



# Application for the Oxygen and/or Enteral Feeding Supplement (AC011)

*Aged Care Act 1997*  
(Section 44-13 Oxygen supplement)  
(Section 44-14 Enteral Feeding Supplement)

*Aged Care (Transitional Provisions) Principles 2014*  
(Section 27 Circumstances relating to the provision of oxygen)  
(Section 28 Circumstances relating the provision of enteral feeding)

*Subsidy Principles 2014*  
Residential care subsidy  
(Part 24-27 Oxygen supplement)  
(Part 28-31 Enteral feeding supplement)

Home care subsidy  
(Sections 74-77 Oxygen supplement)  
(Sections 78-81 Enteral feeding supplement)

Send the completed form to:

NSW, QLD, WA and ACT	VIC, SA, TAS and NT
GPO Box 9923	GPO Box 9923
Sydney NSW 2001	Melbourne VIC 3001

Service name  Service ID  Phone number (  )

Care recipient ID	Care recipient's name	Feeding method		Dates		Name of formula	If a higher supplement is claimed, costings are required on a <b>daily</b> basis							
		Bolus	Non-Bolus	Start	End		mls per day	Tin size	Tin cost	Giving set	Flexitainers	Hire of pump		
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/ / / / / / / /				/ /	/ /									
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**Eligibility criteria**

(1) Written certification from a medical practitioner stating that the care recipient has a medical need for enteral feeding must be returned with this form.  
 (2) Written certification from a medical practitioner or dietician stating that the dietary formula is a nutritionally complete formula must be returned with this form.  
 (3) If enteral feeding expenses are at least 25% above the standard supplement and a higher supplement is claimed, costings are required on a daily basis.  
 (4) The enteral feeding supplement cannot be approved for food supplements or supplementary feeding.

Care recipient ID	Care recipient's name	Dates		If a higher supplement is claimed, costings are required on a <b>monthly</b> basis			
		Start	End	Concentrator hire	Cylinder delivery cost	Cylinder hire	Kit hire
/ / / / / / / /		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
/ / / / / / / /		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
/ / / / / / / /		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
/ / / / / / / /		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month

**Eligibility criteria**

(1) Written certification from a medical practitioner stating that the care recipient has continual need for the administration of oxygen must be returned with this form.  
 (2) If oxygen expenses are at least 25% above the standard supplement and a higher supplement is claimed, costings are required on a monthly basis and copies of invoices covering a 3 month period must be returned with this form.

Approval for higher level funding for oxygen treatment is generally for a 6 month period. This is because costs often fluctuate considerably for most residents' individual oxygen needs. Approved Providers and Services must advise Services Australia of any changes that result in a variation of the amount being paid and also any changes affecting payment of the supplement to the service.

## Privacy notice

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The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia needs to collect this information so we can process and manage your applications and payments, and provide services to you. 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](https://servicesaustralia.gov.au/privacy)

## Declaration

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### I declare that:

- the information provided in this form is complete and correct.

### I understand that:

- giving false or misleading information is a serious offence.

Authorised person's full name

Signature of approved provider/authorised signatory



Date