



When to use this form

Use this form to give the Australian Government Department of Human Services details about your income so we can advise you of your income tested aged care fees if:

- your Home Care Package has commenced or will commence on or after 1 July 2014, **or**
- your permanent residential aged care admission commenced before 1 July 2014.

You can request an assessment without completing the entire form if you receive a means tested Australian income support payment (such as Age Pension or Disability Support Pension from Centrelink or Service Pension or Income Support Supplement from the Department of Veterans' Affairs). You still need to complete your contact details and sign the form. Also, you have the option to nominate someone to help you to deal with the Department of Human Services or the Department of Veterans' Affairs by completing questions in this form.

If you do not receive a means tested Australian income support payment, you will need to complete the entire form to obtain an income assessment.

If you receive a non-income tested payment from the Department of Veterans' Affairs such as a Disability Pension or War Widow(er) Pension only (that is, you do not also receive the Income Support Supplement), we will need to collect your income details to assess your aged care fees.

If you receive:

- Age Pension (Blind)
- Disability Support Pension (Blind)
- Carer Allowance
- Mobility Allowance

we may need to collect your income details to assess your aged care fees.

You should have received the booklet **Information you need to know about Aged Care Fees Income Assessments** with this form. In this form, this booklet will be referred to as the **Information Booklet**. If you do not have this booklet, call us on Freecall™ **1800 227 475**.

Important information for Australian Ex-Prisoners of War and Victoria Cross recipients

If you are an Australian Ex-Prisoner of War or Victoria Cross recipient you may not need to fill in this form.

Note: This form is NOT to be used for respite care.

For more information

Go to our website humanservices.gov.au/agedcare or call us on Freecall™ **1800 227 475**.

Call the Department of Veterans' Affairs on **133 254** if you live in regional Australia call on Freecall™ **1800 555 254**.

To speak to us in languages other than English, call **131 202**.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

If you have a hearing or speech impairment

TTY service Freecall™ **1800 810 586**. A TTY phone is required to use this service.

Interpreters and translations

If you need an **interpreter** or **translation** of any documents for our business, we can arrange this for you free of charge.

What else you will need to provide

This form tells you which **other documents** you need to provide.

Depending on your circumstances, you may have to fill in **other forms**.

Filling in this form

Please use black or blue pen.

Print in BLOCK LETTERS.

Mark boxes like this with a ✓ or ✗.

Where you see a box like this ► **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form(s)

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

Return this form, and copies of additional documents by mail to:

**Department of Human Services
Residential Care
Reply Paid 7821
Canberra BC ACT 2610**

You should do this **within 28 days** to make sure that your income for aged care daily fee purposes can be calculated as quickly as possible. Until this form is returned you could be asked to pay the maximum daily fee applicable.

If you cannot return all the forms or documents **within 28 days**, contact us for extra time.

Important information

Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

Your details

1 Your name (care recipient)

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Your sex

Male

Female

3 Your date of birth

/ /

4 Your contact details

Phone number ()

Is this a silent number? No Yes

Email

.....
@

5 **Please read this before answering the following question.**

Provide your postal address or, if you will be nominating a contact person and you want your mail to be sent to them, write their postal address here.

Postal address

.....
.....
Postcode

6 Do you have a partner?

No **Go to 12**

Yes **Go to next question**

7 Your partner's name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

8 Your partner's sex

Male

Female

9 Your partner's date of birth

/ /

10 Your partner's permanent address

.....
.....
Postcode

11 Does your partner live with you?

No

Yes

12 Do you (or your partner) have any dependent children under 16 years of age or dependent full-time students under 25 years of age in your care?

No **Go to 14**

Yes **Go to next question**



CLK0SA456 1407

13 Details of the **youngest** dependent child/student in your care.

Child/student's family name

Child/student's first given name

Child/student's second given name

Child/student's sex

Male

Female

Child/student's date of birth

14 Please read this before answering the following question.

Commonwealth legislation requires your permission for us to give your details to the Department of Social Services and the Department of Veterans' Affairs.

