IMPORTANT

Australian Government
Department of Veterans' Affairs

Income Support Pension

Care Accommodation

DVA File No. *(if known)*

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

1. **Veteran's surname**
2. **Veteran's given name(s)**
3. **This form is about care provided for:**

TO BE COMPLETED BY A REPRESENTATIVE OF THE FACILITY

4. **Type of care accommodation provided for the person named above:**
   - High level care Aged Care facility or nursing section of a hospital ☐
   - Benevolent home or psychiatric facility ☐
   - Low level care Aged Care facility/hostel ☐
5. **Name of the facility**
6. **Address of the facility**
   Postcode
7. **How long has this person been in care?**
   Years Months
8. **The amount of patient contribution each week**
   $
9. **Nature of illness/infirmity**
10. **Length of stay (indefinite or temporary)**
11. **Signature of representative of facility**
    / /
12. **Name of representative**
13. **Position**
14. **Telephone number**
    ( )

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