



Completing this task online is faster and easier

If you are an approved aged care provider enter this information online using the Aged Care Provider Portal, go to servicesaustralia.gov.au/agedcareportal

When to use this form

Use this form:

- if you cannot enter this information online through the Aged Care Provider Portal
- to advise Services Australia that a care recipient has entered either permanent residential care or commenced receiving a Home Care Package **on or after 1 July 2014**.

Section 63-1 of the *Aged Care Act 1997* and sections 28 and 30 of the *Accountability Principles 2014* requires that this information be submitted **within 28 days of a care recipient entering your care**. If you do not advise Services Australia of the care recipient entry information, you will not be paid any applicable subsidy or supplements.

For more information

For more information go to servicesaustralia.gov.au and search for 'aged care entry requirements for providers' or 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.
- Where you see a box like this **Go to 1** skip to the question number shown.

1 Type of care

- Permanent residential care
Home Care Package

Service details

2 Service name

3 Service ID (NAPS ID)

Care recipient details

4 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

5 Date of birth (DD MM YYYY)

6 Gender

- Male
Female
Non-binary

7 Care recipient ID



MCA0AC021 2410

8 Pensioner identification numbers

Pensioner number must be provided, as per pension card.

Customer Reference Number (CRN)

Four boxes for CRN: [][][][] [][][][] [][][][][] [][][][][]

Department of Veterans' Affairs card number

Text box for Department of Veterans' Affairs card number

9 What is the care recipient's pension status?

Tick one only

Full pensioner

Part pensioner

Non-pensioner

10 Only complete question 10 if receiving a Home Care Package.

Home care recipient's residential address

Text box for residential address with a Postcode label at the bottom right.

Home care recipient's postal address (if different to above)

Text box for postal address with a Postcode label at the bottom right.

11 Only complete question 11 if care recipient is entering permanent residential care.

Is the care recipient entering to receive palliative care?

No

Yes

Only answer yes if the care recipient meets requirements to be assessed as having 'palliative care status' – refer to subsection 36(2) of the Classification Principles.

12 Date of entry (DD MM YYYY)

Four boxes for date of entry: [][][] [][][] [][][][][]

13 Has the care recipient been in receipt of approved care in an unfunded capacity prior to entry?

No

Yes

Provide original entry date (DD MM YYYY)

Four boxes for original entry date: [][][] [][][] [][][][][]

14 Has the care recipient received an award or settlement?

No

Yes

Give details below

Workers compensation

Third party insurance

Common law settlement

Date of award or settlement (DD MM YYYY)

Four boxes for date of award or settlement: [][][] [][][] [][][][][]

15 Has a current My Aged Care approval for Commonwealth subsidised care been sighted for this new entry?

No

Yes

16 Was the care recipient receiving care prior to 1 July 2014?

No

Yes

17 Has the care recipient elected in writing to be subject to the new means testing arrangements from 1 July 2014?

No

Yes



Provide the completed **Continuing Care Recipient opting into the New Aged Care Arrangement – from 1 July 2014 form (AC022)**.

If you do not have this form, go to servicesaustralia.gov.au/ac022

18 Only complete questions 18 and 19 if receiving a Home Care Package.

Home Care Package level

Tick one only

Level 1

Level 2

Level 3

Level 4

19 Carer status

Tick one only

Co-resident carer

Non co-resident carer

No carer

20 Only complete questions 20 to 27 if receiving permanent residential care.

Has pre-entry leave been taken?

No

Yes

Date from (DD MM YYYY)

Four boxes for date from: [][][] [][][] [][][][][]

To (DD MM YYYY)

Four boxes for date to: [][][] [][][] [][][][][]

21 Is the care recipient entering an adjusted subsidy place?

No

Yes

22 If the care recipient is in an extra service place, what is the room type?

Text box for room type

23 Only complete questions 23 to 25 if care recipient entered permanent residential care **prior to 1 July 2014**.

How has the care recipient paid for their accommodation?

Tick one only

Bond

Charge

Neither **Go to 28**

24 Amount of bond agreed to be paid

If periodic payment, supply lump sum equivalent amount of bond.

\$

25 If a bond has been paid, was the bond rolled over from another approved aged care provider?

No

Yes

26 Only complete questions 26 and 27 if care recipient entered permanent residential care **on or after 1 July 2014**.

What is the agreed price included in the accommodation agreement? This amount needs to be expressed as a Refundable Accommodation Deposit (RAD).

\$

27 Payment arrangement

Refundable Accommodation

Deposit (RAD)

Daily Accommodation Payment (DAP) Amount

\$

Combination RAD/DAP Amount paid in RAD

\$

Amount to be paid as DAP

\$

Undecided

Privacy notice

28 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can administer subsidies and grants under the *Aged Care Act 1997*. Your personal and sensitive information may be disclosed to the Australian Government Department of Health and Aged Care and the Australian Government Department of Veterans' Affairs. 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 servicessaustralia.gov.au/privacypolicy

Declaration

29 I declare that:

- I have obtained the consent of the care recipient listed in this form for the collection, use and disclosure of their personal information to Services Australia, the Department of Health and Aged Care and the Department of Veterans' Affairs for the purpose of providing payments under the *Aged Care Act 1997*.
- I am authorised to sign on behalf of the approved provider.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Authorised person's full name

Authorised person's position held

Authorised person's contact phone number (including area code)

Authorised person's signature

Date (DD MM YYYY)

Returning this form

You must complete all applicable fields. Incomplete forms may be returned to you for further information.

Return this form and any supporting documents by post to

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