



# Application for the oxygen and/or enteral feeding supplement (AC011)

**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](https://servicesaustralia.gov.au/agedcareportal)

For more information, refer to:

- sections 44-5, 48-3 of the *Aged Care Act 1997* (Cth)
- sections 44-13, 44-14 of the *Aged Care (Transitional Provisions) Act 1997* (Cth)
- sections 24–31, 74–81 of the *Subsidy Principles 2014* (Cth).

Service name  Service ID (NAPS ID)  Phone number (including area code)

Care recipient ID	Care recipient's name	Feeding method		Dates (DD MM YY)		Name of formula	If a higher supplement is claimed, costings are required on a <b>daily</b> basis							
		Bolus	Non-bolus	Start	End		Mls per day	Tin size	Tin cost	Giving set	Flexitainers	Hire of pump		
				/ /	/ /									
				/ /	/ /									
				/ /	/ /									
				/ /	/ /									
				/ /	/ /									

**Eligibility criteria**

(1) Written certification from a medical practitioner stating that the care recipient has a medical need for enteral feeding must be returned with this form.

(2) Written certification from a medical practitioner or dietician stating that the dietary formula is a nutritionally complete formula must be returned with this form.

(3) If enteral feeding expenses are at least 25% above the standard supplement and a higher supplement is claimed, costings are required on a daily basis.

(4) Higher supplement applicable to home care. Only applicable to residential care if the start date is before 1 October 2022.

Care recipient ID	Care recipient's name	Dates (DD MM YY)		If a higher supplement is claimed, costings are required on a <b>monthly</b> basis			
		Start	End	Concentrator hire	Cylinder delivery cost	Cylinder hire	Kit hire
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month

**Eligibility criteria**

(1) Written certification from either a medical practitioner or nurse practitioner stating that the care recipient has a continual need for the administration of oxygen must be returned with this form.

(2) If oxygen expenses are at least 25% above the standard supplement and a higher supplement is claimed, costings are required on a monthly basis and copies of invoices covering a 3 month period must be returned with this form.

(3) Higher supplement applicable to home care. Only applicable to residential care if the start date is before 1 October 2022.

Approval for higher level funding for oxygen treatment is generally for a 6 month period. This is because costs often fluctuate considerably for most residents' individual oxygen needs. Approved providers and services must advise Services Australia of any changes that result in a variation of the amount being paid and also any changes affecting payment of the supplement to the service.

## Privacy notice

---

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](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

---

### 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.

Authorised person's full name

Signature of approved provider/authorised signatory



Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

## Returning this form

Return this form:

- **online**, using the Aged Care Provider Portal. For more information, go to [servicesaustralia.gov.au/agedcareportal](https://servicesaustralia.gov.au/agedcareportal)
- by post to  
Services Australia  
Aged Care Payments Team  
PO Box 7854  
CANBERRA BC ACT 2610