

Aged Care Application for the Dementia and Cognition Supplement in Home Care

Purpose of this form

Use this form to advise the Australian Government Department of Human Services (Human Services) 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 our website **humanservices.gov.au/healthprofessionals** or for assistance completing this form, call **1800 195 206** Monday to Friday, between 9.00 am and 5.00 pm, local 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 ✗

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form. This application will be returned if it is incomplete.

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

Eligibility assessment 1 The care recipient: has been assessed using the Psychogeriatric Assessment Scale - Cognitive Impairment Scale (PAS-CIS) by a registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 10 or more. Date of assessment Assessment score 0R has been assessed using the Psychogeriatric Assessment Scale - Cognitive Decline Scale (PAS-CDS) by a registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 10. Date of assessment Assessment score 0R is from a culturally or linguistically diverse background and has been assessed with the Rowland Universal Dementia Assessment Scale, conducted by a registered nurse, clinical nurse consultant, nurse practitioner or medical practitioner and obtained a score of 22 or less. Date of assessment Assessment score 0R 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 a 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

Service ID

Ga	re 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
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' [ivacy notice
7	Your personal information is protected by law, including the <i>Privacy Act 1988</i> , 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.
١,	eclaration
JE	:Claration
3	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
	Tadatoriosa porsonio falli filanto
	Authorised person's position held
	Authorised person's contact phone number
	()
	Authorised person's signature
	Date