IMPORTANT

Australian Government
Department of Veterans' Affairs

Confirmation of attendant care services

1. **Surname**

2. **Given name(s)**

3. **Date of birth** / /

4. **Rehabilitation Claim No.** REH

5. **Home address** POSTCODE

6. **Contact phone number(s)**
   Home [ ]
   Mobile

7. **E-mail**

8. **Name of person(s) providing attendant care services**

9. **Attendance care services were provided:**
   (insert dates the services began, ended and the total number of days provided)
   From / / To / / TOTAL No. of days or hours

10. **Attendant care services were NOT provided for the following period:**
    From / / To / / TOTAL No. of days or hours
    Reason services were NOT provided:

11. **Attendant care payment made to:**
    Name of bank, building society or credit union
    Branch Number (BSB)
    Account Number
    Account held in the name(s) of

Save Print Clear Email

For assistance phone DVA on **1800 555 254** (freecall).
Please write in block letters using a blue or black pen (not pencil) if you are not filling the form in onscreen.