

# Residential Aged Care Property details for Services Australia and DVA customers (SA485)



## About this form

We understand that entering into aged care can be a sensitive time.

If you are entering an aged care home, the Australian Government may subsidise your aged care fees.

**This form collects details of your home so we can calculate the amount you will pay towards your residential aged care.**



## Fee Estimator

You can get a estimate of the amount you may be asked to pay towards your residential aged care by going to [myagedcare.gov.au](http://myagedcare.gov.au) and searching for 'fee estimator'.

You can talk to a **Financial Information Service (FIS)** officer who will give you information about the financial aspects of aged care. Call us on **132 300** and say '**Financial Information Service**' when we ask why you are calling.



## For more information

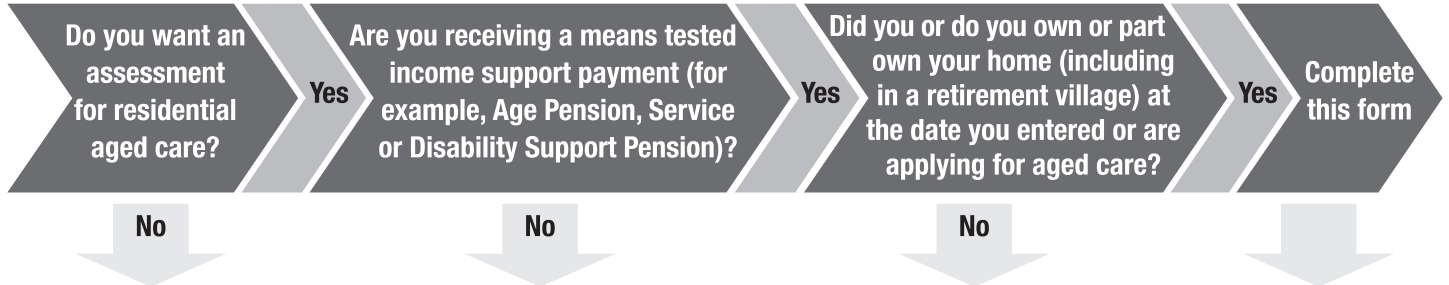
Go to [servicesaustralia.gov.au/agedcare](http://servicesaustralia.gov.au/agedcare) or call us on **1800 227 475**.

To speak to us in your language, call us on **131 202**. Call charges may apply.

If you have a hearing or speech impairment, you can call the TTY service on **1800 555 677**.

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

## When to use this form



If you want an assessment for a Home Care Package, complete the **Home Care Package Calculation of your cost of care (SA456)** form instead.

If you do not receive a means tested payment from Centrelink or DVA, you will need to complete the **Residential Aged Care Calculation of your cost of care (SA457)** form instead.

Age Pension (Blind), Disability Support Pension (Blind) and War Widow(er)s payments are not means tested.

See the next page for a full list of means tested payments.

If you require a pre commencement fee letter, call Services Australia on **1800 227 475** or DVA on **1800 VETERAN (1800 838 372)**.

If you do not own or part own your home, we can automatically complete an assessment for you when you enter residential aged care. **Do not complete this form.**

If your income and assets have not been updated in the last 2 years or have changed since you last made an update, **go** online through myGov or call Services Australia on **132 300** or DVA on **1800 VETERAN (1800 838 372)**.

If your income and assets have not been updated in the last 2 years or have changed since you last made an update, **go** online through myGov or call Services Australia on **132 300** or DVA on **1800 VETERAN (1800 838 372)**.

This assessment is valid for **120** days from when we first notify you of the outcome.

**Keep these Notes (pages 1 to 4) for your information.**

## The following information is for your reference to help you fill in this form.

### Calculating your cost of care

All aged care residents may be asked to pay a basic daily fee. In addition, some residents may also be required to pay a means-tested care fee. This form is used to calculate the amount you will pay towards your cost of care.

There are annual and lifetime caps that apply to the means-tested care fee for residents who entered an aged care home after 1 July 2014. Services Australia will write to you and your service provider once you have reached the annual or lifetime cap.

Some residents will have their accommodation costs paid in full or in part by the Australian Government. Others will need to pay the accommodation cost they negotiate with their aged care home provider.