Do you give your permission for the information you provide in this form to be given to the Department of Social Services and the Department of Veterans' Affairs?

No, I do not give my permission I understand that I may have to pay the maximum daily care fees applicable

Go to 38

Yes, I give my permission **Go to next question**

15 Are you (and/or your partner) currently receiving a payment from either Centrelink or the Department of Veterans' Affairs?

No **Go to next question**

Yes **Give details below**

You

Centrelink Reference Number (if known)

Name of Centrelink payment

Department of Veterans' Affairs Reference Number

Name of Department of Veterans' Affairs payment

Amount paid per fortnight

Your partner

Centrelink Reference Number (if known)

Name of Centrelink payment

Department of Veterans' Affairs Reference Number

Name of Department of Veterans' Affairs payment

Amount paid per fortnight

16 Please read this before answering the following question.

Qualifying service is service in a war or war like operations during which you incurred danger from hostile forces of the enemy.

If you have such service, some Department of Veterans' Affairs payments (if you receive them) may be exempted from the income assessment for daily fees purposes.

Do you (and/or your partner) have **qualifying service**?

No **Go to next question**

Yes **Give details below**

Tick appropriate box(es)

I have qualifying service

My partner has qualifying service


17 Do you (and/or your partner) receive rental income?

Include rental income from properties both in and/or outside Australia.

Note: Net income means the rental income from the property less expenses incurred on the property such as interest on loans, management fees, rates, insurance and maintenance.

No Go to next question

Yes Give details below

 Attach documents showing details of the rental income for each property.

Property 1

Address of the property

Postcode

Net rental income

\$ per fortnight

Your share %

Partner's share %

Property 2

Address of the property

Postcode

Net rental income

\$ per fortnight

Your share %

Partner's share %

Property 3

Address of the property

Postcode

Net rental income

\$ per fortnight

Your share %

Partner's share %

If you (and/or your partner) have more than 3 properties, attach a separate sheet with details.

18 Are you (and/or your partner) in residential aged care?

No Go to 21

Yes Give details below

Name of the aged care home you (and/or your partner) live in

19 Is one of the properties listed in question 17 your former home, that you (or your partner) left to enter care?

No Go to next question

Yes Give details below

Tick one box

Property 1

Property 2

Property 3

20 Did you (or your partner) agree to pay an accommodation charge, daily accommodation payment or an accommodation bond for residential care by periodic payments?


No Go to next question

Yes Give details below

Type of accommodation payment being paid

Amount and how often are the periodic payments

\$ per


 Attach a copy of your entry agreement showing details of your accommodation payment.

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

Include savings accounts, cheque accounts, term deposits, joint accounts, accounts you hold in trust or under any other name, or money held in church or charitable development funds.

Accounts and term deposits outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars.

Do NOT include shares, managed investments or an account used exclusively for funding from the National Disability Insurance Scheme (NDIS).

 Attach proof of all account balances (e.g. ATM slip, statements, passbooks).

1 Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account \$

Currency if not AUD

Your share % Partner's share %

2 Name of bank, building society or credit union

Account number (this may not be your card number)

Type of account

Balance of account \$

Currency if not AUD

Your share % Partner's share %

If you (and/or your partner) have more than 2 accounts, attach a separate sheet with details.

22 Do you (and/or your partner) have any bonds or debentures?

Bonds refer to government and semi-government bonds.


Include:


- investments in and/or outside Australia


Bonds or debentures outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars.

Do NOT include:

- friendly society bonds, funeral bonds or life insurance bonds/investments
- aged care accommodation bonds or aged care fundable accommodation deposits.

No  Go to next question

Yes  Give details below

 Attach a document which gives details for each bond or debenture.

1 Name of company

Type of investment

Current amount invested \$ Currency if not AUD

Your share % Partner's share %

2 Name of company

Type of investment

Current amount invested \$ Currency if not AUD

Your share % Partner's share %

3 Name of company

Type of investment

Current amount invested \$ Currency if not AUD

Your share % Partner's share %

If you (and/or your partner) have more than 3 bonds or debentures, attach a separate sheet with details.

