



# Exceptional Case Status Variation or Interruption to Care

## Completing the form:

- If you are not completing this form onscreen, use BLACK pen to complete all information on the form.
- DVA cannot assess an incomplete or illegible form.

## Please Note:

- This form is used to notify the Exceptional Case Unit (ECU) of a variation or interruption to a client's care. The notification must be submitted within fourteen (14) days of the date the variation or interruption to care commenced.
- The form is used to assess a variation (increase/decrease) to an eligible veteran's or war widow/er's (entitled person) care needs within a 28-day claim period(s).
- It is also used when there is an interruption to care greater than seven (7) days.
- 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.
- If the client has been absent from care for more than 28 days, for whatever reason, they must be discharged from community nursing care.

**Contacting the ECU:** If you require assistance to complete this form, telephone the ECU on:  
**1800 636 428** or email [ambecu@dva.gov.au](mailto:ambecu@dva.gov.au)

**Submitting this form:** **The preferred method is via DVA's secure e-mail.**  
 Please contact the ECU on **1800 636 428** to register for this option  
 About Secure e-mail:  
<http://www.dva.gov.au/site-help/sensitive-emails>

**Privacy Notice:** The person completing this form is responsible for ensuring that the entitled person is aware that the:

- Entitled person's information will be forwarded to DVA for determining benefits under the *Veterans' Entitlement Act 1986* and/or the *Military Rehabilitation and Compensation Act 2004*;
- Information, in certain circumstances, may be used for review or audit purposed or be disclosed to the entitled person's Local Medical Officer (LMO), General Practitioner, Specialist or other health professional;
- Information will be treated in a confidential manner.

## Part A

## Community Nursing Provider Information

### Provider details:

1: **Provider Name**

2: **Provider Number**

3: **Provider Site (if applicable)**

**Part B****Entitled Person Information****4: DVA File Number****5: Title**

Mr

Mrs

Miss

Ms

Other

**6: Surname****7: Given name(s)****8: Date of Birth****9: Address**

(include State and Postcode)

<input type="text"/>
<input type="text"/>
<input type="text" value="POSTCODE"/>

**Part C****Details of Variation or Interruption****10: Variation to care****Variation** - Complete below ▼

Date on which care needs to be varied:

**Increase****Decrease**

Provide Details below: ▼

<input type="text"/>
<input type="text"/>
<input type="text"/>

**11: Updated visit details**

	RN/EN	NSS
<u>Total</u> number of visits per week	<input type="text"/>	<input type="text"/>
<u>Total</u> minutes of care per week	<input type="text"/>	<input type="text"/>

**Part C****Details of Variation or Interruption** *cont...***12: Interruption to care**

From

 /  / 

To

 /  / 

If care was provided for part of a day prior to the interruption or following the interruption, provide details of the visits below.

	RN/EN	NSS
Number of visits on last and first days	<input type="text"/>	<input type="text"/>
Number of minutes on last and first days	<input type="text"/>	<input type="text"/>

**Part D****Declaration****13: Declaration**

- I declare that the information I have supplied on this form and on any other attachments is true and correct
- I am aware that there are penalties for making false statements (*Procedure Manual Section 12.9 Inappropriate claiming for services*)

**14: Designation**

**15: Full name**

**16: Phone number**
 [  ] 
**17: Signature**

This application must be signed by the Registered Nurse who has completed the assessment



Date

 /  / 

**Note:** If any changes occur to the information provided above, it is your responsibility to notify DVA immediately