



**ROSE MUMBLER VILLAGE**

**ADMISSION PACK**

**2022**



**Illaroo Cooperative Aboriginal Corporation**  
MULTI-SERVICE OUTLET · AGED & DISABILITY CARE



# Rose Mumbler Village

Rose Mumbler Village is a culturally respectful Aged Care Facility providing accommodation for single and partnered residents in the Shoalhaven since 1982.

Rose Mumbler Village is located in a peaceful and tranquil setting in North Nowra, aiming to improve each residents quality of life in a safe and culturally sensitive environment.

**02 4428 9400**

[rosemumblervillage@illaroo.com.au](mailto:rosemumblervillage@illaroo.com.au)  
[www.illaroo.com.au](http://www.illaroo.com.au)



2022

Dear Prospective Resident

The Directors, Management and Staff would like to welcome you to Rose Mumbler Village.

Rose Mumbler Village is a low care – Ageing in Place Residential Aged Care Facility. Our Facility was named after the last remaining Aboriginal Queen (Rose Mumbler) of the South Coast.

Rose Mumbler Village was established in 1982 as an Aboriginal Hostel, In 2000 Rose Mumbler Village became an approved Provider under the Aged Care Act 1997.

Rose Mumbler Village aims to support and promote our residents independence and dignity whilst providing a High Quality Standard of Care, through:

- Comprehensive Assessments
- Individualised Care Planning
- Respond to residents needs as they change
- Ongoing Monitoring and evaluation

Please find enclosed further information on Rose Mumbler Village and the services we provide; we hope Rose Mumbler Village will be the Facility of your choice and look forward to your application for permanency or respite.

Regards  
Management

**Administration Building**

PO Box 3387, 55 Judith Drive  
North Nowra NSW 2541  
Phone: 02 4428 9400  
[admin@illaroo.com.au](mailto:admin@illaroo.com.au)  
ABN: 11 603 822 593



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## ENTRY INTO ROSE MUMBLER VILLAGE

Before entering Rose Mumbler Village Residential Care facility, all of the following three steps must be undertaken by the incoming resident (or their representative).

### 1. ACAT / ACAS / NSAF ASSESSMENT

This assessment lets us know what type of care the prospective resident may require, and allows us to claim government funding to reduce their fees. Aged Care Assessments are conducted by mobile ACAS / ACAT teams. Your local GP can assist with arranging an assessment, or you can arrange directly by calling 1800 200 422 or at [www.myagedcare.gov.au](http://www.myagedcare.gov.au). There is often a wait of a few weeks for assessments, so it is best to organise this as early as possible.

### 2. CENTRELINK / DVA ASSESSMENT

The government requires those who can afford to contribute more towards their care to do so. As such, every person entering aged care, including those applying for a financially supported place, must have an assets and income assessment. This assessment will determine if a resident qualifies for a government supported place or will pay an additional Means Tested Care Fee. Forms can be obtained from the Department of Human Services via [www.humanservices.gov.au](http://www.humanservices.gov.au) or by calling 1800 227 475.

### 3. ROSE MUMBLER VILLAGE APPLICATION FORM

An application form details personal information about the prospective resident. Application forms are available directly from Rose Mumbler Village, or by calling us on 02 44289400

## AGED CARE FINANCES

### A. BASIC DAILY FEE

Every person in residential aged care is required to pay a Basic Daily Fee, which covers all levels of care and assistance. This fee is set by the government and is based on approximately 85% of the single Australian Aged Pension. The current Basic Daily Fee for full pensioners, part pensioners and self-funded retirees is \$53.56 per day.

### B. MEANS TESTED CARE FEE

The government requires those who can afford to contribute more towards their care to do so. As such, the Department of Human Services will determine if a resident is required to pay a Means Tested Care Fee in addition to Basic Daily Fee. This amount is based on an assessment of the new resident's income and assets. Potential residents will be notified if a Means Tested Care Fee is payable when they receive their Centrelink / DVA Assessment letter. There are yearly and lifetime Maximum Means Tested Care Fees. The Maximum Means Tested Care Fee you can be asked to pay is \$28,792 each year or \$69,102 in your lifetime. This cap is indexed. We recommend you seek independent financial advice (we can provide information on aged care financial specialists if needed).