23 Do you (and/or your partner) receive any income from a business partnership, a farm or from operating as a sole trader?

No Go to next question

Yes Amount received in the last financial year

\$



You will need to attach:

- your (and/or your partner's) latest personal income tax return(s), **and**
- business income tax return for the last financial year, **and**
- a profit and loss statement, depreciation schedule and any other explanatory notes which form part of the accounts of the business or company.

24 Do you (and/or your partner) have money on loan to another person or organisation?

Include all loans, whether they are made to family members, other people or organisations or trusts.

No Go to next question

Yes Give details below



Attach a document which gives details for each loan (if available).

1 Who did you lend the money to?

Date lent

Amount lent

/ /

\$

Current balance of loan

Lent by you

Lent by your partner

\$

%

%

2 Who did you lend the money to?

Date lent

Amount lent

/ /

\$

Current balance of loan

Lent by you

Lent by your partner

\$

%

%

If you (and/or your partner) have more than 2 loans, attach a separate sheet with details.

25 Do you (and/or your partner) own any shares, options, rights, convertible notes or other securities **LISTED** on an Australian Stock Exchange (e.g. ASX, NSX, APX or Chi-X) or a stock exchange outside Australia?

Include shares traded in exempt stock markets.

Do NOT include managed investments.

No Go to next question

Yes Give details below



Attach the latest statement for each share holding.

1 Name of company

Number of shares

or other securities Code (if known)

Country if not Australia

Your share

Partner's share

%

%

2 Name of company

Number of shares

or other securities Code (if known)

Country if not Australia

Your share

Partner's share

%

%

3 Name of company

Number of shares

or other securities Code (if known)

Country if not Australia

Your share

Partner's share

%

%

If you (and/or your partner) have more than 3 share holdings, attach a separate sheet with details.

26 Do you (and/or your partner) have any managed investments in and/or outside Australia?

Include:

- investment trusts
- personal investment plans
- life insurance bonds
- friendly society bonds.


Do NOT include:

- conventional life insurance policies
- funeral bonds, superannuation or rollover investments.

APIR code – is commonly used by fund managers to identify individual financial products.

No Go to next question

Yes Give details below

 Attach a document which gives details (e.g. certificate with number of units or account balance) for each investment.

1 Name of company

Name of product (e.g. investment trust) Type of product/option (e.g. balanced, growth)

Number of units APIR code (if known)

Current market value Currency if not AUD
 \$

Your share % Partner's share %

2 Name of company

Name of product (e.g. investment trust) Type of product/option (e.g. balanced, growth)

Number of units APIR code (if known)

Current market value Currency if not AUD
 \$

Your share % Partner's share %

If you (and/or your partner) have more than 2 managed investments, attach a separate sheet with details.

27 Do you (and/or your partner) have any funeral bonds/ funeral investments?

No Go to 29

Yes Give details below

1 Name of company

Name of product

APIR code (if known) Purchase price incl. instalments but not interest
 \$

Current value as per latest statement Your share Partner's share
 \$ % %

2 Name of company

Name of product


APIR code (if known) Purchase price incl. instalments but not interest
 \$

Current value as per latest statement Your share Partner's share
 \$ % %

If you (and/or your partner) have more than 2 funeral bonds/funeral investments, attach a separate sheet with details.

28 Have you (and/or your partner) a contract to have funeral services provided for which an agreed sum has already been paid to the provider or used to buy funeral bonds assigned to the provider?

No Go to next question

Yes  Attach a copy of each contract.


29 Do you (or your partner) have any money invested in superannuation where the fund is still in accumulation phase and not paying a pension?

Include:

- approved deposit funds
- deferred annuities
- retirement savings accounts
- Self Managed Superannuation Funds (SMSF) and Small APRA Funds (SAF) if the funds are complying.

No *Go to next question*

Yes Give details below

 Attach the latest statement for each superannuation investment.

