

# **Application for an extension to the timeframe for entering into an accommodation agreement**

## **When to use this form**

An approved provider may use this form to request an extension to the timeframe for entering into an accommodation agreement where a process to appoint a representative under Commonwealth, State or Territory law to act on the care recipient's behalf has begun.

## **About you**

### **1. Provider's service name**

Provider's service name

### **2. Service ID**

Service ID

### **3. Applicant's contact details**

Name:

*Please provide one or more of the following:*

Email:

Phone:

Address:

## **About the care recipient**

### **1. Care recipient's name**

Care recipient's name

### **2. Care recipient's date of birth**

dd/mm/yyyy

### **3. Care recipient's date of entry to your service**

dd/mm/yyyy

## **Details about the request for extension**

### **1. The date the timeframe is requested to be extended to**

dd/mm/yyyy

2. The reason for the delay in entering an accommodation agreement

Provide your reason here

3. Details of the legal proceeding (if known)

Please specify the date of commencement of legal proceedings and the date that the legal proceeding has or is expected to be finalised.

Date Commenced: dd/mm/yyyy

Date finalised: dd/mm/yyyy:

4. Details of the care recipient's appointed legal representative (if known)

Name:

Email:

Phone:

5. Any other information you wish to provide

Provide other information here

**Certification**

I certify to the best of my knowledge that the information provided in this application is correct and complete.

Signature:

Date:

**Submission**

Once complete, please submit your application form to [agedcarefees@health.gov.au](mailto:agedcarefees@health.gov.au)

If you are unable to submit your application form via email, please post this document to:

**Aged Care Fees Section  
Funding Operations and Analysis Branch  
Department of Health  
PO Box 9848  
Canberra Business Centre ACT 2610**