## C. REFUNDABLE ACCOMMODATION PAYMENT (RAD)

A Refundable Accommodation Deposit (RAD) is a one-off lump sum payment made to the aged care provider. The RAD is fully refundable on departure and replaces the old 'bond' style of payment and is for those assessed as having means to pay.

Upon payment of the RAD, the resident must be left a minimum of \$51,500 in cash / assets. If the RAD is paid in full within 7 days of admission no interest will be charged. The Aged Care Act, 1997 (Commonwealth) stipulates that you have 6 months to pay the RAD. Interest will be calculated on. The RAD is protected by the Aged Care Act, 1997 (Commonwealth). The deposit is fully refunded when you leave the aged care residence, less any amounts you have agreed to have deducted. Those residents transferring to another aged care residence or returning home will have their RAD refunded within 14 days from discharge. In the case of a deceased resident, the RAD will be refunded within 14 days of receipt of a certified copy of the Grant of Probate.

### USEFUL RESOURCES

<b>MY AGED CARE</b>	<b>1800 200 422</b>	<b><a href="http://www.myagedcare.gov.au">www.myagedcare.gov.au</a></b>
<b>DEPARTMENT OF VETERAN AFFAIRS</b>	<b>133 254</b>	<b><a href="http://www.dva.gov.au">www.dva.gov.au</a></b>
<b>DEPARTMENT OF HUMAN SERVICES</b>	<b>1800 227 475</b>	<b><a href="http://www.humanservices.gov.au">www.humanservices.gov.au</a></b>
<b>DEPARTMENT OF SOCIAL SERVICES</b>	<b>132 300</b>	<b><a href="http://www.dss.gov.au">www.dss.gov.au</a></b>



# Charter of Aged Care Rights

**All people receiving Australian Government funded residential care, home care or other aged care services in the community have rights.**

## **I have the right to:**

1. safe and high-quality care and services;
2. be treated with dignity and respect;
3. have my identity, culture and diversity valued and supported;
4. live without abuse and neglect;
5. be informed about my care and services in a way I understand;
6. access all information about myself, including information about my rights, care and services;
7. have control over and make choices about my care, and personal and social life, including where choices involve personal risk;
8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions;
9. my independence;
10. be listened to and understood;
11. have a person of my choice, including an aged care advocate, support me or speak on my behalf;
12. complain free from reprisal, and to have my complaints dealt with fairly and promptly;
13. personal privacy and to have my personal information protected;
14. exercise my rights without it adversely affecting the way I am treated.

## **If you have concerns about the aged care you are receiving, you can:**

- talk to your aged care provider, in the first instance,
- speak with an aged care advocate on **1800 700 600** or visit **opan.com.au**, for support to raise your concerns, or
- contact the **Aged Care Quality and Safety Commission** on **1800 951 822** or visit its website, **agedcarequality.gov.au**. The Commission can help you resolve a complaint about your aged care provider.

# Rose Mumbler Village – Application for Residential Care

Date: \_\_\_\_\_



## Prospective Resident Information

Title: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Chosen name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender identity(Male/Female/Other): \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Languages: \_\_\_\_\_

Do you need an interpreter? \_\_\_\_\_

## Support Needs

a) What type of accommodation are you interested in?      RESPITE       PERMANENT

b) Has the prospective client had an ACAT/ACAS/NSAF Assessment completed? \_\_\_\_\_

c) ACAT/ACAS/NSAF referral code: \_\_\_\_\_

## Client's Personal Information

a) Religious or spiritual needs: \_\_\_\_\_

b) Do you have any specific cultural requirements? If yes, please supply details:

\_\_\_\_\_

c) Aboriginal/Torres Strait Islander status:

