

Claim for financial hardship assistance

centrelink

About this form



Use this form if you need assistance to pay your aged care costs.

This form collects details of your assets and expenses. Your fees and charges may be updated according to your individual circumstances.

Before completing this form

If your (and/or your partner's) personal or financial details have changed since receiving your fee advice letter, the outcome of your financial hardship claim will not be correct. To update your details, use your online account or call the Aged Care line on **1800 227 475** or Department of Veterans' Affairs (DVA) on 1800 VETERAN (**1800 838 372**).

Other help available

The Home Equity Access Scheme lets older Australians who are Age Pension age or older get a voluntary non-taxable loan from us. To help you (and/or your partner) decide whether to apply, you should use the eligibility calculator at servicesaustralia.gov.au/homeequityaccess

If you registered for the Pension Bonus Scheme before 1 July 2014 and kept working, you may get a lump sum pension bonus payment.

We have **Aged Care Specialist Officers (ACSOs)** who provide in-depth information about your aged care option, including financial aspects of aged care. Go to servicesaustralia.gov.au/myagedcarefacetoface or call us on **1800 227 475** to find out if there is an ACSO near you, and to book an appointment. Staff in our service centres can also help you with general aged care information.

You can speak to a **Financial Information Service Officer (FISO)** who can help you understand your financial choices. 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/fis

Eligibility for financial hardship assistance	Tick all that apply to you
You have already completed a calculation of your cost of care for home care or residential care. If you are applying for financial hardship for respite care, you have completed the calculation of your cost of care as if you were entering residential aged care.	<input type="checkbox"/>
You have assets valued at less than the current threshold (excluding any assets that cannot be sold or borrowed against). If you have paid a lump sum accommodation payment to a residential aged care home, this will be included in your assets. For more information, go to myagedcare.gov.au and search 'financial hardship assistance' or call us on 1800 227 475 .	<input type="checkbox"/>
You have not made gifts of more than: <ul style="list-style-type: none"> • \$10,000 in the previous 12 months from the date you are claiming, or • \$30,000 in the previous 5 years from the date you are claiming. Gifts include transferring ownership of an asset for less than its market value. Do not include the value of assets given away because of misappropriation by a third party.	<input type="checkbox"/>
For home care claims only , you started receiving care after 1 July 2014. If you started receiving home care before 1 July 2014, you can negotiate lower fees directly with your home care provider.	<input type="checkbox"/>
If you have ticked all the applicable boxes, continue to page 2.	



If you have **not** ticked all the applicable boxes do not complete this form. You are not eligible for financial hardship.

For more information



Department of Veterans' Affairs (DVA) payment

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

Information in your language

We can translate documents you need to give us for free.

To speak to us in your language, call us on **131 202**.

Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to servicesaustralia.gov.au and search 'other support and advice'.

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.

Identity requirements

Power of Attorney or authorised person

The **Power of Attorney** or **authorised person** of the customer will need to provide photo identification in person at one of our service centres, agents or access points to have their identity verified. For example, a current Australian driver licence or valid passport can be provided – for a full list, go to servicesaustralia.gov.au/identity

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

Collection of personal information

The collection of your (and/or your partner's) personal information on this form is voluntary. We collect this information for the purpose of making a financial hardship determination under section 52k-1 of the *Aged Care Act 1997*. A financial hardship determination specifies the maximum accommodation payment or accommodation contribution you may be charged. If you choose not to provide your personal information on this form, we will not make a financial hardship determination.

All information collected by Services Australia can be accessed:

- through your Centrelink online account by signing in to myGov
- by calling the Aged Care line on **1800 227 475** or DVA on 1800 VETERAN (**1800 838 372**).

Services Australia only shares 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

Claim for financial hardship assistance for Aged Care (SA462)

centrelink

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 question 1 skip to the question number shown.

Read 'Person signing on your behalf' on page 2, before completing the following questions.

You (the person the assessment is for)

1 Have you notified your partner that their personal and financial information will be collected by Services Australia in this form for the purpose of calculating fees and subsidies under the *Aged Care Act 1997*?

