SMSF and SAF.

**1** Name of institution/fund manager

Name of fund

Account balance  
(if applicable)

Amount that can be  
withdrawn as a lump sum  
(if applicable)

Amount of income received  
(if any)

How often  
(for example, monthly)

Date of purchase (DD MM YYYY) Your share Partner's share

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
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Continued

**2** Name of institution/fund manager

Name of fund

Account balance  
(if applicable)

Amount that can be  
withdrawn as a lump sum  
(if applicable)

Amount of income received  
(if any)

How often  
(for example, monthly)

Date of purchase (DD MM YYYY) Your share Partner's share

<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
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**25** Did you (and/or your partner) have any **managed investments** in and/or outside Australia at the commencement/application date?

**Include:**

- investment trusts
- personal investment plans
- life insurance bonds
- managed fund
- friendly society bonds.


**Do not include:**

- conventional life insurance policies (policies that can be cashed in)
- funeral bonds
- superannuation or rollover investments
- investments purchased with a margin loan.

**APIR code** – is commonly used by fund managers to identify individual financial products.

No ☐ Go to next question

Yes ☐ Give details below

 Provide a copy of the document which gives details (for example, certificate with number of units or account balance) for each investment.

**1** Name of company

Name of product (for example, investment trust) Type of product/option (for example, balanced, growth)

Number of units APIR code (if known)

Current market value Currency if not AUD

\$

Your share  % Partner's share  %

**2** Name of company

Name of product (for example, investment trust) Type of product/option (for example, balanced, growth)

Number of units APIR code (if known)

Current market value Currency if not AUD

\$

Your share  % Partner's share  %

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

**26** At the commencement/application date did you (and/or your partner) own any **shares**, or other **securities listed** on a stock/securities exchange in and/or outside Australia, or in public companies **not listed** on a stock exchange?

**Include:**


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

**Do not include:**

- managed investments
- self managed superannuation funds.

No ☐ Go to next question

Yes ☐ Give details below

 Provide the latest statement for each share holding.

**1** Name of the public company

ASX code Number of shares held

Country if not Australia Your share Partner's share

%  %

**2** Name of the public company

ASX code Number of shares held

Country if not Australia Your share Partner's share

%  %

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

**27** Did you (and/or your partner) have any **bonds or debentures** at the commencement/application date?

Bonds refer to government and semi-government bonds.

**Include:**


- investments in and/or outside Australia
- bonds or debentures outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars.

**Do not include:**

- friendly society bonds, funeral bonds or life insurance bonds/investments
- aged care accommodation bonds, aged care refundable accommodation deposits, or aged care refundable accommodation contributions.

No ☐ Go to next question

Yes ☐ Give details below

 Provide a document which gives details for each bond or debenture.

**1** Name of company

Type of investment

Current amount invested

Currency if not AUD



Your share  %

Partner's share  %

**2** Name of company

Type of investment

Current amount invested

Currency if not AUD



Your share  %


Partner's share  %

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

**28** Did you (and/or your partner) have any **funeral bonds, funeral investments** or have a contract to have funeral services provided for which an agreed sum has already been paid to the provider at the commencement/application date?

No ☐ Go to next question

Yes ☐ Give details below

 Provide documentation showing details of the funeral bonds, funeral investments or a copy of each contract.

**1** Name of company

Name of product

APIR code (if known)

Purchase price including instalments but not interest

 \$

Current value as per latest statement

Your share

Partner's share

 \$

 %

 %

**2** Name of company

Name of product

APIR code (if known)

Purchase price including instalments but not interest

 \$

Current value as per latest statement

Your share

Partner's share

 \$

 %

 %

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

**29** Did you (and/or your partner) have any **life insurance** policies that could be cashed in at the commencement/application date?

No ☐ Go to next question

Yes ☐ Give details below



Provide a copy of the latest statement for each policy.

**1** Name of product

Policy number

Number of units

Your share

 %

Partner's share

 %

**2** Name of product

Policy number

Number of units

Your share

 %

Partner's share

 %

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

**30** At the commencement/application date, did you (and/or your partner) have **money on loan** to another person or organisation?

**Include** all loans, whether they are made to family members, other people or organisations or trusts.

**Do not include** loans to secure accommodation in retirement villages or aged care.

No ☐ Go to next question

Yes ☐ Give details below



Provide a document which gives details for each loan (if available).

If the money was loaned to a private trust you will need to complete and return the **Private Trust (Mod PT)** form.

If you do not have this form, go to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)

**1** Who did you lend the money to?

Date lent (DD MM YYYY)

Amount lent

 \$

Current balance of loan

 \$

Lent by you

 %

Lent by your partner

 %

**2** Who did you lend the money to?

Date lent (DD MM YYYY)

Amount lent

 \$

Current balance of loan

 \$

Lent by you

 %

Lent by your partner

 %

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

- 31** In the 5 years **before** your application/entry date, have you (and/or your partner) **given away**, or sold for less than their market value, or surrendered a right to any cash, assets, property or income?