### Centrelink or Department of Veterans' Affairs payments

#### Non-means tested payments may include:

- Age Pension (Blind)
- Disability Support Pension (Blind)
- War Widow(er)s Pension
- Disability Compensation Payment paid by DVA (not including Income Support Supplement)
- Service Pension (Blind) paid by DVA

#### Means tested payments may include:

- Age Pension
- Disability Support Pension
- Carer Payment (not including Carer Allowance)
- Special Benefit
- Service Pension
- Income Support Supplement
- Veterans Payment
- Farm Household Allowance

#### Who should complete this form?

If you are receiving one of the Centrelink or DVA **means tested** payments listed above and own or part own your home (including in a retirement village), complete this form, as we need to collect information about your home to complete your assessment.

#### Who should not complete this form?

If you are not receiving any Centrelink or DVA payments OR you are receiving a Centrelink or DVA **non-means tested** payment listed above, **do not complete this form**, you will need to complete the **Residential Aged Care Calculation of your cost of care (SA457)** form, for us to calculate your cost of care. This is because we do not know enough about your income and assets to complete your assessment.

If you are receiving one of the **means tested** payments from Centrelink or DVA listed above, and:

- you do not own or part own your home, and
- you have updated your income and assets within the last 2 years, or
- your assets and income have not changed since you last provided an update

**do not complete this form.** We have enough information about you to complete your assessment.

**Remove this Notes booklet from the form if you have not already done so.**

## Protected person for aged care purposes

For aged care legislation purposes, a protected person is:

- your partner or dependent child
- your carer<sup>1</sup> who is eligible to receive an Australian Government income support payment and who has lived in your home with you for the past 2 years
- your close relative who is eligible to receive an Australian Government income support payment and who has lived in your home with you for the past 5 years.

If your home is occupied by a protected person, it may not be counted as an asset for aged care purposes.

Your carer or close relative will need to give their consent in this form to allow Services Australia or DVA to check their eligibility for an income support payment.

This exemption may be lost if the protected person who has been living in the home, moves out of the home.

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<sup>1</sup> It is not necessary for your carer to have received a Carer Payment or Carer Allowance in order to be considered a carer. However, at the date you enter care or complete this form your carer must meet the eligibility criteria for an Australian Government income support payment (notionally entitled person).

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## Retirement villages or independent living units

Retirement villages or independent living units are not residential aged care homes and are not subsidised by the Australian Government. A retirement village provides accommodation for retirees (55 years or older). Independent living units are a housing option for older people who want to live independently.

Residents of retirement villages or those living in independent living units generally enter into an agreement that outlines how much they will pay to enter and the amount (if any) refundable after they leave. Following departure the amount refundable may be subject to this assessment.

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## 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.

**Authorising a person or organisation to enquire or act on your behalf**

You can authorise a person or organisation to enquire or act on your behalf for Centrelink payments and services including Aged Care. You will need to complete the **Authorising a person or organisation to enquire or act on your behalf (SS313)** form at the back of this form and return it separately. If you want more information about nominee arrangements, go to [servicesaustralia.gov.au/authorisedrepresentative](https://servicesaustralia.gov.au/authorisedrepresentative) or call us on **1800 227 475**.

If you are receiving a DVA means tested payment (see page 2 of the **Notes**) complete the **Aged Care Request for a nominee for Department of Veterans' Affairs customers (AC019)** form by going to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)

For information about the DVA authorised person arrangements, call DVA on 1800 VETERAN (**1800 838 372**).

**Keep these Notes (pages 1 to 4) for your information.**

# Residential Aged Care Property details for Services Australia and DVA customers (SA485)

## Filling in this 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.

You will see **entry/application date** in many of the questions located in this form. Below is a brief explanation of what the term means and what we need from you.

**Entry date** – If you are permanently living in an aged care home you need to answer the questions and provide the documentation based on your date of entry into the home. For example, if you permanently moved into an aged care home on 1 January 2019 you need to provide supporting documents that show your income and assets on the date you entered care.

**Application date** – If you have not moved into an aged care home you need to answer the questions and provide supporting documentation based on your current situation. For example, if you lodged the form on 10 January 2019 you need to provide supporting documents that show your income and assets on the date you lodged this form.

- 1 What type of care do you (the person who the assessment is for) want an assessment for?

A residential  ► *Go to next question*  
aged care home

A Home Care  ►  Do not complete this form.  
Package See 'When to use this form'  
on the front page.