1 Name of institution/fund manager

Name of fund

| | |
|---------------------------|---|
| Account balance | Amount that can be withdrawn as a lump sum (if any) |
| \$ <input type="text"/> | \$ <input type="text"/> |
| Amount of income received | How often (e.g. monthly) |
| \$ <input type="text"/> | per <input type="text"/> |

Owned by: You Your partner

2 Name of institution/fund manager

Name of fund

| | |
|---------------------------|---|
| Account balance | Amount that can be withdrawn as a lump sum (if any) |
| \$ <input type="text"/> | \$ <input type="text"/> |
| Amount of income received | How often (e.g. monthly) |
| \$ <input type="text"/> | per <input type="text"/> |

Owned by: You Your partner

29 *Continued*

3 Name of institution/fund manager

Name of fund

| | |
|---------------------------|---|
| Account balance | Amount that can be withdrawn as a lump sum (if any) |
| \$ <input type="text"/> | \$ <input type="text"/> |
| Amount of income received | How often (e.g. monthly) |
| \$ <input type="text"/> | per <input type="text"/> |

Owned by: You Your partner

If you (and/or your partner) have more than 3 superannuation products, attach a separate sheet with details.

30 In the last 5 years, have you (and/or your partner) given away, sold for less than their market value, or surrendered a right to any cash, assets, property or income?

Include forgiven loans and shares in private companies.

No Go to next question

Yes Give details below

1 What you gave away or sold for less than its market value (e.g. money, car, second home, land, farm)

| | | |
|--|-------------------------|------------------------|
| Date given or sold | What it was worth | |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> | |
| What you got for it | Your share | Partner's share |
| \$ <input type="text"/> | <input type="text"/> % | <input type="text"/> % |

Was this gift to a Special Disability Trust (SDT)? No Yes

2 What you gave away or sold for less than its market value (e.g. money, car, second home, land, farm)

| | | |
|--|-------------------------|------------------------|
| Date given or sold | What it was worth | |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> | |
| What you got for it | Your share | Partner's share |
| \$ <input type="text"/> | <input type="text"/> % | <input type="text"/> % |

Was this gift to a Special Disability Trust (SDT)? No Yes

3 What you gave away or sold for less than its market value (e.g. money, car, second home, land, farm)

| | | |
|--|-------------------------|------------------------|
| Date given or sold | What it was worth | |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | \$ <input type="text"/> | |
| What you got for it | Your share | Partner's share |
| \$ <input type="text"/> | <input type="text"/> % | <input type="text"/> % |

Was this gift to a Special Disability Trust (SDT)? No Yes

If you (and/or your partner) have given away or sold for less than its market value more than 3 items, attach a separate sheet with details.

31 Please read this before answering the following question.

An **income stream product** is a regular series of payments which may be made for a lifetime or a fixed period by:

- a financial institution
- a superannuation fund
- a Self Managed Superannuation Fund (SMSF)
- a Small APRA Fund (SAF)
- an employer subject to Australian prudential regulations.


Types of income streams include:

- Allocated Pension (also known as Account Based Pension)
- Market-Linked Pension (also known as Term Allocated Pension)
- Annuities
- Defined Benefit Pension (e.g. ComSuper pension, State Super pension)
- Superannuation Pension (non-defined benefit).

Do you (and/or your partner) receive income from any income stream products?

No Go to next question

Yes Give details below

 You (and/or your partner) will need to attach a schedule, **Details of income stream product** form (SA330) or a similar schedule, for each income stream product. The form or similar schedule must be completed by your product provider or the trustee of the Self Managed Superannuation Fund (SMSF) or Small APRA Fund (SAF) or the SMSF administrator.

If you do not have this form, go to our website humanservices.gov.au/forms or call us on Freecall™ **1800 227 475**.

1 Name of institution/fund manager

Name of fund

Account balance

\$

Amount of income received How often (e.g. monthly)

\$ per

Your share % Partner's share %

31 *Continued*

2 Name of institution/fund manager

Name of fund

Account balance
 \$

Amount of income received How often (e.g. monthly)
 \$ per

Your share % Partner's share %

3 Name of institution/fund manager

Name of fund

Account balance
 \$

Amount of income received How often (e.g. monthly)
 \$ per

Your share % Partner's share %

If you (and/or your partner) have more than 3 income stream products, attach a separate sheet with details.