**Gifting is where you:**

- give away assets, or
- transfer them for less than their market value.

**For example, if you or your partner:**

- give away/transfer shares in a private company
- transfer your shares or units in a trust or company and do not get full market value for them
- give up control of a trust or company – this is a gift of all the assets the trust or company holds
- own a property and sell it for less than it is worth
- buy a car as a present
- have 10% of your wages donated to your church
- forgive a loan
- have to repay a business loan because you guaranteed it
- put money into a family trust and neither you nor your partner control the trust.

**It is not gifting if you:**

- own a house valued at an amount, but sold it on the open market with the best offer to date, as you could not wait for a higher offer
- have a debt that you cannot repay, so you transfer a car worth about the same to wipe out the debt
- put money into a family trust that you or your partner control.

No ☐ Go to next question

Yes ☐ Give details below

- 1** What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

What it was worth	What you got for it
\$ <input type="text"/>	\$ <input type="text"/>
Date given or sold (DD MM YYYY)	Partner's share
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Your share <input type="text"/> % Partner's share <input type="text"/> %

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

- 2** What you gave away or sold for less than its market value (for example, money, car, second home, land, farm)

What it was worth	What you got for it
\$ <input type="text"/>	\$ <input type="text"/>
Date given or sold (DD MM YYYY)	Partner's share
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Your share <input type="text"/> % Partner's share <input type="text"/> %

Was this gift to a Special Disability Trust (SDT)? No ☐ Yes ☐

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


- 32** Did you (and/or your partner) **receive payments from outside Australia** at the commencement/application date?

**Include** pensions from other countries, benefits, allowances, superannuation, compensation and war related payments in the type of currency in which it is paid. We will convert this into Australian dollars.

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

No ☐ Go to next question

Yes ☐ Give details below

 Provide a document from the issuing authority or agency which gives details including the amount in the foreign currency (for example, latest pension certificate) for each payment.

**1** Type of payment

Country which pays it?

Amount paid  
(before tax or deductions) Currency if not AUD

<input type="text"/>	<input type="text"/>
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Paid to: You ☐ Your partner ☐

**2** Type of payment

Country which pays it?

Amount paid  
(before tax or deductions) Currency if not AUD

<input type="text"/>	<input type="text"/>
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Paid to: You ☐ Your partner ☐

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

**33** Do you (and/or your partner) have any interest in a **business partnership**, a **farm** or from operating as a **sole trader**?

**Include:**

- self-employed
- sole trader
- partnership
- sub-contractor.

No ☐ ► *Go to next question*

Yes ☐ ►



You will need to provide:

- your (and/or your partner's) latest personal income tax return(s)
- business income tax return for the last financial year
- a profit and loss statement, depreciation schedule and any other explanatory notes which form part of the accounts of the business or company.

**34** Have you (or your partner) **had an interest** in a **private trust** in any of the ways detailed below, in the 5 years up to the commencement/application date?

You are considered to have an interest in a private trust if **any** of the following apply.

You (and/or your partner) are:

- the appointor
- guardian or principal of the trust
- a trustee

**or**

- are a shareholder or director of the trustee company
- are a beneficiary or included amongst the categories of beneficiaries of the trust
- are a unit holder
- are owed money by the trust
- are able to benefit from the trust
- can expect the trustee or appointor of a trust to act in accordance with your wishes.

No ☐ ► *Go to 36*

Yes ☐ ►



If you (and/or your partner) have not previously advised us of this trust, complete and return a **Private Trust (Mod PT)** form.

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

► *Go to next question*

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

No ☐ ► *Go to next question*

Yes ☐ ► *Go to next question*

**36** Have you (or your partner) **had an interest** in a **private company** in any of the ways detailed below, in the 5 years up to the commencement/application?

You are considered to have an interest in a private company if **any** of the following apply.

You (and/or your partner):

- are a shareholder of the private company
- are a director or other office holder of the company
- are owed money by the company
- are able to benefit from the company
- can expect the director of a company to act in accordance with your wishes
- can expect the governing director or majority shareholder to act in accordance with your wishes.

No ☐ ► *Go to next question*

Yes ☐ ► Was your involvement only as a director and you (and/or your partner) have no shares in or loans to the company?

No ☐ ►



You will need to complete and return the **Private Company (Mod PC)** form.

If you do not have this form, go to

**servicesaustralia.gov.au/forms**

► *Go to next question*

Yes ☐ ► *Go to next question*



**37** At the commencement/application date did you (and/or your partner) receive any **other income** that you have not already listed on this form?

