



APPLICATION FOR CARE UNDER THE AGED CARE ACT 1997

PRIVACY

The use and/or disclosure of information collected in the course of assessing care needs and/or deciding whether to approve a person as a care recipient to access one or more types of Commonwealth subsidised aged care is authorised by Section 86-2, 86-4 and 86-5 of the *Aged Care Act* 1997.

APPLICATION FOR APPROVAL

Complete this part of the form if you are applying for approval to receive aged care under the Aged Care Act 1997.

pears on you	r Medicare card c	or DVA concession card)			
ive the type(s) of aged care I ha	ve ticked below. (Tick at	least one box).		
Residential care Home ca]		
	Flexible care]		
you are eligil	ole to receive a typ	pe of aged care, this doe	s not mean that you mu	st Date	
applicant. Or	nly in exceptional	circumstances should so	meone else sign. If this	is the case, please	
sign?					
lease print)					
, Spouse, GP,	Solicitor, etc)				
Unit No./No. Street			Suburb/Town		
Phone					
e service p	provider in E	MERGENCY C	ASES ONLY		
EMERGENCY The person urgently needed the care when it started and it was not practicable to apply for approval beforehand.			Yes		
If YES, reason for emergency approval must be included in the comments relating to "Current Support" in the National Screening and Assessment Form				An application for emergency approval <u>must</u> be made within 5 business days of care starting unless extended under Section 22-5(3) of the <i>Aged Care Act</i> 1997.	
Approved Provider Number (mandatory if Yes) Date care started				For home care, this section may enable an earlier approval date to be applied for the person. From 27 February 2017, a service provider will <u>not</u> be eligible to receive home care subsidy until a person has been	
Signature				are package through My Aged Care 1 of the <i>Aged Care Act 1997</i>).	
	ive the type(s	Home care Home care Flexible care syou are eligible to receive a type applicant. Only in exceptional sign? lease print) Spouse, GP, Solicitor, etc) Phone Service provider in Egently needed the care when it stapply for approval beforehand. If must be included in the commenteening and Assessment Form	Home care Home care Flexible care Syou are eligible to receive a type of aged care, this does applicant. Only in exceptional circumstances should so sign? Please print Spouse, GP, Solicitor, etc) Phone Service provider in EMERGENCY Company of approval beforehand. In must be included in the comments relating to beening and Assessment Form	Flexible care	