



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

Purpose of 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:

- you were in home care or residential care on **30 June 2014**, and
- you moved to a new service on or after **1 July 2014**, and
- 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 the Australian Government Department of Human Services (Human Services). You will need to contact Human Services to obtain an assessment of your means to determine your fees and payments under the new arrangements.

For more information

For more information, go to our website humanservices.gov.au/agedcare or call **1800 195 206** Monday to Friday, between 9.00 am and 5.00 pm, Australian Eastern Standard Time.

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

Note: Call charges apply from mobile phones.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗

Returning your form

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

Return the completed form to your service provider.

Provider to send the completed form to:

Department of Human Services
Aged Care Payments
GPO Box 9923
SYDNEY NSW 2001

or

Scan and email: aged.care.liaison@humanservices.gov.au

Care recipient details

1 Care recipient ID (if known)

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2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Date of birth

	/		/	
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4 Sex

Male

Female

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.

Privacy notice

- 7** 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.

Declaration

8 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



Date

/ /

or

Registered nominee's full name

Registered nominee's signature



Date

/ /