



When to use this form



Use this form to authorise a person or organisation to enquire or act on your behalf for aged care purposes if you are:

- a Department of Veterans' Affairs (DVA) customer
- in residential care, or
- get a Home Care Package.

Nominee arrangement

The person or organisation you authorise is your nominee. Your nominee can:

- complete and sign your aged care forms
- ask questions about your aged care costs
- update your income and assets
- receive copies of your aged care letters.

If your nominee is authorised under a power of attorney or similar, letters from us will be sent to them instead of you.

Important information

The nominee arrangement you authorise with this form is for aged care purposes only. For information about DVA authorised person or organisation arrangements, call DVA on 1800 VETERAN (1800 838 372).

For more information

Go to servicessaustralia.gov.au/authorisedrepresentative
Call us on 1800 195 206.



Information in your language

We can translate documents you need for free.

To speak to us in your language, call us and we will arrange an interpreter for you.



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 servicessaustralia.gov.au and search 'other support and advice'.

How to complete 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.

Part A and **Part C** – collects the customer's details (the person requesting an authorised person or organisation) (pages 1 and 3).

Part B and **Part D** – collects the authorised person or organisation details (pages 2 and 4).

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.



Aged care request for a nominee

for Department of Veterans' Affairs customers (AC019)

Privacy notice

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

Part A – Customer details (the person requesting an authorised person or organisation)

1 Department of Veterans' Affairs reference number

Name of Department of Veterans' Affairs payment (if known)

2 Your name

Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

4 Has your permanent home or postal address changed since you last told us?

No **Go to 5**

Yes Give details below

Date of address change (DD MM YYYY)

Your permanent home address

Postcode

Your postal address (if different to above)

Postcode



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Part B – Nominee details

5 Are you authorising a person or organisation to be your nominee?

Tick one only

Person **Go to** Authorised person

Organisation **Go to** Authorised organisation

Authorised person

The person's name

Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

The person's date of birth (DD MM YYYY)

Other name(s) this person has been known by

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

The person's contact details

Permanent address

Postal address (if different to above)

Contact phone number (including area code)

Go to 6

Authorised organisation

The organisation's Australian Business Number (ABN)

This is mandatory when nominating an organisation.

Trading name of organisation

This is not the contact person. The name of the contact person is to be provided at the end of this question.

Business name of organisation

The organisation's contact details

Permanent address

Postal address (if different to above)

Organisation's email address

Name of contact person

Contact phone number (including area code)

Go to 6

Part C – Customer declaration and third party authorisation

6 Tick one only

I declare that I am able to make my own decisions

Go to Customer declaration

If the customer is not able to make their own decisions


Go to Third party authorisation

Customer declaration

Read this before continuing.

If you (the person requesting an authorised person or organisation) are able to make your own decisions but are not able to sign this declaration, it may be signed by your attorney.

Tick this box if an attorney is signing the customer declaration

 The attorney needs to provide a copy of the legal documents.

If there are multiple attorneys with majority or joint decision making, you will need to copy this page and provide the name and signature of each attorney.

Attorney's name

I declare that:

- I have read '**Privacy and your personal information**' on **Notes** page 1 of this form.
- the information I have provided in this form is complete and correct.

I authorise:

- the person or organisation named at **Part B** of this form, to deal with Services Australia on my behalf for aged care purposes only. See '**Nominee arrangement**' on **Notes** page 1 of this form.

I understand that:

- if my nominee arrangement is voluntary, I can cancel it at any time.
- the nominee arrangement may be rejected or cancelled at any time by Services Australia, if the person or organisation is not able to meet their responsibilities and obligations.
- giving false or misleading information is a serious offence.


Your signature

Date (DD MM YYYY)

► **Go to 7**

Third party authorisation

If the customer is not able to sign this form due to physical or mental disability and the nominee arrangement is in the person's best interest, a third party may sign this section on their behalf.

 An appropriate third party may be one of the following and they must provide evidence as outlined below:

- a relevant professional such as a treating doctor, nurse, case worker or social worker
 - provide a letter, a copy of a report or medical evidence
- a person authorised under an enduring power of attorney
 - provide a copy of the legal document and medical evidence of the customer's incapacity
 - if there are multiple attorneys they must all provide a letter or signature with their agreement.
- a person or organisation holding a guardianship, financial management or administration order
 - provide a copy of the order.