Not applicable

No

Yes

2 Centrelink Customer Reference Number (if you have one)

or

DVA reference number (if you have one)

Name of DVA payment (if known)

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Your date of birth (DD MM YYYY)

Phone number (including area code)

Partner (of the person the assessment is for) (if applicable)

2 Centrelink Customer Reference Number (if they have one)

or

DVA reference number (if they have one)

Name of DVA payment (if known)

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Your partner's date of birth (DD MM YYYY)

Phone number (including area code)



CLK0SA462 2409

Give details below of all accounts held by you (and/or your partner) in banks, building societies or credit unions.

Accounts and term deposit accounts outside Australia should be included with the current balance in the type of currency which it is invested. We will convert this to Australian Dollars (AUD).

Include:

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

Do not include:

- superannuation
- shares
- managed investments or accounts 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 Account	2 Account
Name of bank, building society or credit union		
Account number		
Balance of account		
Currency if not AUD		
Country held in		
Your share	%	%
Your partner's share	%	%


	3 Account	4 Account
Name of bank, building society or credit union		
Account number		
Balance of account		
Currency if not AUD		
Country held in		
Your share	%	%
Your partner's share	%	%

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

Give details below of your (and/your partner's) **essential expenses**.


For financial hardship purposes, essential expenses are what you must pay to meet your day-to-day living costs. We will use the information you give us to see how much income you have after you have paid your essential expenses.

 Provide your 3 most recent, consecutive bank and credit card statements.
If you are claiming for an earlier date, provide statements from the date you are claiming from. For example, if you are claiming from 12 months ago, you will need 12 months' worth of statements.

Expense	Expense type	Amount	Frequency (for example, week, fortnight, month, quarter or year)	 Evidence (all evidence provided should be from the date you are claiming financial hardship)
<p>Aged care fees and charges include:</p> <ul style="list-style-type: none"> • daily accommodation contribution • daily accommodation payment <p>Do not include:</p> <ul style="list-style-type: none"> • extra or additional service fees • basic daily fee • income tested care fee • means tested care fee 		\$	per	<p>Provide a copy of the resident and/or accommodation agreement or ask the provider for an account statement.</p> <p>If you are paying any other aged care fees and charges you do not need to provide evidence of the amount(s) you pay.</p>
<p>Pharmaceutical expenses include:</p> <ul style="list-style-type: none"> • prescription medication • non prescription medication (for example, paracetamol or vitamin supplements) • packaging related to medication (for example, Webster pack or similar) 		\$	per	<p>If the expenses are over \$80 per month, provide:</p> <ul style="list-style-type: none"> • 3 consecutive itemised pharmaceutical statements for prescription medications • copies of the receipts for non prescription medication. <p>If you are claiming from an earlier date, provide statements from the date you are claiming from.</p>
		\$	per	
		\$	per	
<p>Medical expenses include out of pocket amounts for:</p> <ul style="list-style-type: none"> • artificial limbs, artificial eyes or hearing aids • dental • wheelchairs and mobility aids • visual aids • other medical expenses (for example, doctor or specialist appointments, blood tests and x-rays) 		\$	per	<p>Provide copies of the receipts that include your (and/or your partner's) name, date of transaction and amount.</p>
		\$	per	
		\$	per	
		\$	per	
		\$	per	


Continues on to next page

7 (Continues) claiming expenses details

Expense	Expense type	Amount	Frequency (for example, week, fortnight, month, quarter or year)	 Evidence (all evidence provided should be from the date you are claiming financial hardship)
Private health insurance and/or ambulance cover		\$	per	Provide a copy of the latest insurance policy showing the amount paid.
Home and contents insurance		\$	per	
Utilities include: <ul style="list-style-type: none"> • water • gas • electricity 		\$	per	If the individual utility expenses are over \$200 per month, provide a copy of each of the most recent utility bill(s). Each utility bill must be in your (and/or your partner's) name.
		\$	per	
		\$	per	
Phone, mobile and internet		\$	per	If the combined phone, mobile and internet expenses are over \$100 per month provide a copy of the most recent bill(s).
Rates		\$	per	Provide a copy of the latest rates notice.
Transport costs include: <ul style="list-style-type: none"> • taxi fare, parking and public transport fares • vehicle registration, repairs and insurance 		\$	per	Receipts are required for the cost of transport over \$100 per month. If you are in residential aged care and you have transport costs to attend medical appointments, evidence of the medical appointments is required.
Accommodation costs include: <ul style="list-style-type: none"> • mortgage repayments • private rent • government rent • board and/or lodgings • accommodation in some care situations • fees in a retirement village or shared equity housing • site fees, hire fees, and/or mooring fees if your home is a caravan, camper, mobile home, tent, boat or similar 		\$	per	Provide a copy of the most recent: <ul style="list-style-type: none"> • lease agreement • rent receipt • bank statements clearly showing rent or accommodation costs paid, or • evidence from the lending institution showing the minimum mortgage repayments. <p>If you are on an income support payment from Centrelink you do not need to provide evidence of the private rent you pay.</p>

