Australian Government

Department of Veterans' Affairs

Exceptional Case Status or Second Worker Notification of Interruption to Care

Telephone: 1800 636 428
Facsimile: (02) 6289 6682
Secure e-mail. Please contact the ECU on: 1800 636 428 to register for this option.
About Secure e-mail:
www.dva.gov.au/site-help/sensitive-emails

This form is used to notify the Exceptional Case Unit (ECU) of a client's interruption to care, discharge from or death during an agreed period of exceptional case status or second worker. All information should be completed in black or blue pen. The notification must be submitted within fourteen (14) days of the date of interruption to care.

If the client has been absent from care for more than 28 days, for whatever reason, they must be discharged from community nursing care.

The completed form should be submitted to the ECU by fax or secure email. If you require any assistance in completing this form please telephone the ECU on 1800 636 428.

Please note that if a client has an interruption to care during an agreed period of exceptional case status, the ECU may adjust the fee paid for the 28-day claim period during which the interruption to care occurred.

Client details

Client's DVA File Number

Surname

Given name(s)

Provider details

Service provider name

Provider site (if applicable)

Service provider number

Please mark the appropriate box and provide the relevant information:

Reason for interruption to care	Date interruption to care commenced	Was the client visited on this day?	Date service resumed (if applicable)	Total number of visits not attended
☐ Return to self care/discharge	/ /	☐ Yes ☐ No	/ /	
☐ Admitted to hospital	/ /	☐ Yes ☐ No	/ /	
☐ Transferred to another provider	/ /	☐ Yes ☐ No	/ /	
☐ Admitted to respite	/ /	☐ Yes ☐ No	/ /	
☐ Admitted to permanent residential care	/ /	☐ Yes ☐ No	/ /	
☐ Admitted to hospice	/ /	☐ Yes ☐ No	/ /	
☐ Deceased	/ /	☐ Yes ☐ No	/ /	
☐ Schedule Fee - Item number	/ /	☐ Yes ☐ No	/ /	
☐ Other - please specify	/ /	☐ Yes ☐ No	/ /	

Please note the Department may use this information as part of the provider performance monitoring process.

Privacy notice

The person completing this form is responsible for ensuring that the client is aware that the:

- client's personal information will be forwarded to the ECU for determining benefits under the Veterans' Entitlements Act 1986 and/or the Military Rehabilitation and Compensation Act 2004;
- information, in certain circumstances, may be used for review or audit purposes or be disclosed to the client's Local Medical Officer (LMO), General Practitioner (GP), Specialist or other health professional; and
- information will be treated in a confidential manner.

Name

Signature

Designation

Date / /