



Application for Exceptional Case Status

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

Contacting the ECU If you require assistance in completing this form, please telephone the Exceptional Case Unit (ECU) on **1800 636 428** or email ambecu@dva.gov.au

Submitting the 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>

NOTE: To assist in identifying entitled persons who may have Exceptional Case status, refer to **Attachment A - Exceptional Case Process** in the Notes for Community Nursing Providers.

The ECU must receive the full application and relevant attachments within 28 days of the requested commencement date of Exceptional Case status, otherwise the commencement date of the exceptional case status may be delayed until the next 28 day claim period.

Additional information required by the ECU to be submitted with the application is the entitled person's current nursing care plan, GP Patient and Medication(s) Summary.

If the additional information is not included with the application, the application for Exceptional Case Status will not be processed.

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' 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 person's General Practitioner, Specialist or other health professional.

Information will be treated in a confidential manner.

[Read more: How DVA manages personal information.](#)

PART A**Community Nursing Provider Information****1. Provider details**

Provider name

Provider number

Provider site
(if applicable)

Phone number

2. Referral details

Referrer's name

Referrer's Provider
Number**3. Relevant periods**Commencement date of
relevant 28 day claim periodDate Exceptional Case Status is
requested to commence

If Exceptional Case status did NOT commence on the first day of the relevant 28 day claim period, please provide below the number of visits provided for personal care and clinical care.

	Total visits	Total mins
Personal Care	<input type="text"/>	<input type="text"/>
Clinical Care	<input type="text"/>	<input type="text"/>
Time	<input type="checkbox"/> AM	<input type="checkbox"/> Midday <input type="checkbox"/> PM

PART B**Entitled Person Information****4. Entitled person details**

DVA file number

Title

Mr Mrs Miss Ms Other

Surname

Given name(s)

Date of birth

Address

 POSTCODE

Specify type of accommodation:

- Private residence
- Independant Living Unit (ILU)

PART C

Health History

5. Reasons for Exceptional Case Status

Explain how the care needs of the Entitled Person fall significantly outside the Schedule of Fees

6. Medical condition(s) and Medication(s)



Please supply current GP Patient Health Summary (this includes list of current medications). If client is having medication administration by an RN please also provide current Medication authority.

Attached

7. My Aged Care

Has the entitled person been assessed by the Aged Care Assessment Team/Service (ACAT/ACAS)?

No Awaiting assessment

Yes Specify approval types

Residential Care

Respite

Home Care Package, level:

Please state level of package and describe services being received

8. Other Health/Support Services

Is the entitled person currently receiving any other health/support services (e.g. VHC, respite, Allied Health, Preventative Programs, delivered meals, other)?

No

Yes Specify the services

9. Aids and Appliances/ Equipment

Specify the aids and appliances/ equipment that are currently in place

PART C
HEALTH HISTORY continued..

10. Carer

Does the entitled person have a carer?

- Lives with Entitled Person
 Doesn't live with Entitled Person

Note any significant factors limiting the primary carer's effectiveness

PART D **Nursing Interventions and Visit Information**

11. Clinical Interventions

List clinical interventions required and specify the daily/weekly frequency and average minutes of care per visit (See *Notes for Community Nursing Providers Figure 7.2 Common Community Nursing Activities by Interventions*)

Registered/Enrolled Nurse

TOTAL visits per week

AM Total mins per visit

PM Total mins per visit

OTHER Total mins per visit

What are the clinical interventions the client requires?

12. Personal Care Interventions

List personal care interventions required and specify the daily/weekly frequency and average minutes of care per visit (See *Notes for Community Nursing Providers Figure 7.2 Common Community Nursing Activities by Interventions*)

Registered/Enrolled Nurse/Personal Care Worker

TOTAL visits per week

AM Total mins per visit

PM Total mins per visit

OTHER Total mins per visit

What are the personal care interventions the client requires?

PART F**Declaration****15. 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 (*Notes for Community Nursing Providers section 11.13 Inappropriate claiming*).

Designation

Full name

**Phone number of the
Registered Nurse who
completed the
assessment**

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 by completing the relevant form.