\_\_\_\_\_

d) Relationship Status: \_\_\_\_\_

### Medicare, Pension & Benefits

Medicare Card number: \_\_\_\_\_ No. on card: \_\_\_\_\_ Expiry date: \_\_\_\_\_

If applicable, what is your PBS Safety Net Card number: \_\_\_\_\_

Pension Status: \_\_\_\_\_ Pension Type: \_\_\_\_\_

Pension Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

DVA Number: \_\_\_\_\_ DVA Type: \_\_\_\_\_

Are you an Australian ex-Prisoner of War? \_\_\_\_\_

### Health and Ambulance Insurance

Do you have private health insurance? YES  NO

Name of Provider: \_\_\_\_\_

Private health insurance membership number: \_\_\_\_\_

Do you have ambulance cover? \_\_\_\_\_

Ambulance cover membership number: \_\_\_\_\_

### Medical

Do you have a GP who has agreed to supply medical care for you at Rose Mumbler Village?

Please note: It is essential that your GP agrees to visit you at Rose Mumbler Village or supplies a locum service, outside of normal business hours, in the event of illness or injury.

**If yes, please supply your GP's details**

GP's name/practice: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If not, there are GP who routinely visit Rose Mumbler Village residences who can be your nominated Medical Practitioner.

We can provide you with their information.



### Resident's Representative/s

First name:

Last name:

Street address:

Suburb:

State:

Postcode:

Postal address as above: YES  or fill in below

Postal address:

Suburb:

State:

Postcode:

Telephone:

Mobile:

Email:

Relationship to client:

***Has this representative been appointed as any of the following?***

- Enduring Power of Attorney
- Power of Attorney (Financial)
- Power of Attorney (Medical Treatment)
- Power of Attorney (Guardianship)

### Second Representative

First name:

Last name:

Street address:

Suburb:

State:

Postcode:

Postal address as above: YES  or fill in below.

Postal address:

Suburb:

State:

Postcode:

Telephone:

Mobile:

Email:

Relationship to client:

***Has this representative been appointed as any of the following?***

- Enduring Power of Attorney
- Power of Attorney (Financial)
- Power of Attorney (Medical Treatment)
- Power of Attorney (Guardianship)

## Financial Management

If entry occurs, please specify who should receive and manage the monthly statement:

Client First Representative     Second Representative

How should we send the monthly statements?    EMAIL             POST

Please note a copy of each document will be needed prior to admission.

## Asset and Income Details

The following information is needed to enable aged care residences to determine whether the resident will have to pay an Accommodation Payment or Accommodation Contribution for permanent accommodation. This doesn't need to be completed for respite accommodation.

Rose Mumbler Village suggests you look for independent legal and financial advice.

If part of a couple, please complete total assets & income at 50% of the total.

## Property Details

Do you own, or part own, the house, unit or flat in which you normally live?

***If yes, please supply the following information, in regard to the property:***

Address of property: \_\_\_\_\_

Current market value of the property: \_\_\_\_\_    \$ Share of property value: \_\_\_\_\_%

The below questions will help decide if your home can be excluded from your assets assessment.

➤ Do you have a spouse or dependent child living in your home?            YES     NO

If yes, please show whom: \_\_\_\_\_

➤ Have you had a carer who is eligible for a pension or other support payment, living in your home for at least the past two years?            YES     NO

➤ Have you had a close relative, who is eligible for a pension or other income support, living in your home for at least the past five years?            YES     NO

➤ Have you sold any property, in which you were living, in the past two years?    YES     NO

➤ Do you own, part own, any other residential or commercial property?            YES     NO

➤ Do you have any loans to repay?            YES     NO

➤ If yes, please give value details: \$ \_\_\_\_\_

### Other assets

Cash (Term Deposits, Savings, Cheque Accounts, etc): \$ \_\_\_\_\_

Shares & debentures: \$ \_\_\_\_\_  
Property & managed trusts: \$ \_\_\_\_\_

Other assets: \$ \_\_\_\_\_

### Pension and Other Income

Do you receive a pension, superannuation or annuity of any type? (Amount per fortnight)

