IMPORTANT

Australian Government
Department of Veterans' Affairs

Confirmation of attendant care services

1. **Surname**

2. **Given name(s)**

3. **Date of birth** / /

4. **Claim No.**

5. **Home address**

POSTCODE

6. **Home phone** [ ]

7. **Work phone** [ ]

8. **Mobile**

9. **E-mail**

10. **Attendant care service provider's name**

11. **Attendance care services were provided:**
(insert dates the services began, ended and the total number of days provided)

From	To	Hourly rate	No. of hours
/ /	/ /		
/ /	/ /		

12. **Attendance care services were NOT provided for the following period:**

From	To	TOTAL number of days
/ /	/ /	

Reason services were NOT provided:

13. **I confirm I have been in receipt of the above detailed Attendant Care Services for the dates stated. Please make payment to the above named attendant care services provider.**

Signature of client or authorised representative

Date / /

14. **I confirm that I have provided attendant care services to the above named client for the details indicated.**

Signature of attendant care services provider

Date / /

Post the completed form to: Accounts payable, Department of Veterans' Affairs

Office Use Only

Approved for payment	Amount to paid	Date to be paid
Payment number	Entered and authorised by	Comments

For assistance phone DVA on **133 254** (local call rate) or **1800 555 254** (freecall) regional callers only.
Please write in block letters using a blue or black pen (not pencil).

This form is available online as a fillable form at www.dva.gov.au Save Print Clear