- 2 Do you receive a means tested income support payment from Centrelink or DVA?

For a list of means tested payments, refer to 'Centrelink or Department of Veterans' Affairs payments' on page 2 of the **Notes**.

No  ►  Do not complete this form. See 'When to use this form' on the front page.

Yes  ► *Go to next question*

- 3 Did you or do you own your own home?

No  ►  Do not complete this form. See 'When to use this form' on the front page.

Yes  ► *Go to next question*

- 4 Are you completing this form on behalf of someone else?

For example, partner, parent or relative.

No  ► *Go to next question*

Yes  ► *Give details below*

Your full name

Your relationship to the person the assessment is for

If you wish to be listed as a nominee for aged care purposes, you and/or the person this assessment is for will need to complete the nominee section at the back of this form. Nominees may be contacted by us regarding this assessment.

- 5 Do you (the person who the assessment is for) have a partner?

In this form we will collect information about your partner. If your partner would like an assessment, they need to complete a separate assessment form.

For this assessment, a partner can be either:

- a person you are legally married to, or who you were living with in a de facto relationship, but are now living apart on a permanent basis due to a **health related reason**, for example, if the person entered residential aged care
- a person you are legally married to, and normally live with on a permanent basis
- a person who lives with you in a de facto relationship, although you are not legally married to that person
- a person in a registered relationship.

No  ► *Go to next question*

Yes  ► We will be asking basic information about your partner.

If your partner would like an assessment, they need to complete a separate assessment form (SA485).

► *Go to next question*



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## Your assessment

To calculate your cost of care we will use the information we already have about your income and assets along with 'Your home details' being provided in this form.

If you do not want us to use the information we already have, you will pay the maximum means-tested care fee until you reach the annual or lifetime cap.

This means that your provider can require you to pay the basic daily fee, **maximum means-tested care fee** and **accommodation cost**.

If you do not want us to use your recorded information, contact us on **1800 227 475** to discuss.

### 11 What do you want this assessment for?

The entry/application date is the date you have entered care or the date you have lodged your form.

Tick one only

#### Option 1: You are planning on going into a residential aged care home

You will need to answer the questions in the form based on your current situation.

We will use the date you lodge the form as the entry/application date.

**Go to 12**

#### Option 2: You are now or were in a residential aged care home

You will need to answer the following questions based on your situation at the date of **entering the residential aged care home**.

What was that entry date (DD MM YYYY)?

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**Go to 12**

#### Option 3: You have entered a residential aged care home before 1 July 2014

You are a residential aged care home resident who was already in permanent residential care **before 1 July 2014** and are thinking of having an assessment done under the current means testing rules as you are considering changing aged care provider.

**You will need to call us on 1800 227 475.**

## Dependent children

### 12 Read this before answering the following question.

For aged care purposes, to be a dependent child the young person must be:

- younger than 16 years, or
- 16–24 years and receiving full-time education at a school, college or university, **and** not in full-time employment or receiving a Centrelink income support payment.

You must be legally responsible (whether alone or jointly with another person) for their day-to-day care, welfare and development, or under a legal obligation to provide financial support to them.

Do you (and/or your partner) have any dependent children/students in your care?

No  **Go to 14**

Yes  Give details below

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

Dependent family name
<input type="text"/>
Dependent first given name
<input type="text"/>
Dependent second given name
<input type="text"/>
Dependent gender
Male <input type="checkbox"/>
Female <input type="checkbox"/>
Non-binary <input type="checkbox"/>
Dependent date of birth (DD MM YYYY)
<input type="text"/> <input type="text"/> <input type="text"/>

### 13 At the entry/application date did this dependent child/student live in the family home?

No

Yes






17 At the entry/application date, was your home a:

- retirement village unit
- mobile home or motor home
- caravan
- boat?

No  ► Go to next question

Yes  ► Give details below

Type of asset	
<input type="text"/>	
Estimated market value	Balance of loan(s)
<input type="text"/>	<input type="text"/>
Who owns your home?	
Your share <input type="text"/> %	Your partner's share <input type="text"/> %
Other's share <input type="text"/> %	
Do you have a partner who is living in your home at the entry/application date?	
No <input type="checkbox"/> ► Go to 23	
Yes <input type="checkbox"/> ► Go to 23	

 Provide documentation on the value of the mobile home/caravan/boat, refundable entry contributions or property.  
Provide a copy of a statement showing the amount owing for any loans.

