



Australian Government
Department of Health and Ageing

Permanent Residential Aged Care Request for an Assets Assessment

Please read the accompanying *Supplementary Booklet* before completing this form.

This form is used to:

- apply for Australian Government financial assistance towards your residential aged care accommodation, and
- provide the necessary information so that your assets can be assessed by Centrelink or the Department of Veterans' Affairs (DVA). The results of this assessment will assist you in working out the amount of accommodation bond or charge an aged care provider can ask you to pay.

Important information:

- You do not need to have an assets assessment undertaken if you are intending to enter respite care.
- If someone else will be signing any part of this form on your behalf, this person must hold documentation authorising them to do so.
- Where this form asks you to provide supplementary documents, photocopies are sufficient.
- This form is subject to all the conditions set out in the *Supplementary Booklet* to this form.

Section A Introductory questions

A1 Do you have a current Aged Care Assessment Team (ACAT) **approval** for entry into permanent residential aged care?

No Yes

A2 Are you currently receiving care in a **hospital** pending entry into permanent residential aged care?

No Yes

A3 Have you been **offered a place** in permanent residential aged care?

No Yes ▶ When will this offer expire? / /

A4 Are you currently **residing** in permanent residential aged care?

No Yes ▶ When did you enter care? / /

Are you requesting this assets assessment for:

Your current admission to residential aged care

A move to a different aged care home

A5 Are you currently receiving an **income support payment** from Centrelink or the Department of Veterans' Affairs (DVA)?

'Income support payments' are defined on page 6 of the Supplementary Booklet.

No Yes ▶ Which agency do you receive the payment from?

Centrelink ▶ Type of payment received

Centrelink Customer Reference Number

DVA ▶ Type of payment received

DVA file number

A6 Did you (and/or your partner), as a veteran or dependant of a deceased veteran, receive a payment of \$25,000 under the Veterans' Entitlements Regulations 2001 as **compensation for internment** by:

North Korean forces during the Korean War? No Yes

Japanese forces during World War II? No Yes

If you (and/or your partner) received one of these payments, the compensation payment amount will be **deducted** from the value of your assets.

Section B Applicant details

B1 Your full name (If you have a Pensioner Concession Card, please write your name **exactly** as shown on the card):

Title (e.g. Mr, Mrs, Miss, Ms)

Surname or family name

Given names

B2 Sex Male Female

B3 Date of birth

B4 Home address

If you are already in residential aged care or are in a hospital awaiting entry to a residential aged care home, you should write down your **previous** home address.

STATE

POSTCODE

B5 Address for correspondence (if different from above)

If you are already in residential aged care or in a hospital awaiting entry to an aged care home, and you wish your correspondence to be sent directly to you there, you should provide your hospital or aged care home address here.

STATE

POSTCODE

B6 Daytime phone number

STD

Section C Partner details

'Partner' is defined on page 5 of the Supplementary Booklet.

C1 Your partner's full name:

Title (e.g. Mr, Mrs, Miss, Ms)

Surname or family name

Given names

C3 Date of birth

C4 Residential address

STATE

POSTCODE

Section D Your home

Page 5 of the *Supplementary Booklet* tells you how your home is treated for the assets assessment.

- D1** Do you (and/or your partner) currently **own** (or part own) a home?
Please note: For the purposes of this question, disregard any financial interest held by a financial institution in the form of a mortgage.

No Yes ► **Go to D3** below

- D2** Have you (and/or your partner) owned (or part owned) a home at any time during the **past two years**?

No ► **Go to Section E** on page 9

Yes ► If you (and/or your partner) **sold** your home:

When did this take place? / /

How much did you (and/or your partner) receive? \$
(Deduct any amount that was used to pay off a mortgage, or any other amounts paid to finalise the sale of the home, for example taxes.)

If you (and/or your partner) **transferred** your home:

When did this take place? / /

What was the market value of your interest in the home at the time of transfer? \$



Please attach supporting documentation such as a solicitor's settlement letter or the sale contract. **Go to Section E** on page 9

Retirement village homes and mobile homes

- D3** Is your home part of a **retirement village**?

No Yes ► Have you (and/or your partner) paid an entry contribution that will be repaid upon leaving the retirement village?

