



Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs 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.](#)

Important Information

For further information, refer to DVA Factsheet HCS05, at <http://factsheets.dva.gov.au/factsheets/> or telephone DVA on **133 254** and ask for the Health Approvals and Home Care team.

Eligibility

Department of Veterans' Affairs (DVA) entitled persons who have been approved by a Veterans' Home Care (VHC) Assessment Agency to receive VHC services, may be eligible to apply for a waiver of the related copayments, if the person:

- has one or more dependent children;* or
- is in receipt of the full rate of DVA service pension or the full rate of Centrelink pension or allowance, and has total other income, including non-pension income and DVA compensation payments (disability or war widow/er pension), of \$40 a fortnight or less;** or
- receives a pension under the DVA Financial Hardship rules.

* *Dependent child is defined as having the same meaning as in the Social Security Act 1991. Broadly, a dependent child for the purpose of a waiver of VHC copayments, is a young person:*

- *for whom the applicant has legal responsibility; or*
- *is wholly or substantially dependent on the applicant; and*
- *has not reached 16 years of age; or*
- *has not reached 22 years of age and is undertaking full-time education.*

Further criteria, including in relation to income, education and residency status apply. Details are available in the Guide to Social Security Law, Section 1.1.D70, at the following link:

<http://guides.dss.gov.au/guide-social-security-law/1/1/d/70>

** *Rent assistance is not counted as income when determining eligibility for a waiver of copayments.*

VHC Copayments

Applicable VHC copayments are:

Service Type	Copayment	Cap
VHC Personal Care	\$5 per hour	\$10 per week
VHC Domestic Assistance	\$5 per hour	\$5 per week
VHC Safety-related Home and Garden Maintenance	\$5 per hour	\$75 per 12 month period
Social Assistance	\$5 per hour	\$5 per week
Respite Care	No copayment applies	

Notifications

- Advice regarding the outcome of this application will be provided in writing.
- If DVA waives copayments, DVA will inform the relevant VHC Assessment Agency and VHC Service Provider/s so that copayments are not charged. The grounds for waiver will not be disclosed.

NOTE: Information may be provided to Centrelink to confirm financial circumstances.

PART A – About you

DVA File number

Surname

Given name(s)

Residential address

Postal address

*(If same as residential write
“as above”)*

Telephone number(s)

Home

Mobile

Date of birth

PART B – Grounds for application for waiver of VHC copayments

1. Dependent child/ren

Do you have one or more dependent children aged under 16 years either in full-time education or under school age?

Yes - no further information is required - please proceed to **PART D - Declaration.**

No - please provide details of other dependent child/ren below.

Child 1

Name

Date of birth

Is the child in receipt of income?

No

Yes - amount

\$

▶ State whether yearly/monthly/weekly

Income sources

Is the child an Australian Resident?

No

Yes

Is the child living with you?

No

Yes

Child 2Name Date of birth / / Is the child in receipt of income? No Yes - amount\$ ▶ State whether yearly/monthly/weekly

Income sources

Is the child an Australian Resident? No YesIs the child living with you? No Yes

Child 3Name Date of birth / / Is the child in receipt of income? No Yes - amount\$ ▶ State whether yearly/monthly/weekly

Income sources

Is the child an Australian Resident? No YesIs the child living with you? No Yes**If more than three dependent children, please attach a separate sheet.****No further information is required - please proceed to PART D - Declaration.****2. Full rate pension income**

I receive the full rate of service pension **or** the full rate of Centrelink pension or allowance; and I have total other income including non-pension income and DVA compensation payments (disability pension or war widow/er pension), of \$40 a fortnight or less **(If you receive a Centrelink payment, please fill out Part C).**

What is your non-pension/compensation income per fortnight?

\$ **3. DVA financial hardship pension**

I receive a pension under the DVA Financial Hardship rules. I understand that the information I provide will be confirmed from DVA's records. **(Do NOT fill out Part C).**

No further information is required - please proceed to PART D - Declaration.

PART C – For applicants who receive a Centrelink pension or allowance only

Type of Centrelink payment

PART D – Declaration

I give permission for DVA to contact Centrelink to confirm the information I have provided.
I undertake to advise DVA of any change/s relating to my financial circumstances or dependent children.
I certify that the information I have provided on this form is true and correct.

Are you the:

Entitled person Nominee

Nominee details

Name

Telephone number(s)

Mobile

Email

Relationship to entitled person

Signature

"/>

Date

Please send the completed and signed form to:

**Health Approvals and Home Care
Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001**