



APPLICATION FOR EMERGENCY RESIDENTIAL CARE UNDER THE AGED CARE ACT 2024

PRIVACY

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*.

EMERGENCY AP	PLICATIO	N FOR	ACC	ESS TO) FU	NDE	ED A	GED (CARE	SEI	RVIC	CES	3										
Complete this form if the person urgently needed the care when it started and it was not practicable to apply for approval beforehand.																							
Print the name of the individual requiring care (exactly as it appears on the individual's Medicare card or DVA concession card).																							
I am applying to undergo an aged care needs assessment. Before I have been assessed I have received the type(s) of aged care I have ticked below. (Tick at least one box).																							
Residential ca	Residential care																						
Residential respite care																							
Note that if the nee				at you a	re el	igibl	e to ı	receive	a typ	e of	aged	d ca	are, t	his d	oes	not r	nean	that y	ou				
must agree to receive that type of 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.	it No./No. Street								Suburb/Town														
Postcode	State/Territory							none															
To be completed by the service provider																							
EMERGENCY	The person urgently needed the care when it started, and it was not practicable to apply fo approval beforehand.								Υ	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																							