No ► **Go to D19** on page 8

Yes ► What is the current amount that would be repaid to you (and/or your partner)? \$



Please attach documentation stating the current amount that would be repaid to you (and/or your partner). **Go to D19** on page 8

- D4** Is your home a **mobile** home such as a caravan or a boat (or similar dwelling)?

No Yes ► What is the current market value of the home? \$



Please attach documentation indicating the current market value. **Go to D19** on page 8

Details for valuation of your home

D5 What is the **address** of your home?

STATE	POSTCODE

D6 What **type** of property is your home?

House	<input type="checkbox"/>	
Part of a farming property	<input type="checkbox"/>	
Townhouse (including duplex/triplex)	<input type="checkbox"/>	
Self-contained flat (part of or attached to a house)	<input type="checkbox"/>	
Unit/flat	<input type="checkbox"/>	▶ How many units/flats in block? <input type="text"/>
Other	<input type="checkbox"/>	▶ Please specify <input type="text"/>

D7 What is the **share** of ownership (as indicated on the property title)?

Please note: For the purposes of this question, disregard any financial interest held by a financial institution in the form of a mortgage.

Self	<input type="text"/>	%
Partner	<input type="text"/>	%
Others	<input type="text"/>	%

D8 What is the **legal description** (lot/section number) of the land? This information can be found on a rates notice.

D9 What is the **area/dimensions** of the land (if applicable)?

<input type="text"/>	Square metres, or
<input type="text"/>	Hectares, or
<input type="text"/>	Acres

D10 What is your **estimate** of the **current market value** of the property, including land and buildings?

Please note: You do not need to have the property professionally valued. We may have an approved Government valuer do this at no cost to you.

\$ <input type="text"/>

D11 What are the **details** of your home?

Number of bedrooms	<input type="text"/>
Number of bathrooms	<input type="text"/>
Number of garages	<input type="text"/>
Approximate age of the home	<input type="text"/> YEARS
Floor area	<input type="text"/> square metres or <input type="text"/> squares
Your assessment of the condition of the home:	Good <input type="checkbox"/>
	Fair <input type="checkbox"/>
	Poor <input type="checkbox"/>
Type of construction: Exterior (e.g. brick, timber, fibro)	<input type="text"/>
Roof (e.g. iron, tiled)	<input type="text"/>
Is there anything that may affect the value of the home (e.g. swimming pool, new kitchen, no off-street parking)?	
<input type="text"/>	
<input type="text"/>	

D12 Is your home part of a **farm property**?

- No ► **Go to D19** on page 8
- Yes ► **Go to D13** on the next page
-

Farm information

This information is needed by the valuer to verify the value of the property in order to determine the value of the home on it.

D13 What is the farm property **primarily** used for?
(e.g. grazing, wheat, hobby)

D14 Is the farm property currently **operational/viable**?

No Yes

D15 Is it possible to **subdivide** the farm property or farm home?

No Yes

D16 Are there any **improvements** on the farm property?

No Yes ▶ Please complete the following table

Type	Number	Description	Age (years)
Hay shed			
Machinery shed			
Shearing shed			
Grain shed			
Silos			
Cattle/sheep yard			

D17 Is there any **fencing** on the property?

No Yes ▶ Type
Condition

D18 Please list any other **constructions** located on the property
(e.g. workers' quarters, manager's house)

Occupants of your home

This information is needed to decide if your home can be exempted from the assets assessment.

D19 Do you have a **partner** who lives in your home?

No Yes

D20 Do you have a **dependent child** who lives in your home?

'Dependent child' is defined on page 6 of the *Supplementary Booklet*.

No Yes Give details of your dependent child

Surname or family name

Given names

Date of birth

D21 Have you had someone **caring for you** who has lived in your home for the **past 2 years** and is currently **eligible** to receive an income support payment from Centrelink or the Department of Veterans' Affairs? (Note: A Carer's Allowance is not an income support payment)

No Yes

D22 Has a **close relative** (either your mother, father, sister, brother, child or grandchild) lived in your home for the **past 5 years** and is currently **eligible** to receive an income support payment from Centrelink or the Department of Veterans' Affairs?