**Include** income or money from:

- gratuities
- income from boarders and lodgers
- income protection insurance
- life interests
- other Australian government departments
- other income
- other payments from outside Australia
- regular compensation payments or damages
- work.

**Do not include** for you (and/or your partner and/or your child(ren)) funding from the National Disability Insurance Scheme (NDIS).

No ☐ ► *Go to next question*

Yes ☐ ► Give details below



Provide a copy of documentation giving details of the type and the amount of the payment.

**1** Type of income

Gross amount received

\$  per

**2** Type of income

Gross amount received

\$  per

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

Questions continue next page ►

## Privacy notice

### 38 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 so we can process and manage your applications and payments, and provide services to you. 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/privacy](https://servicesaustralia.gov.au/privacy)

## Declaration of the person the assessment is for

### 39 Read this before continuing.

If you (the person who the assessment is for) are unable 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 40. See 'Person signing on your behalf' section on page 4 of the **Notes**.

#### I consent to:

- the Department of Health 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:

- 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)

--	--	--	--	--	--

- For the **person signing on behalf** of the person the assessment is for continue to the next question.

40

## 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 the **Privacy and your personal information** on this page.

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 ☐

Nil – existing nominee arrangement ☐

Questions continue next page ►

## Checklist

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

You must provide **copies** of 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	
Documents showing details of the rental income (If you answered Yes at <b>question 17</b> or <b>question 22</b> )	<input type="checkbox"/>
Details of each additional property (If you have more than one investment property at <b>question 19</b> )	<input type="checkbox"/>
Latest council rates notice (required at <b>question 20</b> )	<input type="checkbox"/>
Title deed(s) of each property (if required at <b>question 21</b> )	<input type="checkbox"/>
Documents showing your current account balance, account number and account holder name(s). (required at <b>question 23</b> )	<input type="checkbox"/>
Latest statements or schedules for each fund, including latest council rates notices for any real estate held by SMSF and SAF (If you answered Yes at <b>question 24</b> )	<input type="checkbox"/>
Managed investment certificate or similar document (If you answered Yes at <b>question 25</b> )	<input type="checkbox"/>
Share certificates or latest statement for each shareholding listed on a stock exchange (If you answered Yes at <b>question 26</b> )	<input type="checkbox"/>

## Continued

Investment bond/debenture documents (If you answered Yes at <b>question 27</b> )	<input type="checkbox"/>
Details of the funeral bond(s) or funeral investment(s) (If you answered Yes at <b>question 28</b> )	<input type="checkbox"/>
Latest statement for each life insurance policy (If you answered Yes at <b>question 29</b> )	<input type="checkbox"/>
Money on loan documents (if available) and <b>Private Trust (Mod PT)</b> form (if required) (If you answered Yes at <b>question 30</b> )	<input type="checkbox"/>
Documents with details of payments by authorities or agencies outside Australia (If you answered Yes at <b>question 32</b> )	<input type="checkbox"/>
Latest personal income tax return(s), business income tax return, a profit and loss statement, depreciation schedule and any other explanatory notes of the business or company (If you answered Yes at <b>question 33</b> )	<input type="checkbox"/>
<b>Private Trust (Mod PT)</b> form (If you required at <b>question 34</b> )	<input type="checkbox"/>
<b>Private Company (Mod PC)</b> form (If you required at <b>question 36</b> )	<input type="checkbox"/>
Documents with details on 'other' income (If you answered Yes at <b>question 37</b> )	<input type="checkbox"/>
Documents related to a signing on behalf of the person the assessment is for (If you answered Yes at <b>question 40</b> )	<input type="checkbox"/>

## Returning this form

Check that you have answered all the questions you need to answer, supplied all the documents as at the date you commenced your Home Care Package or as at the date you are lodging this form and you have signed and dated this form. Return this form to Services Australia unless you receive an income support payment from the Department of Veterans' Affairs.

Services Australia  
Home Care  
PO Box 7821  
Canberra BC ACT 2610

Department of Veterans' Affairs  
GPO Box 9998  
Brisbane QLD 4001

**If you are authorising a person or organisation to enquire or act on your behalf, complete and return the form on the following pages separately.**



If you are receiving a Department of Veterans' Affairs (DVA) means tested payment (see notes page 2 of 4) you should complete and return the **Aged Care Request for a nominee for Department of Veterans' Affairs customers (AC019)** form.

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



## When to use this form

You can use this form to authorise a person or organisation to enquire or act on your behalf for Centrelink payments and services including Aged Care.



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



## Protecting you and your information

If you think the access you have provided a person or organisation is being misused, call **132 850** or visit one of our service centres.

If you are affected by family and domestic violence, call **132 850** Monday to Friday, 8 am to 5 pm local time, and ask to speak to one of our social workers or call **000** if you are in immediate danger.