Continues on to next page

7 (Continues) claiming expenses details

Expense	Expense type	Amount	Frequency (for example, week, fortnight, month, quarter or year)	 Evidence (all evidence provided should be from the date you are claiming financial hardship)
<p>Home maintenance include:</p> <ul style="list-style-type: none"> • repair and replacement costs to maintain the home <p>Do not include:</p> <ul style="list-style-type: none"> • services that a home care provider assists with (for example, cleaning or home modifications) 		\$	per	Provide copies of the receipts that include the work undertaken, date of transaction and amount.
<p>Funeral expenses include:</p> <ul style="list-style-type: none"> • funeral plans • funeral insurance <p>Do not include:</p> <ul style="list-style-type: none"> • pre-paid funerals 		\$	per	Provide a copy of the policy or signed contract with your (and/or your partner's) name, date of transaction and amount.
<p>Food Home care recipients only</p>		\$	per	If the food expenses are over \$1086 per month, provide receipts which show the items purchased for the previous 3 months.
<p>Other expenses for example:</p> <ul style="list-style-type: none"> • court fees/fines • state trustee fees • spousal maintenance • assistance/service animals 		\$	per	Provide evidence such as receipts and invoices with your (and/or your partner's) name, date of transaction and amounts.
		\$	per	
		\$	per	

8

In the **5 years before** or **any time after the date you are claiming financial hardship assistance from**, have you (and/or your partner) **gifted**, or sold for less than their market value, or surrendered a right to any cash, assets, property or income?

Include:

- selling or transferring full or part ownership of a property for less than it is worth
- buying a car as a present
- transferring shares or units in a trust or company for less than full market value
- giving up control of a trust or company – this is a gift of all the assets that the trust or company holds
- donating a percentage of your wages to your church
- forgiving a loan you have made to another person
- repaying a business or personal loan because you were guarantor
- putting money into a family trust that neither you nor your partner control
- forgiving loans and/or shares in private companies.

Do not include:

- selling assets to meet your normal living expenses
- payments for services received.

Relief from financial hardship is not provided if you have chosen to gift more than:

- \$10,000 in the previous 12 months from the date you are claiming, or
- \$30,000 in the previous 5 years from the date you are claiming.

No **GO** to next question

Yes Give details below



Provide evidence of assets that have been gifted (for example, transfer agreement, contract of sale or a written statement by the person who made the gift).


	1 Item	2 Item
What you gifted (for example, money, car, second home, land, farm)		
Date given or sold	DD / MM / YYYY	DD / MM / YYYY
Your estimated value	\$	\$
How much you received (if applicable)	\$	\$
Your share	%	%
Your partner's share	%	%
Was this given to a Special Disability Trust (SDT)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

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

9 What type of care are you claiming financial hardship assistance for?

Tick one only

Home care package **GO** to next question

Residential aged care  Provide a copy of your resident agreement. **GO** to question 14

Respite care **GO** to question 14

10 What is your estimate of the **current market value** of your (and/or your partner's) **household contents** and **personal effects**?

The **current market value** of the household contents is what you would get if you sold it. It is not the replacement or insured value.

Include:

- all furniture (including soft furnishings such as curtains), antiques and works of art
- electrical appliances such as televisions and fridges
- jewellery for personal use and hobby collections (for example, stamps, coins).

Do not include:

- fixtures such as stoves and built-in items.