18 What type of property is your home:

House

Townhouse (including duplex/triplex)

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

Unit/flat

How many units/flats are in the block?

Part of a farming property


Other  ► Give details below


19 Select the **option** that applies to you and answer the questions based on the entry/application date:

**Option 1: Small property, suburban block or apartment/unit**

My home is on land up to and including 5 acres (2 hectares)  ► Give details below


Estimate the market value of your property including the buildings	Balance of loan(s) for your property
<input type="text"/>	<input type="text"/>
Who owns your home as shown on the property title?	
Your share <input type="text"/> %	Your partner's share <input type="text"/> %
Other's share <input type="text"/> %	
Do you have a partner who is living in your home at the entry/application date?	
No <input type="checkbox"/> ► Go to 20	
Yes <input type="checkbox"/> ► Go to 23	

 If you have a mortgage provide a copy of a statement showing the amount owing for each mortgage.

**Option 2: Large property or large suburban block**

My home is on land over 5 acres (2 hectares)  ► Give details below

For example, if your home is on a 20 acre property provide separate estimated values for the home and the first 5 acres of land in the first box and the remaining 15 acres in the second box.	
Estimate the market value of the first 5 acres of your property including the buildings	Estimate the market value of the remaining acreage
<input type="text"/>	<input type="text"/>
Balance of loan(s) for your property	
<input type="text"/>	
Who owns your home as shown on the property title?	
Your share <input type="text"/> %	Your partner's share <input type="text"/> %
Other's share <input type="text"/> %	
Do you have a partner who is living in your home at the entry/application date?	
No <input type="checkbox"/> ► Go to 20	
Yes <input type="checkbox"/> ► Go to 20	

 If you have a mortgage provide a copy of a statement showing the amount owing for each mortgage.

**20** What is the legal description of the property (for example, lot, section, parish)?

This information can be found on a rates notice.  
If the property is made up of more than one title, provide details for each separate title.


 Provide a copy of the council rates notice.

**21** What is the area or dimension of the property?

You do not need to answer this question if your home is a unit or flat.

Complete **one** of these measurements only.

Area in hectares

or Area in acres

or Area in square metres

or Dimensions  X

**22** Describe all buildings on the property

This will help us to value the property.

<b>1</b> What is the approximate floor area in square metres? <input type="text"/>	How old is the building? <input type="text"/>
Type of construction	
Exterior (for example, brick, timber) <input type="text"/>	
Interior (for example, plaster, not lined) <input type="text"/>	
Roof (for example, iron, tiled) <input type="text"/>	
General condition (for example, fair, good, poor) <input type="text"/>	
Total number of flats/units in complex (if applicable)	<input type="text"/>
For residential building, number of bedrooms	<input type="text"/>
Number of other rooms (excluding laundry, bathroom, toilet)	<input type="text"/>

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

**23** Are you (and/or your partner) using any rooms or buildings in your home property solely for business purposes?

This includes rooms used for a bed and breakfast or a room/office used solely for running a business.

No  **Go to next question**

Yes  Value of the rooms or buildings of your home property used only for business

\$

**24** Is any portion of the land surrounding your home property used primarily for business purposes?

This includes using the land for cultivation, orchards, grazing animals or accessed for other reasons such as camping sites.

No  **Go to next question**

Yes  Estimated value of the portion of the land (up to 2 hectares or 5 acres) surrounding your home property that you own and that is used primarily for business purposes

\$

**25** Is your home part of a farm property?

No  **Go to 27**

Yes  Farm property primarily used for (for example, grazing, wheat, hobby)

**26** Is the farm property currently operational/viable?

No

Yes

Is it possible to subdivide the farm property or farm home?

No

Yes


List any other constructions located on the property (for example, workers' quarters, manager's house)


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

27 Did you (and/or your partner) receive rental income from your home property at the entry/application date?

No  Go to next question

Yes

 Provide documents showing details of the rental income and the outgoings (costs) for each property.

