



Basic Daily Fee for former Prisoner of War (POW) and Victoria Cross (VC) recipients – Aged Care Provider Claim

Completed forms should be sent to health.approval@dva.gov.au

If you do not have email please post the form to:

Health Approvals & Home Care team
Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

This form is for aged care providers to enable payment of the basic daily fee (the client contribution) by the Department of Veterans' Affairs on behalf of former Prisoners of War (POWs) and Victoria Cross (VC) recipients in relation to the below aged care programs:

- Residential Aged Care;
- Home Care Packages;
- Transition Care;
- Short-Term Restorative Care (STRC); and
- Nursing-home-type care (in a hospital setting).

Further information on Commonwealth aged care programs can be found on the My Aged Care website: www.myagedcare.gov.au.

Payment of the daily care fee on behalf of DVA is processed by the Veterans' Affairs Processing (VAP) team in Medicare.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by DVA for the delivery of government programmes for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

Entitled Person Details

| | |
|---|--|
| 1. DVA File number | <input type="text"/> |
| 2. Surname | <input type="text"/> |
| 3. Given name(s) | <input type="text"/> |
| 4. Date of birth | <input type="text" value="/ /"/> |
| 5. Has provider confirmed former POW or VC recipient status with DVA? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Requestor Details

| | |
|--------------------|--|
| 6. Requestor name | <input type="text"/> |
| 7. Provider number | <input type="text"/> |
| 8. Contact details | Telephone number <input type="text" value="[]"/> |
| | Email address <input type="text"/> |

Hospital, Facility or Aged Care Provider Details

9. Provider or Facility name

10. Provider number

11. Provider address

12. Telephone number

13. Email address

Residential Care (if applicable)

14. Entry date

Home Care (if applicable)

15. Entry date

Transition Care (if applicable)

16. Entry and end date

Entry date

End date

17. Setting for Transition Care

Residential facility

In Home

STRC Episode Details (if applicable)

General

18. Commencement date

19. Cessation date

20. Total number of days (number of days from start to finish)

21. Total number of leave days (up to 7 leave days)

Care Setting Details

22. Residential setting – total number of days (if applicable)

Total amount claimed in this setting

\$

23. Home care setting – total number of days (if applicable)

Total amount claimed in this setting

\$

TOTAL claim amount

\$

Nursing-home-type care (in a hospital setting) (if applicable)

24. Entry date