An estimate of the current market value \$

If you do not provide an estimate, we will use a default amount of \$10,000.

11 Do you (and/or your partner) own, partly own or have a financial interest in any **motor vehicles, boats, caravans or trailers**?

No **GO** to next question

Yes Give details below

	1 Asset	2 Asset
Type of asset		
Estimated market value	\$	\$
Balance of loan(s) taken to purchase	\$	\$
Make		
Model and year		
Your share		%
Your partner's share		%

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

12 Other than your family home, do you (and/or your partner) own any **other properties**?

No **GO to question 13**

Yes How many other properties in Australia and/or outside Australia do you (and/or your partner) own or have an financial interest in?

If you (and/or your partner) have more than one other property, you will need to copy and provide the answer to the following in question 12 for each.

What is your other property?

Tick one only

House

Townhouse (including duplex or triplex)

Self contained unit (part of or attached to a house)


Part of a farming property

Unit or apartment How many units or apartments are in the block?

Other Give details

Estimated market value

\$

 Provide a copy of the most recent mortgage statement, rates notice, details of rental income and the outgoings (costs) for each investment property.

13

Do you (and/or your partner) have any **other assets** (in or outside Australia) that you have not already advised us about on this form?

Include:

- taxi plates
- time share
- racehorses
- travel cash passports
- cyber currency (for example, bitcoin)
- commercial licences (for example, fishing, hunting).

Do not include:

- accounts used for funding from the National Disability Insurance Scheme (NDIS)
- lump sum accommodation payments to a residential aged care home.

No **GO** to next question

Yes Give details below



Provide copies of valuation certificates or insurance valuations (if available).

	1 Asset	2 Asset
Description of asset		
Current market value	\$	\$
Amount owed		
Currency if not AUD		
Your share		%
Your partner's share		%

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

14

Have you (and/or your partner) paid a **lump sum accommodation payment to a residential aged care home?**

If the lump sum accommodation payment was paid in instalments, you will need to give details of each instalment paid.

No **GO** to next question

Yes Give details below

Current balance (held by the provider)

\$



Provide a copy of receipts of all lump sum accommodation payments made and documents detailing the source of the funds. If you have drawn down on your lump sum accommodation payment to pay your aged care fees, provide a statement from your aged care provider detailing the draw down amounts.

	1 Payment	2 Payment
Amount paid	\$	\$
Date paid	DD / MM / YYYY	DD / MM / YYYY


If you need more space or need to provide details for a second lump sum accommodation payment, provide a separate page with the details.

15 Give details below of any assets you (and/or your partner) **cannot sell or borrow against**.

For financial hardship purposes we can exclude the value of an asset that you cannot sell or borrow against.

Do not include:

- private trusts and private companies
- rented properties, unless the rented property meets the definition of **a property you cannot sell** or is rented to person who meets the definition under **a property that an immediate family member lives in**.

Assets that cannot be sold or borrowed against	Tick all that apply	 Evidence required (attach evidence and provide an explanation of why the asset(s) cannot be sold or borrowed against, at the end of this question)
<p>A property you cannot sell</p> <p>Any property, including your family home that cannot attract a buyer and has:</p> <ul style="list-style-type: none"> • been marketed for a period of at least 6 months • an asking price no higher than 10% above the current market value, and • had at least one price reduction in a 6 month period. 	<input type="checkbox"/>	<p>Provide:</p> <ul style="list-style-type: none"> • a valuation from a real estate agent • a document showing the asking price • a document showing the property has been actively on the market for at least 6 months • a document showing that there has been at least one price reduction over a 6 month period.
<p>A property you cannot borrow against</p> <p>If the reason you are in hardship is temporary, you may be able to borrow against a property by seeking assistance from banks, finance companies (or similar institutions) or government body (for example Rural Assistance Authority). If your attempt to borrow against a property has been unsuccessful the value of the property can be excluded from your assets.</p> <p>You may own multiple properties that may meet the criteria.</p>	<input type="checkbox"/>	<p>No evidence is required.</p>
<p>A property that an immediate family member lives in</p> <p>This includes:</p> <ul style="list-style-type: none"> • an immediate family member who has lived in the property for at least 10 years • an immediate family member who has previously been your sole carer in your family home • your child with a disability who lives in the property to promote their independent living. <p>You may own multiple properties that may meet the criteria.</p>	<input type="checkbox"/>	<p>Provide:</p> <ul style="list-style-type: none"> • bank statements, driver licence or other documents which show the immediate family member has lived in the home for at least 10 years • a letter from a treating medical practitioner which gives details of the care provided, or • a letter from a treating medical practitioner which gives details of the child's disability. No evidence is required if the child has been assessed as eligible for a Disability Support Pension payment.
<p>A unit or apartment in a retirement village</p> <p>Where a retirement village unit or apartment is your principal home, and</p> <ul style="list-style-type: none"> • the retirement village management will not market the unit or apartment for an extended period of time and has not marketed the property within the last 6 months, or • the unit or apartment has been on the market for at least 6 months and cannot attract a buyer. There must also have been at least one price reduction in a 6 month period. 	<input type="checkbox"/>	<p>Provide:</p> <ul style="list-style-type: none"> • an accredited valuation • a document showing the asking price • a document showing the length of time a property has been marketed • a letter from the retirement village management showing why the property has not been marketed or that the property has been actively marketed with at least one price reduction over a 6 month period.

