



Aged Care Application for the Dementia and Cognition Supplement in Home Care (AC014)

When to use this form

Use this form to advise Services Australia that a care recipient within your service is eligible to receive the **Dementia and Cognition Supplement in Home Care**.

For more information

For more information about the Dementia and Cognition Supplement, go to the Dementia and Veterans' Supplement Eligibility Guidelines health.gov.au/dementia

For more information about Aged Care, go to servicesaustralia.gov.au/healthprofessionals or for assistance completing this form, call **1800 195 206** Monday to Friday, 9 am to 5 pm, Australian Eastern Standard Time.
Call charges may apply.

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Eligibility assessment

1 The care recipient:

- ☐ has been assessed using the Psychogeriatric Assessment Scale – Cognitive Impairment Scale (PAS-CIS) by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 10 or more.

Date of assessment

Assessment score

or

- ☐ has been assessed using the Psychogeriatric Assessment Scale – Cognitive Decline Scale (PAS-CDS) by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 10.

Date of assessment

Assessment score

or

- ☐ is from a culturally or linguistically diverse background and has been assessed with the Rowland Universal Dementia Assessment Scale, conducted by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 22 or less.

Date of assessment

Assessment score

or

- ☐ is an Aboriginal person, or a Torres Strait Islander, who lives in a rural or remote area and has been assessed with the Kimberley Indigenous Cognitive Assessment (KICA-Cog), conducted by clinical psychologist, registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner or other health practitioner trained in the use of the tool and obtained a score of 33 or less.

Date of assessment

Assessment score

Service details

2 Service name

3 Service ID

Care recipient details

4 Care recipient ID

5 Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

First given name

Second given name

6 Date of birth

Privacy notice

7 Your privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

8 I declare that:

- I am authorised to sign on behalf of the Approved Provider.
- the information I have provided in this form is complete and correct.
- I have retained a written record of the assessment.

I understand that:

- giving false or misleading information is a serious offence.

Authorised person's full name

Authorised person's position held

Authorised person's contact phone number

Authorised person's signature

Date

Returning this form

This form will be returned if it is incomplete. Return this form and any supporting documents:

- **scan and email to:**
aged.care.liaison@servicesaustralia.gov.au
There may be risks with sending personal information through unsecured networks or email channels.
- **by post to:**
Services Australia
Aged Care Payments team
GPO Box 9923
SYDNEY NSW 2001