



Aged Care Funding Instrument (ACFI)

Application for classification (AC001)
effective from 1 January 2017 to 30 September 2022

Aged Care recipient details

1 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

2 Date of birth (DD MM YYYY)

3 Gender

Male

Female

Non-binary

4 Care recipient number (if known)

5 Reason for this application

New admission

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

Date of admission (DD MM YYYY)

New admission from hospital?

No

Yes

Mandatory re-appraisal

Return from extended hospital leave

Date of re-admission (DD MM YYYY)

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)

Details of service

6 Service name

7 Service ID (NAPS ID)

Privacy notice

8 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/privacypolicy

Declaration

9 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 (including area code)

Approved provider/authorised agent's signature

Date (DD MM YYYY)



MCA0AC001 2306

Medical Diagnoses

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|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|
| <p>Mental & behavioural diagnoses</p> <p style="text-align: center;">Sources of evidence</p> <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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | <p>Medical diagnoses</p> <p style="text-align: center;">Sources of evidence</p> <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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
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| D2.5 <input type="checkbox"/> | D2.6 <input type="checkbox"/> | D2.7 <input type="checkbox"/> | D2.8 <input type="checkbox"/> | | | | | | | | | | | | | | | | |

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) |