No Yes

D23 If you have answered **Yes** to either (or both) **D21** or **D22**, it is necessary for your carer or close relation to give consent for Centrelink/Department of Veterans' Affairs to use information already held for purposes of deciding their eligibility for an income support payment.

Consent by carer or close relation

I hereby consent to Centrelink/Department of Veterans' Affairs using information which has been collected from me when they determined my eligibility for an income support payment. My consent is given to use my information up until the time the applicant enters care, or determinations and decisions on the applicant's net value of assets and eligibility to be a concessional or assisted resident are made. I understand my information is being accessed and used to verify claims by the applicant in relation to my occupation of the applicant's home for the purpose of determining the value of the applicant's assets and whether the applicant is a concessional or assisted resident. I understand the information will not be used for any other purpose without my prior written consent.

Signature of carer
or close relation

Date

Surname or family name

Given names

Date of birth

Centrelink or DVA
reference number

Relationship to applicant

Daytime phone number

STD

Section E Other assets

E1 Are you currently receiving an **income support payment** from Centrelink or the Department of Veterans' Affairs?

No ▶ You **must** complete this section.

If you have a partner, you must include all assets held by you and your partner, whether separately or jointly.

Go to E2 on the next page

Yes ▶ Are you regarded as **blind** for income support payment purposes?

No ▶ You do **not** have to complete this section if you give consent to Centrelink/DVA to use information they already hold about you (you need to sign your consent later in this form). If this applies to you, **go to Section G** on page 18.

Yes ▶ If you have **not** been means tested by Centrelink/DVA, you **must** complete this section.

If you have a partner, you must include all assets held by you and your partner, whether separately or jointly.

Go to E2 on the next page



Important

If you currently receive an income support payment, but you do **not** want information currently held by Centrelink or DVA to be used to complete your assets assessment, you **must** complete this section.

If you are a Centrelink customer and you want to check the information Centrelink holds for you is correct, you can request an Income and Assets Statement by phoning 13 23 00.

E2 Do you (and/or your partner) have any **deposits with financial institutions**? This includes bank accounts, building society/credit union accounts, term deposits or money held in development funds.

No Yes ► What is the total value of these deposits? \$



Please attach proof of all account balances (e.g. ATM slips, statements, passbooks)

E3 Do you (and/or your partner) have any **investment bonds or debentures**?

No Yes ► What is the total current value of these investments? \$



Please attach supporting financial statements

E4 Have you (and/or your partner) **lent any money** (including money to family members, relatives and friends)?

No Yes ► What is the total amount outstanding against these loans? \$



Please attach supporting documents (if available)

E5 Do you (and/or your partner) own any **shares, options, rights, convertible notes**?

No Yes ► What is the total current market value of these investments? \$

(The market value of shares is the number of shares multiplied by the current share price.)



Please attach supporting financial statements

E6 Do you (and/or your partner) have any **managed investments**? This includes unit and account based trusts, listed trusts, master trusts, insurance and friendly society bonds.

No Yes ► What is the total current market value of these investments? \$

(For unit based investments, the market value is the number of units multiplied by the current unit price. For account based investments, the market value is the current account balance.)



Please attach supporting financial statements for each investment stating the unit holdings and account balances

E7 Do you (and/or your partner) have any **life insurance policies** that can be cashed in?

No Yes ► What is the total surrender value of these insurance policies? \$



Please attach the most recent policy schedules

E8 Do you (and/or your partner) have any **superannuation assets** from which lump sums can be withdrawn?

No Yes ► What is the total value of the amounts that can be withdrawn? \$



Please attach a copy of the most recent statements

E9 Do you (and/or your partner) have any **income-stream products** from which lump sums can be withdrawn?

No Yes ► What is the total value of the amounts that can be withdrawn? \$



Please attach a copy of the most recent schedules

E10 Do you (and/or your partner) own any **motor vehicles, boats, caravans or trailers**?

No Yes ► What is the total current market value? \$

(The current market value of your vehicle is the amount you would get if you sold it. It is not the insured or replacement value. If you have an outstanding loan or debt against the vehicles, this information should be provided when you get to **Question G2** of **Section G**.)