28 At the entry/application date, did any of the following people live in your home?

**Tick all that apply.** If there is more than one person, provide a separate sheet for question 28 to question 30.

A person caring for you, who has occupied the home for at least 2 years  Go to 29

Close relative: your sibling, child, grandchild, or parent who has occupied the home for at least 5 years  Go to 29

None of the above  Go to 31

29 Does this person still live in the home?

No  Date vacated (DD MM YYYY)

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Go to next question

Yes  Go to next question

## Consent by carer or close relative

30 Read this before answering the following question.

Services Australia or the Department of Veterans' Affairs needs to verify the period that your carer or close relative had occupied your home and that they were eligible to receive an income support payment at the entry/application date.

### Carer or close relative to complete

Make sure you have read the **Privacy and your personal information** on page 8 of this assessment and you have read the 'Protected Person' section on page 3 of the **Notes**.

### Consent by carer or close relative

Details of carer or close relative

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

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Centrelink Customer Reference Number (if known)

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OR

Department of Veterans' Affairs reference number

Relationship to the applicant

Phone number (including area code)

**I consent to** Services Australia or the Department of Veterans' Affairs using information collected from me for income support payment purposes and for the additional purpose of determining the value of the applicant's assets under the *Aged Care Act 1997*.

Signature of carer or close relative



Date (DD MM YYYY)

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## Privacy notice

### 31 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](http://servicesaustralia.gov.au/privacypolicy)

## Declaration for the person the assessment is for

### 32 Read this before continuing.

If you (the person who 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 33. See 'Person signing on your behalf' section on page 3 of the **Notes**.

#### 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:

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

#### I understand that:

- giving false or misleading information is a serious offence.

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.

33

## If someone signs on your behalf

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name

Address

Postcode

Phone number (including area code)

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Relationship to the person the assessment is for

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

Signature of legal guardian, power of attorney or existing nominee



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, provide a separate sheet with details.

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



Date (DD MM YYYY)

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

- A copy of the power of attorney order
- A copy of the administration order
- A copy of the financial management order
- A letter from a medical professional
- N/A – existing nominee arrangement

Questions continue next page ►

## Checklist

Which of the following documents are you (and/or your partner) providing with this form?

You must provide **copies** of documents. The copies will not be returned.

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

Tick all that apply	
Details of the sale of your home or details of the transfer or retirement village agreement (Required at <b>question 16</b> )	<input type="checkbox"/>
Details on value of mobile home/caravan/boat, refundable entry contributions or property (If you answered Yes at <b>question 17 or 19</b> )	<input type="checkbox"/>
Statement showing the amount owing for each mortgage (If you answered Yes at <b>question 17 or 19</b> )	<input type="checkbox"/>
Council rates notice (Required at <b>question 20</b> )	<input type="checkbox"/>
Documents showing details of the rental income (If you answered Yes at <b>question 27</b> )	<input type="checkbox"/>

## Returning this form

- **Services Australia**  
if you receive an income support payment from Services Australia, return to:  
Services Australia  
Residential Care  
PO Box 7821  
Canberra BC ACT 2610
- **Department of Veterans' Affairs**  
if you receive an income support payment from the Department of Veterans' Affairs, return to:  
Department of Veterans' Affairs  
GPO Box 9998  
Brisbane QLD 4001

You should do this before you enter care (if possible) to make sure that your cost of care can be calculated as quickly as possible. If you enter aged care without having an assessment, you could be asked to pay the maximum aged care fees applicable.

**If you are authorising a person or organisation to enquire or act on your behalf, complete and return the form on the following pages separately.**



If you are receiving a Department of Veterans' Affairs (DVA) means tested payment (see notes page 2 of 4) you should complete and return the **Aged Care Request for a nominee for Department of Veterans' Affairs customers (AC019)** form.

# Authorising a person or organisation to enquire or act on your behalf

**centrelink**



## When to use this form

You can use this form to authorise a person or organisation to enquire or act on your behalf for Centrelink payments and services including aged care.



If you or your nominee have your Centrelink payments income managed, call **1800 132 594** before filling in this form.



## Protecting you and your information

If you are affected by family and domestic violence, there is help available. Call **132 850** Monday to Friday, 8am to 5pm local time, and ask to speak to a social worker. Otherwise, you can contact 1800RESPECT (**1800 737 732**), a 24 hour service. If you are in immediate danger, call **000**. For more information, go to [servicesaustralia.gov.au/domesticviolence](http://servicesaustralia.gov.au/domesticviolence)

If you think the arrangement you have given a person or organisation is being misused, you can call us on your regular payment line, or call **132 850** Monday to Friday from 8 am to 5 pm, or visit one of our service centres.



