



Purpose of this form

If you are in residential aged care or are receiving a home care package, you may authorise another person (a 'nominee') to deal with the Australian Government Department of Human Services (Human Services) on your behalf. The nominee may receive information from us about your care costs and may give us information about your income and assets. If you decide not to appoint a nominee, we will contact you directly about these matters. You may vary or cancel the appointment of a nominee at any time, by writing to us.

Note: If your nominee does not hold a Power of Attorney or similar, both you and your nominee will receive letters from Human Services.

For more information

For more information, call **1800 195 206** Monday to Friday, between 9.00 am and 5.00 pm, Australian Eastern Standard Time.

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 X
- 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

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

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

PART A — Care recipient details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Date of birth

 / /

3 Care recipient ID (if known)

4 Name of Aged Care Service

5 Aged Care Service phone number

 ()

6 Address of Aged Care Service (if in residential care) or
Address of care recipient (if receiving a home care package)

 Postcode

7 Is the care recipient mentally impaired and cannot complete this form?

No Go to the next question

Yes Go to PART D

8 Is the care recipient physically impaired and cannot complete this form?

No Go to PART B

Yes Go to PART C

PART B — To be completed when the care recipient is without physical or mental impairment

Privacy notice

1 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.

Care recipient's declaration

2 I declare that:

- I am voluntarily appointing a nominee.
- the information I have provided in this form is complete and correct.

I authorise the Australian Government Department of Human Services to:

- discuss my care costs and my income and assets with my nominee.
- send letters about my care costs to my nominee.

I understand that:

- I can cancel this appointment at any time, by writing to the Australian Government Department of Human Services.
- giving false or misleading information is a serious offence.

Care recipient's full name

Care recipient's signature

Date

Nominee's details

3 Dr Mr Mrs Miss Ms Other

Family name

Mac Manus

First given name

David

Second given name

4 Daytime phone number

(04) 2461 6060

5 Postal address

DMFS Financial Advisers

8 / 350 Collins Street

MELBOURNE VIC

Postcode 3000

6 Which of the following forms of authorisation do you hold on behalf of the care recipient?

Tick ALL that apply

Enduring power of attorney

Guardianship order

Financial management/administration order

Appointment of enduring guardian

None of the above



Attach a copy of the relevant authorisation(s).

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Nominee's declaration

8 I declare that:

- any information I obtain from the Australian Government Department of Human Services will be kept confidential and will not be disclosed to any unauthorised person without the permission of the person appointing me.
- the information I have provided in this form is complete and correct.

I understand that:

- I can cancel this appointment at any time, by writing to the Australian Government Department of Human Services.
- I must inform the Australian Government Department of Human Services of any changes to my address and contact details, and changes in the circumstances of the person who has appointed me.
- giving false or misleading information is a serious offence.

Nominee's signature

Date

PART C — To be completed when the care recipient is physically impaired such that they cannot complete this form

Nominee's details

1 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Daytime phone number

3 Postal address

4 Which of the following forms of authorisation do you hold on behalf of the care recipient?

Tick ALL that apply

Enduring power of attorney

Guardianship order

Financial management/administration order

Appointment of enduring guardian

None of the above



Attach a copy of the relevant authorisation(s).

Privacy notice

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Nominee's declaration

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

I understand that:

- I can cancel this appointment at any time, by writing to the Australian Government Department of Human Services.
- I must inform the Australian Government Department of Human Services of any changes to my address and contact details, and changes in the circumstances of the person who has appointed me.
- giving false or misleading information is a serious offence.

Nominee's signature

Date

/ /

If you hold one of the forms of authorisation at question 4, the care recipient declaration is **not required**.

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Care recipient's declaration

8 I declare that:

- I am voluntarily appointing a nominee.
- the information I have provided in this form is complete and correct.

I **authorise** the Australian Government Department of Human Services to:

- discuss my care costs and my income and assets with my nominee.
- send letters about my care costs to my nominee.

I understand that:

- I can cancel this appointment at any time, by writing to the Australian Government Department of Human Services.
- giving false or misleading information is a serious offence.

Signed at the direction of the care recipient by the Director of Nursing/Hostel Manager/Care Manager

Full name

Position

Date

PART D — To be completed when care recipient is mentally impaired such that they cannot complete this form

Nominee's details

1 Dr Mr Mrs Miss Ms Other

Family name

Mac Manus

First given name

David

Second given name

2 Daytime phone number

(04) 2461 6060

3 Postal address

DMFS Financial Advisers

8 / 350 Collins Street

MELBOURNE VIC Postcode 3000

4 Are you the spouse/partner of the care recipient?

No

Yes Go to 7

5 Which of the following forms of authorisation do you hold on behalf of the care recipient?

Tick ALL that apply

Enduring power of attorney

Guardianship order

Financial management/administration order

Appointment of enduring guardian

None of the above



Attach a copy of the relevant authorisation(s).

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Nominee's declaration

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- any information I obtain from the Australian Government Department of Human Services will be kept confidential and will not be disclosed to any unauthorised person.
- the information I have provided in this form is complete and correct.

I understand that:

- I can cancel this appointment at any time, by writing to the Australian Government Department of Human Services.
- I must inform the Australian Government Department of Human Services of any changes to my address and contact details, and changes in the circumstances of the person for whom I am acting.
- giving false or misleading information is a serious offence.

Nominee's signature

Date

Office use only

Care recipient No.

Keyed initials

Date