Please attach supporting documents, if available (e.g. insurance policy schedules)

E11 Do you (and/or your partner) have an interest in a **business** (this includes a **farm**)?

No Yes ► What is the total value of your interest? \$

(For a farming business, the value of grazing animals, produce, crops, plant and machinery should be included.)



Please attach a recent balance sheet which states your (and/or your partner's) current interest in the business.

E12 Do you (and/or your partner) have an interest in a **private company**?

No Yes ► What is your estimate of the total value of the interest?

You will be asked to provide more details at a later date.

Please note: 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, director or other office holder of the company
- are owed money by the company
- are able to benefit from the company
- have provided, for less than market value, property or services to the company since 9 May 2000
- can expect the director of a company to act in accordance with your wishes
- can expect the governing director or major shareholder to act in accordance with your wishes.

E13 Do you (and/or your partner) have an interest in a **private trust**?

No Yes ► What is your estimate of the total value of the interest?

You will be asked to provide more details at a later date.

Please note: 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, guardian or principal of the trust
- are a trustee
- are a shareholder or director of the trustee company
- are a beneficiary or included among the categories of beneficiaries
- are a unit holder
- are owed money by the trust
- have provided, for less than market value, property or services to the trust since 9 May 2000
- are able to benefit from the trust
- can expect the trustee or appointor of a trust to act in accordance with your wishes.

E14 Do you (and/or your partner) have any special **collections** such as stamps, art work or antiques?

No

Yes

▶ What is your estimate of the total value of these collections?

\$



Please attach valuation certificates or insurance valuations (if available).

E15 What is your estimate of the market value of your (and/or your partner's) **household contents and personal effects**?

\$

(The market value is the amount you would get if you sold them. It is not the replacement or insured value.)

If you do not provide an estimate, the value of your household contents and personal effects will be taken to be \$5,000.

E16 Do you (and/or your partner) have any **other assets** (apart from real estate) not declared elsewhere on this form?

No

Yes

▶ What is the nature of these assets/investments

What is your estimate of the value of these assets/investments?

\$



Please attach supporting documentation (if available)

E17 Do you (and/or your partner) have any **real estate properties other than your home** outlined in **Section D**?

No

▶ **Go to Section G** on page 18

Yes

▶ How many real estate properties do you (and/or your partner) own or have an investment in?

Please note

You must complete a **Section F** for each property.

If you have more than one property, you will need to photocopy **Section F** enough times before filling it in.

Section F Investment property

F1 What is the **address** of the property?

STATE	POSTCODE

F2 Please indicate the type of property

Vacant land

House

Townhouse (including duplex/triplex)

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

Unit/flat ▶ How many units/flats in block?

Farm

Hobby farm

Retail premises

Commercial premises

Industrial premises

Other ▶ Please specify

F3 What is the **share** of ownership (as indicated on the property title)?

Please note: For the purposes of this question, disregard any financial interest held by a financial institution in the form of a mortgage.

Self	<input style="width: 100px;" type="text"/>	%
Partner	<input style="width: 100px;" type="text"/>	%
Others	<input style="width: 100px;" type="text"/>	%

F4 What is the **legal description** (lot/section number) of the land? This information can be found on a rates notice.

F5 What is the **area/dimensions** of the land (if applicable)?

<input style="width: 100px;" type="text"/>	Square metres, or
<input style="width: 100px;" type="text"/>	Hectares, or
<input style="width: 100px;" type="text"/>	Acres

F6 What is your **estimate** of the **current market value** of the property, including land and buildings?

Please note: You do not need to have the property professionally valued. We may have an approved Government valuer do this at no cost to you.

\$	<input style="width: 150px;" type="text"/>
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Farm information

F9 What is the farm property **primarily** used for?
(e.g. grazing, wheat, hobby)

F10 Is the farm property currently **operational/viable**?

No Yes

F11 Is it possible to **subdivide** the farm property or farm home?

No Yes

F12 Are there any **improvements** on the farm property?

No Yes ▶ Please complete the following table

Type	Number	Description	Age (years)
Hay shed			
Machinery shed			
Shearing shed			
Grain shed			
Silos			
Cattle/sheep yard			

F13 Is there any **fencing** on the property?

