



The use and/or disclosure of information collected in the course of assessing care needs and/or deciding whether to approve a person as a care recipient to access one or more types of Commonwealth subsidised aged care is authorised by Sections 537 to 540 of the *Aged Care Act 2024*.

Complete this form if the person urgently needed the care when it started and it was not practicable to apply for approval beforehand.

[illegible]Residential respite care ☐

Date _____

Signature

This form should be signed by the applicant or someone authorised to do so on their behalf. Only in exceptional circumstances should someone else sign. If this is the case, please COMPLETE the following:

Why was the applicant unable to sign?

Name of person who did sign (please print)

Relationship to the applicant

(eg Guardian, Power of Attorney, Spouse, GP, Solicitor, etc)

Unit No./No.

Street

Suburb/Town

Postcode

State/Territory

Phone

To be completed by the service provider

EMERGENCY	The person urgently needed the care when it started, and it was not practicable to apply for approval beforehand.
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Yes ☐

If YES, reason for emergency approval must be included in the comments relating to "Current Support" in the Integrated Assessment Tool

An application for emergency approval must be made within 5 business days after the day care starts, unless extended under Section 71 of the *Aged Care Act 2024*.

Approved Provider Number (mandatory if Yes)

Date care started.

Signature