## For more information

For Child Support, Medicare or more information, go to [servicesaustralia.gov.au/authorisedrepresentative](http://servicesaustralia.gov.au/authorisedrepresentative)

If you need to call us, use your regular payment line.

To speak to us in your language, call **131 202**. Call charges may apply.

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

If you have a hearing or speech impairment, you can call the **TTY service** on **1800 810 586**. A TTY phone is required to use this service.

## Type of arrangement you can request

The **information below** may help you choose the type of arrangement that best suits your needs and will assist you to answer question 5. There are 4 types of arrangements that can be requested.

If you want to have a different correspondence nominee to your payment nominee, person permitted to enquire or person permitted to update, you will need to complete a separate form.

Your authorised person or organisations can:	Person permitted		Correspondence nominee	Payment nominee
	to enquire	to update		
Ask us questions about your payments or services	✓	✓	✓	✓
Tell us about changes to your circumstances	✗	✓	✓	✗
Respond to requests for information	✗	✓	✓	✗
Come to appointments with you or, if appropriate, on your behalf	✗	✗	✓	✗
Complete and sign forms and statements	✗	✗	✓	✗
Get copies of your letters	✗	✗	✓	✗
Get your Centrelink payments, and use them only for your benefit	✗	✗	✗	✓
View and update your information online	✗	✗	✓	✓
Claim payments and services for you	✗	✗	✓	✗

## 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](http://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](http://servicesaustralia.gov.au/proda)

### Important information – type of arrangement

When choosing your type of arrangement, you should consider the following:

- you can only have **one** correspondence and **one** payment nominee. These can be different people. You will need to complete a separate form for each
- a person or organisation who is **both a correspondence and payment nominee** can enquire, act and get your Centrelink payments and aged care fee assessment on your behalf
- the person you are authorising cannot have a nominee acting on their behalf
- you can still deal with us, even if you have authorised a person or organisation to assist you
- if you get more money from us than you are entitled to, you will need to repay this. Your nominee is not responsible for repaying this money
- if you have a nominee of the same type already in place, this request will automatically cancel the existing arrangement. Your existing nominee will get a letter telling them of the cancellation.

### Person permitted to enquire or update – responsibilities and obligations



#### A person permitted to enquire or update:

- is required to use the information we give them to assist you to better understand your payment and services.



#### A person permitted to update:

- can provide us with information to update your payment and services
- must act in your best interest.

A person permitted to enquire or update cannot:

- make decisions for you
- sign forms or statements
- get copies of your letters.

You can authorise more than one person or organisation to be your person permitted to enquire or update.

### Correspondence and payment nominee – responsibilities and obligations



#### A correspondence nominee is required to:

- let us know of any changes to your circumstances **within 14 days (within 28 days if they are outside Australia)**
- respond to notices, including providing requested information and reporting notifiable events. If they do not respond to a notice, it will mean that you (as the customer), did not meet your obligations. If applicable, your payments may be stopped
- act in your best interest
- let us know of any changes that may affect their ability to be your nominee.



#### A payment nominee is required to:

- use your Centrelink payments for your benefit
- keep records on how the money was spent. We can review these records at any time. If the payment nominee does not provide this information, financial penalties may be imposed on them
- act in your best interest
- let us know of any changes that may affect their ability to be your nominee.

### Aged care calculation of your cost of care

Your **person permitted to enquire** can ask questions only, and your **person permitted to update** can ask questions and make updates to your income and assets.

If you are accessing aged care services, your **correspondence nominee** will be able to:

- complete and sign forms for calculation of your aged care cost of care
- ask questions about your aged care cost of care
- update your income and assets
- get copies of your aged care cost of care letters.



# Authorising a person or organisation to enquire or act on your behalf (SS313)




## 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:

- Print in BLOCK LETTERS using black or blue pen.
- Where you see a box like this   skip to the question number shown.