No Yes ▶ Type
Condition

F14 Please list any other **constructions** located on the property
(e.g. workers' quarters, manager's house).

Rental from investment property

This information is needed by the valuer to verify the value of your investment property.

F15 Is rental income **received** from the property?

No ▶ Go to **Section G** on the next page

Yes ▶ Go to **F16** below

F16 What is the **amount** of rent received for the property?

\$ PER

F17 What are the details of the **lease arrangement**
(e.g. long term, monthly)?

F18 What is your **estimate** of the **annual outgoings**
(e.g. rates, maintenance)?

\$

F19 Does the **tenant** pay the outgoings?

No Yes

Section G Debts

Under the assets assessment, debts, charges and encumbrances on assets that you (and/or your partner) hold will be **deducted** from the net value of your assets. Unpaid household and medical bills may also be included as debts.

G1 Do you (and/or your partner) have any **mortgages**?

No Yes ▶ Please complete the following table

Address of property secured by mortgage	Outstanding balance
	\$
	\$
	\$
	\$



Please attach the most recent statement for each mortgage

G2 Do you (and/or your partner) have **outstanding motor vehicle/boat/caravan loans**?

No Yes ▶ What is the current balance of the loans?

\$



Please attach the most recent statement for each loan

G3 Do you (and/or your partner) have any **outstanding credit card debts or other personal loans**?

No Yes ▶ What is the current outstanding balance of these debts?

\$



Please attach the most recent statements

G4 Do you (and/or your partner) have any **other debts** not already represented on this form?

No Yes ▶ What is the current outstanding amount of these debts?

\$




Please attach supporting documentation

Section H Authorised person

- H1** For a person to act on your behalf in relation to applying for an assets assessment for permanent residential aged care, you must provide the person's name and contact details. You must also provide a copy of the documentation that demonstrates that the person holds the legal authority to act on your behalf.

Title (e.g. Mr, Mrs, Miss, Ms)	<input type="text"/>
Surname or family name	<input type="text"/>
Given names	<input type="text"/>
Residential address	<input type="text"/>
	<input type="text"/>
	STATE <input type="text"/> POSTCODE <input type="text"/>
Daytime phone number	STD <input type="text"/> <input type="text"/>

 Please attach the authorisation (tick whichever is applicable):

A copy of the power of attorney order	<input type="checkbox"/>
A copy of the guardianship order	<input type="checkbox"/>
Other statement/details of authorisation	<input type="checkbox"/>

Section I Contact person

I1 Do you want to **nominate** a person with whom Centrelink or the Department of Veterans' Affairs can speak to in regard to this aged care assets assessment?

No ▶ Go to **Section J** on the next page

Yes ▶ Who do you wish to nominate?

My partner ▶ Partner's daytime phone number

STD

Authorised person as shown in Section H

Someone else ▶ Give details of the person you wish to nominate

Title (e.g. Mr, Mrs, Miss, Ms)	<input type="text"/>
Surname or family name	<input type="text"/>
Given names	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/>
	STATE <input type="text"/> POSTCODE <input type="text"/>
Daytime phone number	STD <input type="text"/>
Relationship to applicant	<input type="text"/>

I2 You (the applicant) and the contact person must sign the following certification.

Certification	
<p>Applicant</p>	<ul style="list-style-type: none"> I make this request voluntarily and understand that I can cancel this arrangement at any time by contacting Centrelink or the Department of Veterans' Affairs. I authorise Centrelink or the Department of Veterans' Affairs to release personal information about me to the person nominated above. <p>Signature of applicant (or person authorised to sign) <input type="text"/></p> <p>Date <input type="text"/></p>
<p>Contact person</p>	<ul style="list-style-type: none"> I understand that any information I obtain about the applicant is confidential and cannot be disclosed without the permission of the applicant. I understand that I can cancel this arrangement at any time by contacting Centrelink or the Department of Veterans' Affairs (whichever agency is applicable). <p>Signature of contact person <input type="text"/></p> <p>Date <input type="text"/></p>

Section J Consents and Declaration

- J1** If you receive an income support payment from Centrelink or the Department of Veterans' Affairs, please sign to give the following Consents.