Centrelink/DVA pension: \$ \_\_\_\_\_ Overseas pension: \$ \_\_\_\_\_

Disability pension: \$ \_\_\_\_\_ Superannuation: \$ \_\_\_\_\_

Annuity: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

### Previous Aged Care Experience

Have you previously received a home care package? YES  NO  Start date: \_\_\_\_\_

Do you currently live in another aged care residence? YES  NO

***If yes, please answer the following questions:***

What was your payment method? RAD/DAP/Combination Partially or Fully Supported

Residence name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of 1st admission: \_\_\_\_\_ RAD/Bond Value: \$ \_\_\_\_\_

### Privacy

*Rose Mumbler Village are bound by the Privacy Act 1988 (Cth) ("Privacy Act"), including the Australian Privacy Principles ("APPs"). Rose Mumbler Village collects, holds and uses personal information subject to its privacy policy. The privacy policy is intended to explain how Rose Mumbler Village complies with its obligations under the APPs and the Privacy Act, and to set out how you can request access to your personal information, how you can request changes be made to the information Rose Mumbler Village holds and explains how you can make a complaint about Rose Mumbler Village handling of your information. Rose Mumbler Village will ensure that the information it collects will be collected in a lawful and fair manner.*

## Signature

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Documents Required for Application

*As part of the application process, there's some documentation we need before we can proceed with entry into our facility. These documents are:*

- The ACAT Assessment
- Referral Codes for Residential or Respite Care
- Centrelink/DVA Financial Assessment
- Any Power of Attorney/s (PoA).
- Copy of Medicare and Centrelink Card
- Copy of passport, licence or photo ID
- Covid Vaccination Certificate
- Flu Vaccination Certificate
- Medical History Summary from GP
- List of current Medications and doses from GP

Please email to [admin@illaroo.com.au](mailto:admin@illaroo.com.au)

This assessment lets us know what type of support the prospective client may require, and allows us to claim government funding to reduce their fees.

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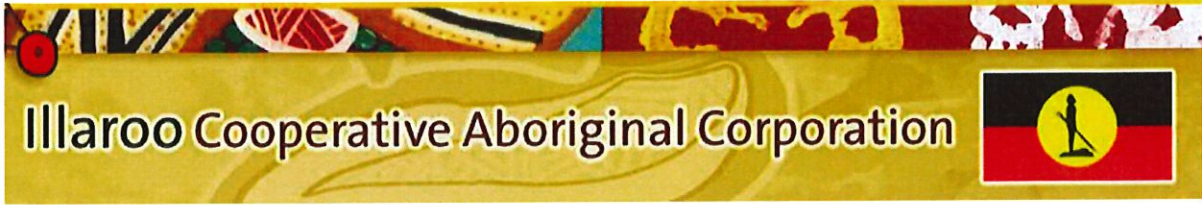
### NOTE:

#### Centrelink/DVA Financial Assessment

The government requires those who can afford to contribute more towards their care to do so. As such, every person entering aged care, including those applying for a financially supported place, must have this assessment completed or the government will charge the maximum amount.

#### Legal Document (Power of Attorney/s – PoA)

If you or someone else has been appointed as the Power of Attorney (PoA) for financial or medical, it's imperative we have a copy of these documents. This ensures that any decisions made on behalf of the prospective client are done so in a legal and ethical capacity.



### Photograph Consent & Release Form

I hereby consent and agree that Rose Mumbler Village has the right to take and use photographs of me for use now or hereafter for social media purposes.

I hereby release to the Photographer all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I declare that I am at least 18 years of age, have read and understand the above statement, and am competent to execute this agreement.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_



**centrelink**

Centrepay is a free direct bill paying service available to customers who receive a Centrelink payment, family assistance payment or Parental Leave Pay.

**Note:** If you use this form for Parental Leave Pay and/or family assistance lump sum payments, you MUST lodge this form with your complete claim OR before your lump sum payment has been made.

