



Australian Government



My Aged Care Appointment of a Representative Form

Purpose of this form

This form is to appoint either a regular or authorised representative in My Aged Care. For regular representatives, you can also call My Aged Care on **1800 200 422**.

If you want to access government subsidised aged care services, you need to register with My Aged Care. To do this you can either call My Aged Care yourself or someone else (a 'representative') can talk to My Aged Care for you.

Setting up a representative with this form is limited to information and actions about My Aged Care including assessment and access to services.

What can a representative do?

- Give information to My Aged Care including talking to assessors, the My Aged Care contact centre and service providers
- Get information about your progress in My Aged Care
- Make decisions about aged care assessment and referrals for aged care services
- See and update your information through the contact centre or on the My Aged Care client record on myGov (Note: access needs to be set up by calling My Aged Care)
- Be listed as your primary contact so they are the first contact point for My Aged Care

What type of representative is right for you?

There are two types of representatives:

1. Regular representative

If you are able to give consent for someone else to speak and act for you, you can set them up as your regular representative. You may also appoint your regular representative as a primary contact so they are the first point of contact for My Aged Care.

You may change or cancel the appointment of a representative at any time, by calling My Aged Care on 1800 200 422.

2. Authorised representative

An authorised representative is needed if you are not capable of providing consent for someone else to speak for you and you need help with My Aged Care. Legal documents are needed to put in place an authorised representative so that My Aged Care knows they can legally represent you, for example, a guardianship. The documents depend on the rules in each state or territory. More information can be found at: <https://www.myagedcare.gov.au/legal-information/powers-attorney-enduring-powers-attorney-and-enduring-guardians>

An authorised representative is the primary contact for all communication with My Aged Care and will receive all correspondence.

Privacy

Your personal information, and your representative's, is protected by law, including under the *Privacy Act 1988*, and is collected by My Aged Care and its government funded service providers and assessors to assess for the provision of government funded aged care services.

More information about how My Aged Care looks after your personal information can be found at: <https://www.myagedcare.gov.au/privacy>.

More information

To talk to someone from My Aged Care about this form, call My Aged Care on **1800 200 422** Monday to Friday, between 8.00am and 8.00pm, and Saturday, between 10:00am and 2:00pm.

Returning your form

After completing and signing the form, send it to My Aged Care by:

1. Mail to My Aged Care, PO Box 210, Balwyn, Victoria, 3103 or
2. Fax (1800 728 174)

For authorised representatives, please make sure you have attached relevant legal documents before returning this form.

If you want to check that My Aged Care has received your form, please wait before calling (two business days for fax, six business days for mail).

Next steps

When My Aged Care receives your completed form, they will register both you and your representative with My Aged Care and call your representative if they need extra information to process the form.

Once a representative has been put in place, they can call My Aged Care on 1800 200 422 to talk about aged care assessments and services for the older person.

PART A

You must complete all fields marked with an asterisk (*).

Aged Care Client Details (*Your details*)

Title (select one):*	Mr	Mrs	Miss	Ms	Dr	Other:
Family name*	First given name*		Second given name		Preferred name	
Gender (select one):*	Female	Male	Indeterminate/Intersex/ Unspecified		Not specified	
Date of birth*	Medicare Card # (<i>including Individual Reference Number</i>) or DVA card #*			Phone number*		
<input type="text"/>						
Home address*				State/Territory*	Postcode*	
Aged Care (AC) ID (if known)						

Representative's Details

Title (select one):*	Mr	Mrs	Miss	Ms	Dr	Other:
Family name*	First given name*		Second given name		Preferred name	
Gender (select one):*	Female	Male	Indeterminate/Intersex/ Unspecified		Not specified	
Date of birth*	Medicare Card # (<i>including Individual Reference Number</i>) or DVA card #*			Phone number*		
<input type="text"/>						
Home address				State/Territory	Postcode	

Does the client have capacity to provide consent to establish this representation?*

If Yes - Go to PART B - Appointing a regular representative

If No - Go to PART C - Becoming an authorised representative

Note: Only one section needs to be completed.