Consents	(1) I consent to Centrelink/Department of Veterans' Affairs using information which has been collected from me when they determined my eligibility for an income support payment. My consent is given to use my information up until the time I enter care, or determinations and decisions on my net value of assets and eligibility to be a concessional or assisted resident are made. I understand my information is being accessed and used for the purpose of determining the value of my assets and whether I am a concessional or assisted resident.
	(2) I consent to Centrelink/Department of Veterans' Affairs using information collected from me to assess the value of my assets for entry to aged care, to update information currently held by Centrelink/Department of Veterans' Affairs in relation to my income support payment.
Signature of applicant (or person authorised to sign)	<input type="text"/>
Date	<input type="text"/>

- J2** All applicants must sign the following Declaration.

Declaration	I declare that the information in this form is complete and correct. I consent to this information, being collected and used by Centrelink or the Department of Veterans' Affairs to make a resident status determination under the Aged Care Act 1997. I consent to Centrelink or the Department of Veterans' Affairs providing the result of this determination and any other information collected as required to the Department of Health and Ageing. I also understand that giving false or misleading information is a serious offence.
Signature of applicant (or person authorised to sign)	<input type="text"/>
Date	<input type="text"/>

Please use the Document checklist on page 23

This page is intentionally blank.

Section K Document checklist

K1 You have been asked to provide documents (copies only) to support your answers to some of the questions.

Please use this checklist to make sure you have attached all the relevant documents.

Section A – Introductory questions

- D2** Sale of the home – supporting documentation such as a solicitor’s settlement letter or the sale contract
- D3** Current refundable balance – documents stating the current amount that would be repaid
- D4** Current market value of mobile home – documents indicating the current market value

Section E – Other assets

- E2** Deposits with financial institutions – proof of all account balances such as ATM slips, statements, passbooks
- E3** Investment bonds or debentures – supporting financial statements
- E4** Money on loan – supporting documentation
- E5** Shares, options, rights, convertible notes – supporting financial statements
- E6** Managed investments – supporting financial statement showing the current unit holdings and account balance
- E7** Life insurance policies – most recent policy schedules
- E8** Superannuation assets – most recent statements
- E9** Income-stream products – most recent schedules
- E10** Motor vehicles, boats, caravans or trailers – supporting documents such as an insurance policy schedule
- E11** Business – recent balance sheet
- E14** Special collections – valuation certificates or insurance valuations
- E16** Other assets – supporting documentation

Section G – Debts

- G1** Mortgages – most recent statements
- G2** Motor vehicle/boat/caravan loans – most recent statements
- G3** Credit card debts or other personal loans – most recent statements
- G4** Other debts – supporting documentation

Section H – Authorised person

- H1** Authorisation document for someone to act of behalf of the applicant

Where to send the completed form and supporting documentation

If you currently receive a **Centrelink** income support payment, please send the completed form and supporting documentation to centrelink at the following address:

All States/
Territories

Centrelink
Aged Care Assets Assessments
PO Box 2771
CHELTENHAM VIC 3192

If you currently receive a **Department of Veterans' Affairs (DVA)** income support payment, please send the completed form and supporting documentation to DVA at the address for your State or Territory:

ACT/NSW

Department of Veterans' Affairs
Aged Care Assets Assessments
GPO Box 3994
SYDNEY NSW 1141

QLD

Department of Veterans' Affairs
Aged Care Assets Assessments
GPO Box 651
BRISBANE QLD 4001

SA/NT

Department of Veterans' Affairs
Aged Care Assets Assessments
GPO Box 1652
ADELAIDE SA 5001

TAS

Department of Veterans' Affairs
Aged Care Assets Assessments
GPO Box 481
HOBART TAS 7001

VIC

Department of Veterans' Affairs
Aged Care Assets Assessments
GPO Box 87A
MELBOURNE VIC 3001

WA

Department of Veterans' Affairs
Aged Care Assets Assessments
GPO Box F352
PERTH WA 6001

If you do **not** currently receive an income support payment from Centrelink or DVA, please send the completed form and supporting documentation to Centrelink at the following address:

All States/
Territories

Centrelink
Aged Care Assets Assessments
PO Box 2771
CHELTENHAM VIC 3192