Continues on to next page

Privacy notice and declaration

16 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/privacypolicy

Declaration for the person the assessment is for

If you (the person the assessment is for) are not able 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 17. For more information, see 'Person signing on your behalf' on page 2.

I consent to:

- the Department of Health and Aged Care 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:

- my partner is aware/notified that their personal and financial information will be collected by Services Australia on this form for the purpose of calculating fees and subsidies under the *Aged Care Act 1997*.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

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), a person/organisation holding an administrative or financial order or the Director of Nursing at the aged care home where the person the application is for is a resident.

Signature of the person the assessment is for (or the person signing on their behalf)



Date (DD MM YYYY)

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

17 If someone signs on your behalf

Mr Mrs Miss Ms Mx Other

Full name

Address

Postcode

Phone number (including area code)

Relationship to the person who the assessment is for

Make sure you have read **Privacy and your personal information**, see page 15.

You **must** provide photo identification for all signing guardians and attorneys.

Signature of legal guardian, power of attorney or existing aged care nominee


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Date (DD MM YYYY)

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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, copy this page and provide details.

Signature of second legal guardian, power of attorney or existing aged care nominee



Date (DD MM YYYY)

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 You must provide evidence that you have authority to sign on behalf of this person. Which of the below evidence will you be providing?

- A copy of the financial power of attorney order
- A copy of the administration order
- A copy of the financial management order
- A letter from a medical professional
- A copy of the guardian(s) and/or attorney(s) photo identification
- N/A – existing nominee arrangement
- A copy of the Will showing the executor's details (if the person the assessment is for has passed away)



Checklist

Provide a copy of the relevant documents, they do not need to be certified and will not be returned to you.

Based on your answers to the questions, you (and/or your partner) will need to provide the following:	Tick all that apply
Question 5 – Your National Disability Insurance Scheme (NDIS) funding plan (for residential care)	<input type="checkbox"/>
Question 6 – Account statements of all financial institution accounts held	<input type="checkbox"/>
Question 7 – Evidence to support your essential expense claim	<input type="checkbox"/>
Question 8 – Evidence that assets have been gifted	<input type="checkbox"/>
Question 9 – A copy of your resident agreement	<input type="checkbox"/>
Question 12 – Recent mortgage statements, rates notice, details of rental income and the outgoings (costs) for any investment property mortgages	<input type="checkbox"/>
Question 13 – Valuation certificate or insurance valuation for any other assets	<input type="checkbox"/>
Question 14 – Receipt for all lump sum accommodation payments	<input type="checkbox"/>
Question 15 – Supporting evidence for any assets that cannot be sold or borrowed against	<input type="checkbox"/>

Returning this form

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to [servicesaustralia.gov.au/centrelinkuploadocs](https://servicesaustralia.gov.au/centrelinkuploaddocs)
- by post to

Services Australia
Aged Care
PO Box 7821
CANBERRA BC ACT 2610