To arrange your deduction, choose one of the following options:

- go online [humanservices.gov.au/centrepay](http://humanservices.gov.au/centrepay) to register and to find out more information.
- call us on your usual payment number:
 

ABSTUDY	1800 132 317
Disability and Carers	132 717
Employment Services	132 850
Families	136 150
Seniors	132 300
Youth and Students	132 490

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

To speak to us in languages other than English, call 131 202.

- fax the completed form to 1300 766 412.
- lodge your form online. To access online services or to find out how to register, go to [humanservices.gov.au/submitdocumentsonline](http://humanservices.gov.au/submitdocumentsonline)
- complete this form and return it to us in the reply paid envelope provided or post to:

Department of Human Services  
Centrepay Services  
Reply Paid 7813  
CANBERRA BC ACT 2610

This form **cannot** be used for:

- government housing authority deductions. Contact your local housing authority to start deductions, **and**
- court fine deductions (except Tasmania). Contact the relevant Court Administration Office to start a new deduction.

Please use black or blue pen.

**Note:** Do not attach any bills to this Centrepay form.

**PART A — Your details**

Family name

Given name(s)

Your date of birth

Phone number

 /  / 
 (  ) 

Your Centrelink Reference Number

 -  -  - 

**PART B — Type of request**

(For more than one deduction a separate form needs to be completed)

If you want to:

- START** a new deduction  You must complete **PARTs C, D and G**
- CHANGE** a current deduction  You must complete **PARTs C, E and G**
- CANCEL** a current deduction  You must complete **PARTs C, F and G**

**PART C — Service provider's details**

(MUST be completed to start, change or cancel a deduction)

Service provider's name

**Rose Mumbler Village**

Service provider's address

**53-55 Judith Drive North Nowra**

**NSW**

Postcode

**2541**

Service provider's phone number

( **02** ) **4428 9400**

Service provider's Centrepay Reference Number

**Note:** You will need to get the Centrepay Reference Number from the service provider you are making payments to. This number always starts with 555.

5 5 5 - 0 6 2 - 1 7 2 - S

Your account number with the service provider

**633000 187 784 491**

Reason for payment (e.g. gas, electricity, water, private rent)

**PART D — to START a new deduction**

From which payment do you want the deduction to be taken (e.g. Pension, Newstart Allowance, Family Tax Benefit or Parental Leave Pay)?

What amount do you want deducted?

The minimum amount for most deductions is \$10 per fortnight. You should check with your service provider to find out what amount you should be paying.

\$

One off payment

Fortnightly

Which payment date do you want the deductions to start from?

Your next available payment date  OR A future payment date

/ /

Do you want to specify a target amount?

Regular deductions will be made until the total (target) amount is reached or this deduction is cancelled.

No

Yes  Target amount

\$

Go to PART G



CLK0SA325 1311

**PART E — to CHANGE your current deduction**

**CHANGE your current deduction permanently** by providing a start payment date, the amount and the Centrelink payment type.

Start payment date  New deduction amount \$

Payment type

**Change your current deduction temporarily** by also providing an end payment date. Your deduction will revert back to your regular amount after the end payment date nominated has been reached.

**Note:** The temporary period you specify can only be for a **maximum of 13 weeks**.

End payment date

**SUSPEND your current deduction temporarily**

You have the option to suspend your regular deduction for a temporary period. Your deduction will restart after the end payment date nominated has been reached.

**Note:** The period you specify can only be for a **maximum of 13 weeks**.

Start payment date  End payment date

**CHANGE your current TARGET AMOUNT for deductions**

We will send you a letter to let you know your target amount has been reached or less than \$2 remains and your deductions will stop.

New target amount \$

**Do you want to change your deduction amount?**

No  Yes  New deduction amount

\$  **Go to PART G**

**PART F — to CANCEL your current deduction**

**Note:** You are about to cancel your Centrepay deduction. Make sure you have other arrangements in place if required. If you would like to start this deduction again in the future, a new Centrepay request will need to be submitted.

