



Continuing Care Recipient opting into the New Aged Care Arrangements – from 1 July 2014 (AC022)

When to use this form

You should complete this form if you have chosen to be subject to the new fees and payment arrangements which came into effect on **1 July 2014**.

You can choose to be subject to the new arrangements if all of the following apply:

- you were in home care or residential care **on 30 June 2014**
- you moved to a new service **on or after 1 July 2014**
- you have not spent **more than 28 days** outside of care (other than on approved leave).

To make this choice, you must provide this form to your new provider BEFORE commencing care in their service.

Please note, you will automatically be covered by the new arrangements if you move from home care into residential care (or vice versa) or spend **more than 28 days** outside of care (not on approved leave).

Important information

Provide this form to your new service provider before commencing care with them. A copy of the form will be provided by your service provider to Services Australia. You will need to contact Services Australia to obtain an assessment of your means to determine your fees and payments under the new arrangements.

For more information

Go to servicesaustralia.gov.au/agedcare or call **1800 195 206** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.

For more information about aged care reforms, go to myagedcare.gov.au

National Redress Scheme

From 1 January 2025, payments under the National Redress Scheme can be exempt from residential aged care means tests when self-disclosed. You can self-disclose using this form.

For more information, go to nationalredress.gov.au

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.
- When you see a box like this **Go to 1** skip to the question number shown.

Care recipient details

1 Care recipient ID (if known)

2 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Date of birth (DD MM YYYY)

4 Gender

Male

Female

Non-binary

5 Has your new provider given you written information advising you that choosing to be subject to the new arrangements may result in a change to your fees and payments?

No

Yes

6 Has your new provider given you a copy of **New Arrangements for Aged Care – from 1 July 2014**?

No

Yes

If you have not received written information from your new service provider about changes to your fees and payments or a copy of **New Arrangements for Aged Care – from 1 July 2014**, your choice to be subjected to the new fee arrangements will not be accepted.



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7 Have you (and/or your partner) received a redress payment?

No **Go to 10**

Yes

8 Read this before answering the following questions.

You (and/or your partner) have the option to self-disclose a redress payment from the date of receipt to have it exempt from the aged care means test.

Do you (and/or your partner) want to disclose a redress payment to be exempt from your aged care means test?

No **Go to 10**

Yes

9 When did you (and/or your partner) receive the redress upfront lump sum payment or first instalment?

You

(DD MM YYYY)

DD	MM	YYYY
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Total redress payment amount

\$

Your partner (if applicable)

(DD MM YYYY)

DD	MM	YYYY
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Total redress payment amount

\$



Provide evidence of a payment made under the National Redress Scheme, for example, your 'Payment from the National Redress Scheme – NRS049' letter.

Privacy notice

10 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 servicessaustralia.gov.au/privacypolicy

Declaration

11 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- by signing this form, I am electing to be subject to the new fees and payments arrangements under Chapters 3 and 3A of the *Aged Care Act 1997* (the new arrangements).
- after I have signed and submitted this form, I cannot later change back to my former fees and payment arrangements.
- giving false or misleading information is a serious offence.

A registered nominee can sign this form on behalf of the care recipient.

Care recipient's signature

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Date (DD MM YYYY)

DD	MM	YYYY
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or

Registered nominee's full name

<input type="text"/>

Registered nominee's signature

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Date (DD MM YYYY)

DD	MM	YYYY
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Returning this form

Return the completed form to your service provider.

Provider to return the completed form:

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