Third party name

Relationship to customer

Address

Postcode

Contact phone number (including area code)

I declare that:

- the customer is not able to sign this form due to physical or mental disability.
- it is in the customer's best interest to authorise the person or organisation named on this form, to deal with Services Australia on the customer's behalf in line with the '**Nominee arrangement**' on **Notes** page 1 of this form.
- the information I have provided in this form is complete and correct.

Third party signature

Date (DD MM YYYY)

► **Go to 7**

Part D – To be completed by your aged care nominee

7 Do you have any of the following:


Power of attorney

Enduring power of attorney

Guardianship

Guardianship or financial management/
administration order

None of the above

 Provide a copy of the document(s) ticked above.

8 **PASSWORD** – For security purposes, we will ask for this password every time you contact us.

Provide a password for your aged care nominee arrangement.

The password must have 4 to 10 letters or numbers.

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Nominee’s declaration

9 **I declare that:**

- I have read ‘**Privacy and your personal information**’ on **Notes** page 1 of this form.
- the person and/or organisation details on page 2 of this form are correct.
- I understand and accept the responsibilities and obligations for the arrangement requested in this form.
- I will act in the best interest of the customer.

I understand that:

- any personal information I am given access to under this arrangement is protected under Commonwealth legislation. I agree to access, use or disclose the information only as authorised by the person to whom the information relates.
- the arrangement may be rejected or cancelled at any time by Services Australia, if I am not able to meet my responsibilities and obligations.
- giving false or misleading information is a serious offence.

Nominee’s signature



Date (DD MM YYYY)

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Nominee’s relationship with the customer (for example, parent, child, guardian, accountant, public trustee).



Checklist

Which of the following documents are you providing with this form?

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

Tick all that apply	
Customer declaration – I am able to make my own decisions (question 6)	
If the attorney completes the customer declaration, they will need to provide a copy of	
<ul style="list-style-type: none"> the power of attorney document <ul style="list-style-type: none"> if there are multiple attorneys with majority or joint decision making, you will need to copy page 3 of the form and provide the name and signature of each attorney 	<input type="checkbox"/>
Third party authorisation – the customer is not able to make their own decisions (question 6)	
If a third party provides authorisation they must provide evidence as outlined below	
<ul style="list-style-type: none"> a relevant professional, for example, a treating doctor, nurse, case worker or social worker <ul style="list-style-type: none"> a letter or the medical evidence of the customer's incapacity 	<input type="checkbox"/>
<ul style="list-style-type: none"> a person authorised under an enduring power of attorney <ul style="list-style-type: none"> a copy of the legal document and medical evidence of the customer's incapacity if there are multiple attorneys with majority or joint decision making, they must all provide a letter or signature with their agreement 	<input type="checkbox"/>
	<input type="checkbox"/>
<ul style="list-style-type: none"> the person or organisation holding a guardianship, financial management or administration order <ul style="list-style-type: none"> a copy of the order or certificate 	<input type="checkbox"/>
If your aged care nominee holds any of the following they will need to provide a copy of the documents (question 7)	
<ul style="list-style-type: none"> power of attorney 	<input type="checkbox"/>
<ul style="list-style-type: none"> enduring power of attorney 	<input type="checkbox"/>
<ul style="list-style-type: none"> guardianship 	<input type="checkbox"/>
<ul style="list-style-type: none"> guardianship or financial management/administration order 	<input type="checkbox"/>

Returning this form

Return this form and any supporting documents by post to
 Services Australia
 Aged Care Payments Team
 PO Box 7854
 CANBERRA BC ACT 2610

Stopping or changing your nominee arrangement

You can cancel or change your nominee arrangement at any time, unless it is a court, tribunal, guardianship or administration appointed arrangement. To cancel the nominee arrangement:

- call us on **1800 195 206**
- write to us

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

If you cancel your nominee arrangement, a letter will be automatically sent to you and your nominee.

Services Australia may review, reject or cancel your nominee arrangement at any time. This includes if your nominee is not able to meet their responsibilities and obligations.