



# Aged Care Application for Financial Hardship Assistance

If you are a resident in an aged care home and have difficulty paying your care fees or accommodation payments, you may be eligible for financial assistance under the hardship provisions of the Aged Care Act 1997 ('the Act').

The types of available assistance are:

- a reduction in basic daily care fees
- assistance with income-tested fees
- assistance with an accommodation bond or accommodation charge.

Hardship assistance is designed to help residents who have difficulty paying their care fees or accommodation payments

- because of circumstances beyond their control, or
- because they have used their financial resources to pay essential expenses.

It is therefore unlikely that hardship assistance would be granted in the following situations:

- when a resident (or their representative) chooses not to use assets to help pay their care fees, e.g. when a resident chooses not to realise an asset because it is earmarked for inheritance purposes;
- when a resident has personal debts;
- when a resident gifts money/assets after entering care – money/assets which could be used to pay their care fees or accommodation payments.

If you wish to continue with this application, please complete this form and return it to the Department of Health and Ageing ('the Department') at the address shown on page 4. Another person may complete this form on your behalf.

## Part A – Resident's details

Resident's family name

Given names

Date of birth

 / 

Marital status

widowed

married/partnered

single

divorced

separated

Date of permanent entry into aged care home

 / 

If you receive a pension/benefit from Centrelink or DVA, please write your reference number:

Centrelink reference number:

DVA reference number:

Name of aged care home where the applicant resides

Phone number

Address of aged care home

  

Address for correspondence, if different

  

Phone number

**For help in completing the form, please phone 1800 020 103 (free call)**

## Part B – What you should provide

- If requesting a reduction in basic daily care fees please tick this box  and provide the information listed under (i) below.
- If requesting assistance with income-tested fees please tick this box  and provide the information listed under (i) below.
- If requesting assistance with your accommodation bond please tick this box  and provide the information listed under (ii) below.
- If requesting assistance with your accommodation charge please tick this box  and provide the information listed under (ii) below.

*All applicants should answer section (iii) on the next page.*

### Applicants with a partner/spouse:

The Act states that when a resident has a partner/spouse, the resident is considered to:

- earn half their combined income, no matter which partner actually receives or earns the income;
- own half their total assets, no matter who holds title to the assets.

Applicants should therefore provide details of their partner's income and assets as well as details of their own income and assets.

### (i) If requesting a reduction in basic daily care fees and/or assistance with income-tested fees, please provide the following:

- proof of essential expenses, i.e. the expenses you and your partner (if applicable) cannot avoid.

For example:

- residential care fees and accommodation payments
  - pharmaceutical expenses (please include itemised chemist's accounts for the last three months)
  - continence aids (if not provided free of charge)
  - income tax currently paid
  - mortgage payments
- evidence of your income from all sources, including copies of recent bank statements for all accounts (Also provide details of your partner's income, if applicable.)
  - statements for all accounts, and details of shares, investments, property owned and collectables) (Also provide details of your partner's assets, if applicable.)
    - Are any of your assets unrealisable (i.e. cannot be sold, rented or borrowed against)?
      - Yes – please explain why they cannot be realised and provide evidence e.g. letters from a real estate agent or Retirement Village agent.
      - No

**(ii) If requesting assistance with your accommodation bond or accommodation charge,**

- please provide a list of your assets (with values) in Australia or overseas **on the date when you entered permanent aged care**. Please include:
  - a copy of the asset statement you made when you entered permanent aged care
  - copies of current statements for all bank accounts
  - documentary evidence of property owned. The value of the property and its market rental rate should be confirmed in writing by a real estate agent.

Have any of your assets proved to be unrealisable (i.e. could not be sold, rented or borrowed against), since you entered permanent aged care?

- Yes, please explain why they have proved to be unrealisable, e.g. letters from your real estate agent or Retirement Village agent
- No

**(iii) All applicants**

Have you or your partner gifted cash or assets since you entered permanent aged care?

- Yes (please attach explanation)       No

**Part C – Please explain why you are applying for hardship assistance. (You may also attach a letter explaining your reasons.)**

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**Part D – Checklist** *(tick the relevant boxes)*

If requesting a reduction in **basic daily care fees** and/or assistance with **daily income-tested fees**, have you provided...

- |                             |                              |                          |                              |
|-----------------------------|------------------------------|--------------------------|------------------------------|
| Proof of essential expenses | <input type="checkbox"/> Yes | List of assets           | <input type="checkbox"/> Yes |
| Evidence of current income  | <input type="checkbox"/> Yes | Evidence of any tax paid | <input type="checkbox"/> Yes |

If requesting assistance with an **accommodation bond** or assistance with an **accommodation charge**, have you provided...

- |   |                              |   |                              |
|---|------------------------------|---|------------------------------|
| List of assets at date of entry to permanent aged care                    | <input type="checkbox"/> Yes | Documentary evidence of property owned    | <input type="checkbox"/> Yes |
| Letters confirming the value of property owned and its market rental rate | <input type="checkbox"/> Yes | Copies of current bank account statements | <input type="checkbox"/> Yes |

**Please complete the back page**

## Part E – Authority to release information

To assess your application, the Department will ask Centrelink or the Department of Veterans' Affairs (DVA) for information about your income and assets. Your authorisation is required to permit Centrelink or DVA to release this information.

I authorise Centrelink or DVA to release to the Department of Health and Ageing, information about my income and assets.

Signature

Date

**Authorised representatives:** If an authorised representative is making this application on behalf of a resident, please attach a copy of the document authorising you to act on behalf of the resident, e.g. Power of Attorney form.

**Please provide your name and contact details** (we may need to contact you)

Family name

Given names

Telephone (day time only)

email

Relationship to the aged care resident

Signature of authorised representative

Date

**Authorised representatives:** Have you attached a copy of your Power of Attorney or other authorising document?

Yes

## Part F – Declaration

I declare that the information that I have given in this form, and any attachments to the form, is correct.

Signature of applicant or nominee

Date

**Please return this form to:**

Director, Income Testing, Hardship and Client Support Section  
MDP 75 (Hardship)  
Ageing and Aged Care Division  
Department of Health and Ageing  
GPO Box 9848, Canberra ACT 2601