32 Do you (and/or your partner) receive payments from an authority or agency outside Australia?

Include pensions from other countries, benefits, allowances, superannuation, compensation and war related payments.

Note: You must include details of pensions, allowances and other payments even if they are not taxable in the country of payment.

No **Go to next question**

Yes **Give details below**

 Attach a document from the issuing authority or agency which gives details including the amount in the foreign currency (e.g. latest pension certificate) for each payment.

1 Type of payment

Country which pays it?

Amount paid (before tax or deductions) Currency if not AUD

Paid to: You Your partner

2 Type of payment

Country which pays it?

Amount paid (before tax or deductions) Currency if not AUD

Paid to: You Your partner

3 Type of payment

Country which pays it?

Amount paid (before tax or deductions) Currency if not AUD

Paid to: You Your partner

If you (and/or your partner) receive more than 3 payments from an authority or agency outside Australia, attach a separate sheet with details.

33 Please read this before answering the following question.

You are considered to have an interest in a private trust if **any** of the following apply.

You (and/or your partner) are:

- the appointor
- a guardian or principal of the trust, **or**
- a trustee

OR

- are a shareholder or director of the trustee company
- are a beneficiary or included amongst the categories of beneficiaries of the trust
- are a unit holder
- are owed money by the trust
- are able to benefit from the trust, **or**
- can expect the trustee or appointor of a trust to act in accordance with your wishes.

Are you or have you (and/or your partner) been involved in a private trust in any of the ways detailed above, in the last 5 years?

No **Go to 35**

Yes Amount of income received in the last financial year (this is available from your personal income tax returns)

\$

34 Is the private trust a Special Disability Trust (SDT)?

No

Yes

35 Please read this before answering the following question.

You are considered to have an interest in a private company if **any** of the following apply.

You (and/or your partner):

- are a shareholder of the private company
- are a director or other office holder of the company
- are owed money by the company
- are able to benefit from the company
- can expect the director of a company to act in accordance with your wishes, **or**
- can expect the governing director or majority shareholder to act in accordance with your wishes.

Are you or have you (and/or your partner) been involved in a private company in any of the ways detailed above, in the last 5 years?

No **Go to next question**

Yes Amount of income received in the last financial year (this is available from your personal income tax returns)

\$

36 Do you (and/or your partner) have any other investments that you have not already listed on this form?

Include cash, gold or other bullion.

Do NOT include real estate.

No **Go to next question**

Yes **Give details below**



Attach supporting documentation.

1 Type of asset or investment

Estimated value of this asset or investment

\$

2 Type of asset or investment

Estimated value of this asset or investment

\$

If you (and/or your partner) have more than 2 other assets or investments, attach a separate sheet with details.

37 Do you (and/or your partner) receive any other income that you have not already listed on this form?

Include income or money from:

- work
- regular compensation payments or damages
- income protection insurance
- life interests
- gratuities
- other Australian government departments
- other payments from outside Australia
- money from a Home Equity Conversion loan
- income from boarders and lodgers
- other income.

Do NOT include for you (and/or your partner and/or your child(ren)) funding from the National Disability Insurance Scheme (NDIS).

No Go to next question

Yes Give details below



Attach a copy of documentation giving details of the type and the amount of the payment.

1 Type of income

Amount received

\$ per

2 Type of income

Amount received

\$ per

3 Type of income

Amount received

\$ per

If you (and/or your partner) need more space, attach a separate sheet with details.

Contact person details

- 38** Do you want to nominate someone to help you deal with the Australian Government Department of Human Services or the Department of Veterans' Affairs for aged care income assessment purposes?

No **Go to 47**

Yes *Go to next question*

- 39 Please read this before continuing.**

Make sure you have read the **Privacy and your personal information** on page 2 of this claim.

If you (the aged care recipient) are unable to sign this statement, it should be signed by someone who is authorised to sign on your behalf.