## 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 to provide payments and services. 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)

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

1 Your Centrelink Customer Reference Number (if known)

2 Your name

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name(s)

3 Your date of birth (DD MM YYYY)

4 Your permanent home address

Your postal address (if different from above)

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

No   to question 5

Yes  Date of change (DD MM YYYY)

5 Select the type of arrangement you are requesting:

For more information, go to page 1 of the notes.

Tick all that apply



**Option 1: Person permitted to enquire**

They can ask questions about your payments and services. They cannot make updates to your payments and services.



**Option 2: Person permitted to update**

They can ask questions about your payments and services and provide information to update your payments and services.



**Option 3: Correspondence nominee**

They can ask questions about your payments and services, tell us about changes to your circumstances, complete and sign forms/statements, attend appointments with you or on your behalf (if appropriate) and get copies of your letters from us.



**Option 4: Payment nominee**

They can receive your Centrelink payments on your behalf. Provide your nominee’s account details at **question 11**.

6 How long do you want this type of arrangement for?

Indefinitely  or until (DD MM YYYY)



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**Part B – Authorised person or organisation details**

**7 Tick one only**

Are you authorising a person or organisation?



Person  **GO** to Authorised person below

or



Organisation  **GO** to Authorised organisation below



**Authorised person**

The authorised person's Centrelink Customer Reference Number (if known)

The authorised person's name

Mr  Mrs  Miss  Ms  Mx  Other

Family name

First given name

Second given name(s)

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

Other name(s) the authorised 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 authorised person's contact details

Permanent address

Postal address (if different from above)

Contact phone number (including area code)

Email

**GO to question 8**



**Authorised organisation**

The authorised organisation's Centrelink Customer Reference Number (if known)

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 (if different from above)

Australian Business Number (ABN)

This is mandatory when nominating an organisation.

The authorised organisation's contact details

Permanent address

Postcode

Postal address (if different from above)

Postcode

Organisation's email

Name of contact person

Contact phone number (including area code)

The authorised organisation will need to register their business for Provider Digital Access (PRODA) and Business Hub to use the Nominee Services online.

For more information, go to [servicesaustralia.gov.au/proda](https://servicesaustralia.gov.au/proda)

**GO to question 8**

## Part C – Customer declaration and Third Party authorisation

8

### Tick one only

I declare that I am able to  **GO** to **Customer Declaration** below


**OR** If the customer is not able to  **GO** to **Third Party authorisation** below

**Read this before continuing.** Make sure you have read **Privacy and your personal information** on page 1 of this form.

### Customer declaration

**If the customer is able to** make their own decisions but is not able to sign this form, it may be signed by their Power of Attorney.

Tick this box if a Power of Attorney is signing the customer declaration

-  The Power of Attorney needs to provide:
- a copy of the legal documents
  - photo identification for the attorney, such as an Australian driver licence or valid passport
  - 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.

Name of the Power of Attorney

**I declare that** the information I have provided in this form is complete and correct.

**I authorise** the person or organisation named on this form, to deal with Services Australia on my behalf according to the type of arrangement shown on this form.

#### I understand that:

- this is voluntary and I can cancel this arrangement at any time.
- the type of 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)




You have now completed **Part C**.  
The **authorised person or organisation** is to complete **Part D**.

▶ **GO** to question 9

### Third Party authorisation

**If the customer is not able to sign this form** due to physical or mental disability and the type of 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, for example, a treating doctor, nurse, case worker or social worker
    - provide a letter or the medical evidence of the customer's incapacity
  - the holder of an Enduring Power of Attorney (financial and/or legal decisions)
    - provide a copy of the legal document and medical evidence
    - provide photo identification for the attorney, such as an Australian driver licence or valid passport
    - if there are multiple attorneys with majority or joint decision making, they must all provide a letter or signature with their agreement
  - the person or organisation holding a guardianship, financial management or administration order
    - provide a copy of the order or certificate.

Will receiving Centrelink or aged care letters cause distress or confusion for the customer? No  Yes

Name of the third party

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 according to the type of arrangement shown on this form.
- the information I have provided in this form is complete and correct.

Signature of the third party

Date  
(DD MM YYYY)



You have now completed **Part C**.  
The **authorised person or organisation** is to complete **Part D**.

▶ **GO** to question 9

**Part D – To be completed by the authorised person or organisation**

9 Do you have any of the following:

- Power of Attorney (financial and/or legal decisions)
- Enduring Power of Attorney (financial and/or legal decisions)
- Guardianship order
- Financial management/administration order
- None of the above



Provide a copy of any documents ticked above.