**From which payment date do you want the cancellation to take effect?**

Your next available payment date  OR A future payment date

**PART G — Authorisation – read, sign and date the statement (MUST be completed)**

I authorise the Australian Government Department of Human Services to make the nominated deduction and pay the amount to the service provider (or as they direct).

**I give permission for:**

- the information provided on this form to be given by Human Services to the service provider (or their agent).
- the service provider I have nominated on this form to provide my correct account or billing number to Human Services if required.

**I understand that:**

- if my deduction has a target amount and the final deduction is set to pay less than \$2, my second last deduction will be increased by up to \$2 to cover the final amount.
- if I have a current Centrepay deduction and I lodge a new claim, that the existing deduction(s) will not be carried over to the new payment.
- if I have a current Centrepay deduction and I transfer to another eligible Centrelink payment in the future that my deductions will continue.
- it is my choice to have this amount deducted from my Centrelink payments, and I can change my Centrepay deduction at any time.
- if I stop using the service provider but do not stop my Centrepay deduction, the service provider may instruct Human Services to stop the deduction.
- if I change service providers, I may also need to advise Human Services to stop my previous deduction.
- when a payment has been made to a service provider after my deduction authority has been cancelled or suspended, Human Services may be able to assist me to recover the Centrepay deduction.

Your signature

Date

**IMPORTANT INFORMATION**

**Privacy and your personal information**

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

Centrepay is a free direct bill paying service available to customers who receive a Centrelink payment, family assistance payment or Parental Leave Pay.

**Note:** If you use this form for Parental Leave Pay and/or family assistance lump sum payments, you MUST lodge this form with your complete claim OR before your lump sum payment has been made.

To arrange your deduction, choose one of the following options:

- go online [humanservices.gov.au/centrepay](http://humanservices.gov.au/centrepay) to register and to find out more information.
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**PART A — Your details**

Family name

Given name(s)

Your date of birth

Phone number

Your Centrelink Reference Number

**PART B — Type of request**

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**PART C — Service provider's details**

(MUST be completed to start, change or cancel a deduction)

Service provider's name

**Ramsay Pharmacy Shoalhaven**

Service provider's address

**Shop 11-12 Stocklands Mall**

**Nowra**

Postcode

**2541**

Service provider's phone number

( **02** ) **4421 3166**

Service provider's Centrepay Reference Number

**Note:** You will need to get the Centrepay Reference Number from the service provider you are making payments to. This number always starts with 555.

Your account number with the service provider

Reason for payment (e.g. gas, electricity, water, private rent)

**PART D — to START a new deduction**

From which payment do you want the deduction to be taken (e.g. Pension, Newstart Allowance, Family Tax Benefit or Parental Leave Pay)?

What amount do you want deducted?

The minimum amount for most deductions is \$10 per fortnight. You should check with your service provider to find out what amount you should be paying.

\$  One off payment  Fortnightly

Which payment date do you want the deductions to start from?

Your next available payment date  OR A future payment date

Do you want to specify a target amount?

Regular deductions will be made until the total (target) amount is reached or this deduction is cancelled.

No  Yes  Target amount

\$  Go to PART G



CLK0SA325 1311



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- the service provider I have nominated on this form to provide my correct account or billing number to Human Services if required.

**I understand that:**

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- if I have a current Centrepay deduction and I lodge a new claim, that the existing deduction(s) will not be carried over to the new payment.
- if I have a current Centrepay deduction and I transfer to another eligible Centrelink payment in the future that my deductions will continue.
- it is my choice to have this amount deducted from my Centrelink payments, and I can change my Centrepay deduction at any time.
- if I stop using the service provider but do not stop my Centrepay deduction, the service provider may instruct Human Services to stop the deduction.
- if I change service providers, I may also need to advise Human Services to stop my previous deduction.
- when a payment has been made to a service provider after my deduction authority has been cancelled or suspended, Human Services may be able to assist me to recover the Centrepay deduction.

Your signature

Date

**IMPORTANT INFORMATION**

**Privacy and your personal information**

Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.