Australian Government

Services Australia

# Aged care application for the dementia and cognition supplement in home care (AC014)

# Completing this task online is faster and easier

If you are an approved aged care provider, go online using the Aged Care Provider Portal to:

- enter this information
- upload this form.

Go to servicesaustralia.gov.au/agedcareportal

## When to use this form

Use this form to advise Services Australia that a care recipient within your service is eligible to receive the dementia and cognition supplement in home care.

## For more information

For more information about the dementia and cognition supplement, go to the Dementia and Veterans' Supplement Eligibility Guidelines **health.gov.au/dementia** 

For more information about aged care, go to servicesaustralia.gov.au/healthprofessionals or for assistance completing this form, call 1800 195 206 Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

### Filling in this form

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

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Eligibility	assessment
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1 The care recipient:

△ has been assessed using the Psychogeriatric Assessment Scale – Cognitive Impairment Scale (PAS-CIS) by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 10 or more.

Date of assessment (DD MM	/I YYYY)

Assessment score

#### or

has been assessed using the Psychogeriatric Assessment Scale – Cognitive Decline Scale (PAS-CDS) by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 10.

	Date of assessme	nt (DD MM YYYY)
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Assessment score

or

is from a culturally or linguistically diverse background and has been assessed with the Rowland Universal Dementia Assessment Scale, conducted by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 22 or less.

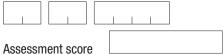
Date of assessment (DD MM YYYY)

Assessment score

or

is an Aboriginal person, or a Torres Strait Islander, who lives in a rural or remote area and has been assessed with the Kimberley Indigenous Cognitive Assessment (KICA-Cog), conducted by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner or other health practitioner trained in the use of the tool and obtained a score of 33 or less.

Date of assessment (DD MM YYYY)





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56	ervice details	De	ciaration
2	Service name	8	<ul><li>I declare that:</li><li>I am authorised to sign on behalf of the</li></ul>
3	Service ID		<ul> <li>I have retained a written record of the a</li> <li>the information I have provided in this for correct.</li> </ul>
Ca	are recipient details		I understand that:
4	Care recipient ID		giving false or misleading information is Authorised person's full name
5	Dr Mrs Miss Ms Mx Other		Authorised person's position held
	Family name		Authorised person's contact phone number (
	First given name		Authorised person's signature
	Second given name		<i>I</i>
6	Date of birth (DD MM YYYY)		Date (DD MM YYYY)
_		R	eturning this form
Pr	ivacy notice		u must complete all applicable fields. Incomp

7 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

- Approved Provider.
- issessment.
- orm is complete and
- a serious offence.

(including area code)

lete forms may be returned to you for further information.

Return this form and any supporting documents:

online, using the Aged Care Provider Portal. For more • information go to servicesaustralia.gov.au/agedcareportal

by post to Services Australia Aged Care Payments Team PO Box 7854 CANBERRA BC ACT 2610

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