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

Provide a password

The password needs to have 4 to 12 letters or numbers.

**Payment nominee only to complete**

This is not applicable if you are only accessing aged care services.

11 Will you be receiving payments on behalf of the customer?

No  **GO to question 12**

Yes – by deposit  Give Deposit account details below into account

Yes – by group  Give Group payment details below payment

**Complete this if you are a payment nominee.**

It may be easier as a nominee to manage the payments by having a separate account. As a nominee you must tell us if this account changes.

**Deposit account**

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

**Group payment**

Group Payment organisations – enter 3 character Group Institution Code (if applicable)

**Authorised person or organisation declaration**

12 Make sure the authorised person and/or organisation details are correct in **question 7**.

For more information about the responsibilities and obligations as an authorised person or organisation, refer to the **Notes**.

Read **Privacy and your personal information** on page 1 of this form.

**I declare that I:**

- understand and accept the responsibilities and obligations for the type of arrangement requested in this form.
- will act in the best interest of the customer.

**I understand that:**

- any personal information I am given access to under this type of 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 type of 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.

Signature of the authorised person or organisation

Date (DD MM YYYY)

Your relationship with the customer

**Tick one only**

- Parent of customer
- Child of customer
- Legal guardian
- Partner
- Sibling
- Grandparent of customer
- Grandchild of customer
- Other relative
- Organisation
- Professional

Other  Give details below

## Checklist

### Identity requirements – Authorised person – (question 7) or Power of Attorney (question 8)

- authorised person, or
- Power of Attorney, either completing the customer declaration or Third Party authorisation section, is required to provide photo identification in person at one of our service centres, agents or access points. For locations go to [servicesaustralia.gov.au/findus](https://servicesaustralia.gov.au/findus).



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
<b>Customer declaration – I am able to make my own decisions (question 8)</b>		
If the Power of Attorney completes the customer declaration, they will need to provide		
• the Power of Attorney (financial and/or legal decisions) document – 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"/>
• photo identification for the attorney, has been provided in person to a service centre, agent or access point		<input type="checkbox"/>
<b>Third Party authorisation – the customer is not able to make their own decisions (question 8)</b>		
If a third party provides authorisation, they must provide evidence as outlined below		
• a relevant professional, for example, a treating doctor, nurse, case worker or social worker – a letter or the medical evidence of the customer's incapacity		<input type="checkbox"/>
• the holder of an Enduring Power of Attorney (financial and/or legal decisions) – a copy of the legal document and medical evidence of the customer's incapacity		<input type="checkbox"/>
– photo identification for the attorney, has been provided in person to a service centre, agent or access point		<input type="checkbox"/>
– 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"/>
• the person or organisation holding a guardianship, financial management or administration order – a copy of the order or certificate		<input type="checkbox"/>
<b>If your authorised person or organisation holds any of the following, they will need to provide a copy of the documents (question 9)</b>		
• Power of Attorney (financial and/or legal decisions)		<input type="checkbox"/>
• Enduring Power of Attorney (financial and/or legal decisions)		<input type="checkbox"/>
• Guardianship order		<input type="checkbox"/>
• Financial management/administration order		<input type="checkbox"/>

## Stopping your arrangement

You can cancel your arrangement at any time, unless it is a court, tribunal, guardianship or an administration appointed arrangement.

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

To cancel the type of arrangement:

- call us – go to [servicesaustralia.gov.au/phoneus](https://servicesaustralia.gov.au/phoneus)
- use your **online account** to cancel or change your correspondence and/or payment nominee at any time
- write to us – go to [servicesaustralia.gov.au/contactus](https://servicesaustralia.gov.au/contactus)

Centrelink may review, reject or cancel your type of arrangement at any time. This includes if the person or organisation is not able to meet their responsibilities and obligations.

## Returning this form

Return this form and any supporting documents:

- **online** (excluding identity documents) using your Centrelink online account. For more information, go to [servicesaustralia.gov.au/centrelinkuploaddocs](https://servicesaustralia.gov.au/centrelinkuploaddocs)
- post to: Services Australia, PO Box 7800, CANBERRA BC ACT 2610
- fax to: 1300 786 102
- in person at one of our service centres.