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



## For more information

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 555 677**. A TTY phone is required to use this service.

## Type of access you can request

The **information below** may help you to choose the type of access that best suits your needs and will assist you to answer Question 5. There are 4 different types of access 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		 Correspondence nominee	 Payment nominee
	 to enquire	 to update		
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

### Authorised person

Your authorised person will need to provide photo identification, at one of our service centres or agents, from the list at **servicesaustralia.gov.au/identity** For example, a current Australian driver licence or valid passport.

### 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**

### Important information – type of access

When choosing your type of access, 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 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 access. 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 matters

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 about your Aged Care costs
- ask questions about your Aged Care costs
- update your income and assets
- get copies of your Aged Care letters.

**Your Aged Care payments will go directly to your Aged Care provider.**

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

## How to complete this form

You can complete this form on your computer, print and sign 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/privacy](https://servicesaustralia.gov.au/privacy)

## 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 access 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**. This is not applicable for aged care.

**6** How long do you want this type of access for?

Indefinitely ☐ or until (DD MM YYYY)


CLK0SS313 2212

## 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)

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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)

--	--	--	--	--	--	--	--	--	--

**GO** to question 8



### Authorised organisation

The authorised organisation's Centrelink 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](https://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 ☐

Name of the Power of Attorney

 Provide a copy of the Power of Attorney. If there are multiple attorneys, you will need to copy this page and provide the name and signature of each attorney.  
Provide photo identification, such as an Australian driver licence or valid passport.

**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 Centrelink and Aged Care on my behalf according to the type of access shown on this form.

#### I understand that:

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

Your signature

Date

(DD MM YYYY)



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

**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 access 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, such as 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
  - provide a copy of the legal document and medical evidence
  - provide photo identification, such as an Australian driver licence or valid passport
  - if there are multiple attorneys 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.

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 Centrelink and Aged Care on the customer's behalf according to the type of access shown on this form.
- the information I have provided in this form is complete and correct.

Signature of the third party

Date

(DD MM YYYY)



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

**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 ☐
- Enduring Power of Attorney ☐
- Guardianship ☐
- 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.

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### Payment nominee only to complete

This is not applicable for Aged Care.

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

No ☐ **GO to question 12**

Yes ☐ Give 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.

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


For organisations only – Group Institution Code (if applicable)

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### 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 access 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 access 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 access may be rejected or cancelled at any time by Centrelink or Aged Care, 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 (for example, parent, child, guardian).


## Checklist

-  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	
<b>Customer declaration – I am able to make my own decisions (Question 8)</b>	
If the Power of Attorney completes the customer declaration, they will need to provide	
<ul style="list-style-type: none"><li>the Power of Attorney document<ul style="list-style-type: none"><li>if there are multiple attorneys, you will need to copy page 3 of the form and provide the name and signature of each attorney</li></ul></li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>photo identification, such as an Australian driver licence or valid passport</li></ul>	<input type="checkbox"/>
<b>Third Party authorisation – the customer is not able to make their own decisions (Question 8)</b>	
If a third party provides authorisation, they must provide evidence as outlined below	
<ul style="list-style-type: none"><li>a relevant professional, such as a treating doctor, nurse, case worker or social worker<ul style="list-style-type: none"><li>a letter or the medical evidence of the customer's incapacity</li></ul></li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>the holder of an Enduring Power of Attorney<ul style="list-style-type: none"><li>a copy of the legal document and medical evidence of the customer's incapacity</li><li>photo identification, such as an Australian driver licence or valid passport</li><li>if there are multiple attorneys, they must all provide a letter or signature with their agreement</li></ul></li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>the person or organisation holding a guardianship, financial management or administration order<ul style="list-style-type: none"><li>a copy of the order</li></ul></li></ul>	<input type="checkbox"/>
<b>If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents (Question 9)</b>	
<ul style="list-style-type: none"><li>Power of Attorney</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Enduring Power of Attorney</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Guardianship</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>Financial management/administration order</li></ul>	<input type="checkbox"/>

## Stopping or changing your type of access

You can cancel or change your nominee's type of access at any time, unless it is a court, tribunal, guardianship or an administration appointed arrangement.

To cancel the type of access:

- call us – go to [servicesaustralia.gov.au/phoneus](https://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](https://servicesaustralia.gov.au/contactus)

If you cancel your nominee a letter will automatically be sent to you and your nominee.

Centrelink may review, reject or cancel your type of access 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](https://servicesaustralia.gov.au/centrelinkuploaddocs)
- in person at one of our service centres, if you are not able to use your Centrelink online account.
- post to: Services Australia  
PO Box 7800  
CANBERRA BC ACT 2610
- fax to: 1300 786 102