PART B - Appointing a regular representative

Please complete all fields in this section before returning this form to set up a regular representative.

Aged Care Client's Declaration *(Your declaration)*

I declare that:

- I am voluntarily appointing a representative.
- The information I have provided in this form is complete and correct.

I authorise My Aged Care, including Commonwealth funded service providers and assessors to:

- Collect information about me from my representative.
- Discuss my progress in My Aged Care with my representative.
- Make decisions about my progress in My Aged Care.

I understand that:

- Making this Appointment will create a Client Record for me in My Aged Care, if I don't already have one.
- This Appointment of representation is specific to interactions with My Aged Care.
- I can cancel this Appointment at any time by calling My Aged Care on 1800 200 422.
- Giving false or misleading information is a serious offence.

Aged Care Client's (your) full name

Aged Care Client's (your) signature

Date

Do you wish to make your representative the Primary Contact* for interactions with My Aged Care?

Yes No

**Your primary contact will be the first person My Aged Care calls. This does not include correspondence.*

Representative's declaration

I declare that:

- Any information I provide to My Aged Care about myself or the person I represent is complete and correct.
- Any information I obtain from My Aged Care will be kept confidential and will not be disclosed to any unauthorised person without the permission of the person appointing me.
- The information I have provided in this form is complete and correct.
- Any decisions I make on behalf of the person I represent will be made in consultation with the person I represent.

I understand that:

- Making this Appointment will create a Client Record for me in My Aged Care, if I don't already have one.
- This Appointment of Representation is specific to interactions with My Aged Care.
- I can cancel this Appointment at any time by calling My Aged Care on 1800 200 422.
- I must inform My Aged Care of any changes to my address and contact details, and changes in the circumstances of the person who has appointed me.
- Giving false or misleading information is a serious offence.

Representative's full name

Representative's signature

Date

PART C - Becoming an authorised representative

Please complete all fields in this section and attach relevant legal documents before returning this form to become an authorised representative.

To become an authorised representative in My Aged Care, My Aged Care needs legal documents to show that you have been legally authorised to make health, personal and/or lifestyle decisions for a client.

The legal documents needed to become an authorised representative are determined by your state or territory legislation. A guide to what documents are accepted by My Aged Care is outlined below and available on the My Aged Care website at: <https://www.myagedcare.gov.au/legal-information/powers-attorney-enduring-powers-attorney-and-enduring-guardians>.

If your legal representation changes after you become an authorised representative or the person you are representing no longer needs an authorised representative, you must call My Aged Care on **1800 200 422** to cancel this appointment or become a regular representative.

Which of the following forms of authorisation do you hold on behalf of the Aged Care Client? (only select one)

Enduring Guardianship and a letter from a Medical Practitioner that states the client cannot act on their own behalf
Guardianship

Enduring Power of Attorney (ACT, QLD and VIC only) and a letter from a Medical Practitioner that states the client cannot act on their own behalf

Advance Health Directive (or similar) and a letter from a Medical Practitioner that states the client cannot act on their own behalf

Other



Attach a copy of the relevant authorisation(s).

Note: The document must state that you have been legally authorised to make health, personal and/or lifestyle decisions for someone.

Representative's declaration

I declare that:

- Any information I provide to My Aged Care about myself or the person I represent is complete and correct.
- Any information I obtain from My Aged Care will be kept confidential and will not be disclosed to any unauthorised person.
- The information I have provided in this form is complete and correct.
- Any decisions I make on behalf of the person I represent will be in the best interest of the person I represent.

I understand that:

- Making this Appointment will create a Client Record for me and the person I am representing in My Aged Care, if either I or the person I am representing don't already have one.
- This Appointment of representation is specific to interactions with My Aged Care.
- I can cancel this appointment at any time by calling My Aged Care on 1800 200 422.
- I must inform My Aged Care of any changes to the Aged Care Client's or my address and contact details.
- I must inform My Aged Care if I am no longer a legal representative for this Aged Care Client.
- Giving false or misleading information is a serious offence.
- I will receive correspondence on behalf of the Aged Care Client I am representing.

Representative's full name

Representative's signature

Date