Statement

I certify that:

- I make this request voluntarily and understand that I can cancel this arrangement at any time by contacting the Department of Human Services or the Department of Veterans' Affairs.
- I authorise the Department of Human Services and the Department of Veterans' Affairs to release personal information about me to the person nominated at question 40.

Signature of aged care recipient
(or the person signing on their behalf)



Date

/ /

- 40** Contact person's name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

- 41** Contact person's date of birth

/ /

- 42** Contact person's sex

Male

Female

- 43** Contact person's permanent address

Postcode

- 44** Contact person's phone number

- 45** What is your relationship to the contact person?

- 46 Contact person – to complete**

Make sure you have read the **Privacy and your personal information** on page 2 of this claim.

Statement

I (full name)

certify that:

- I understand that any information I obtain about the aged care recipient is confidential and cannot be disclosed to anyone without the permission of the aged care recipient.
- I understand that I can cancel the contact person arrangement at any time by contacting the Australian Government Department of Human Services.
- I understand that I must inform the Australian Government Department of Human Services or the Department of Veterans' Affairs of any changes to my address or to the aged care recipient's circumstances.

Contact person's signature



Date

/ /

Checklist

47 Which of the following forms, documents and other attachments are you (and/or your partner) providing with this form?

If you are not sure, check the question to see if you should attach the documents.

Documents with details of rental income
(If you answered Yes at **question 17**)

Accommodation payment agreement
(If you answered Yes at **question 20**)

Documents showing balances for bank, building society and credit union accounts
(if required for **question 21**)

Investment bond/debenture documents
(If you answered Yes at **question 22**)

Latest personal income tax return(s), business income tax return, a profit and loss statement, depreciation schedule and any other explanatory notes
(If you answered Yes at **question 23**)

Money on loan documents (if available)
(If you answered Yes at **question 24**)

Share certificates or latest statement for each shareholding LISTED on a stock exchange
(If you answered Yes at **question 25**)

Managed investment certificates or similar documents
(If you answered Yes at **question 26**)

Funeral bond contract(s)
(If you answered Yes at **question 28**)

Latest statements for approved deposit funds, deferred annuities, rollover funds and superannuation funds, tax returns and member's statements for SMSF and SAF funds, and latest council rates notices for real estate held by those funds
(If you answered Yes at **question 29**)

Latest schedules for income stream products or **Details of income stream product** form (SA330)
(If you answered Yes at **question 31**)

Documents with details of payments by authorities or agencies outside Australia
(If you answered Yes at **question 32**)

Documents with details on 'other' investments
(If you answered Yes at **question 36**)

Documents with details on 'other' income
(If you answered Yes at **question 37**)

Statement

48 Please read this before continuing.

Make sure you have read the **Privacy and your personal information** on page 2 of this claim.

If you (the aged care recipient) are unable to sign this statement, it should be signed by someone who is authorised to sign on your behalf.

Statement

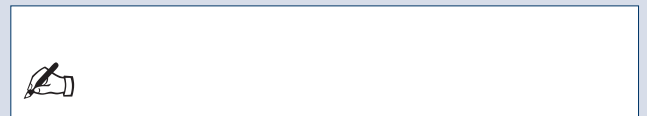
I declare that:

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

I understand that:

- giving false or misleading information is a serious offence.
- the information in this form has been requested under Division 44 of the *Aged Care Act 1997*.

Signature of aged care recipient
(or the person signing on their behalf)



Date

► For the **person signing on behalf** of the aged care recipient continue to next page.

If someone signs on your behalf

This person cannot be the person appointed as the contact person **UNLESS** they are the aged care recipient's legal guardian or they hold the power of attorney for the aged care recipient.

Full name

Address

Postcode

Contact phone number

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

A copy of the power of attorney order

A copy of the guardianship order

Other statement/details of authorisation

Make sure you have read the **Privacy and your personal information** on page 2 of this claim.

Legal guardian's or power of attorney's signature



Date

When 2 people have power of attorney, the second person with power of attorney also needs to sign.

Second power of attorney's signature



Date

OFFICE USE ONLY

CRN

Centrelink date of receipt