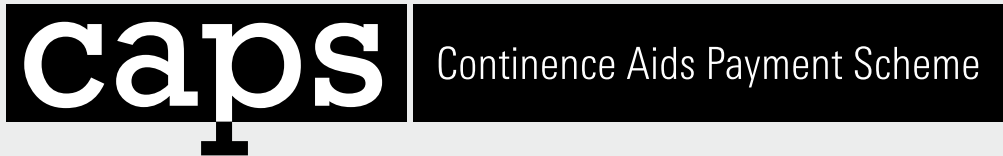


Our reference number



Contenance Aids Payment Scheme

Transfer and Authority to Direct Payment

Continence Aids Payment Scheme

Transfer and Authority to Direct Payment

Important Information

On 1 July 2010, the Continence Aids Payment Scheme (CAPS) will replace the Continence Aids Assistance Scheme (CAAS). CAAS clients must complete and return this form to Medicare Australia if they wish to transfer to the CAPS and receive CAPS payments.

The CAAS will continue to operate up to 30 June 2010 for all new and existing CAAS clients. Completing this form will not prevent a CAAS client from accessing the CAAS up to 30 June 2010.

Who can complete this form?

The following persons can complete and sign this form:

- the **client**
- a **parent**, if the client is under 14 years of age, or the client is at least 14 years but has not turned 18 years of age and does not have the capacity to act on their own behalf. Note: Unless contrary information is provided, the custodial parent of a client under 14 is to complete this form and receive correspondence and the payment on the client's behalf
- a **legal representative**, including a person nominated under a Power of Attorney, an appointed legal Guardian or a Public Trustee, with authority to act on the client's behalf.

If the client is unable to act on their own behalf because of a physical or mental impairment and has no legal representative authorised to act on their behalf, then the following persons can act on behalf of the client:

- a client's **Centrelink Correspondence Nominee**, as recognised by Centrelink for the purposes of the Social Security Law
- a **Department of Veterans' Affairs (DVA) Trustee**, as recognised by DVA for the purposes of veterans' entitlements law.

If no other representative exists, then a **responsible person**, who has been approved by the Secretary of the Department of Health and Ageing (Department), in writing, may act on a client's behalf.

Who can receive payments?

CAPS payments can be made to one of the following:

- the **client**
- a **parent**, if the client is under 14 years of age, or the client is at least 14 years but has not turned 18 years of age and does not have the capacity to act on their own behalf. Note: Unless contrary information is provided, the custodial parent of a client under 14 is to receive the payment on the client's behalf
- a **legal representative**, including a person nominated under a Power of Attorney, an appointed legal guardian or a Public Trustee, with authority to receive payments on the client's behalf
- a client's **Centrelink Payment Nominee**, as recognised by Centrelink for the purposes of the Social Security Law
- a **DVA Trustee**, as recognised by DVA for the purposes of veterans' entitlements law,

- a **DVA Agent** as recognised by DVA for the purposes of veterans' entitlements law
- a **responsible person** who has been approved by the Secretary of the Department, in writing, to receive a CAPS payment on a client's behalf
- an **organisation** that agrees to assist with the purchase of continence or continence related products for a client.

Payments to organisations

If an organisation agrees to receive CAPS payments as an agent of a client, then the organisation must complete the **Organisation authorised as payment recipient** section of this form.

Obligations of payment recipients

A person or an organisation that receives a payment as an agent of a client must:

- ensure the CAPS payment is used exclusively for the benefit of the client; and
- ensure the CAPS payment is used solely for the purpose of purchasing continence and continence related products.

Medicare records

A Centrelink Correspondence Nominee, a DVA Trustee or a responsible person authorised by the Secretary of the Department is able to update information about the client for the purposes of CAPS and provide bank details for CAPS payments; however, they are not able to update the client's Medicare record, including bank account details used by Medicare Australia to make Medicare payments, or update the address details used by Medicare Australia for Medicare-related purposes.

Privacy and your personal information

Personal information is protected by law, including by the *Privacy Act 1988*.

Information about a client, a payment recipient, responsible person or other representatives will be collected and used by Medicare Australia for the purposes of making CAPS payments and issuing correspondence.

The collection of this information is authorised by the Medicare Australia Act 1973.

Personal information about a CAPS client will be collected from, and may be disclosed to a person authorised to act on behalf of the CAPS client or receive payments on behalf of the CAPS client.

Personal information about a client, a responsible person, a payment recipient and other representatives may be disclosed to the relevant financial institution to facilitate payment, the Department of Health and Ageing, other relevant agencies, or as authorised or required by law.

Change of circumstances

Medicare Australia must be notified if a CAAS client ceases to be eligible for the CAPS payments. Medicare Australia must also be notified if a CAAS client's, or their representative's, circumstances change. You can do this by calling Medicare Australia on **132 011 select option 1** (call charges may apply) between 9:00am and 5:00pm AEST.

Assistance

If you need assistance completing this form call Medicare Australia on **132 011, select Option 1**. For more information about the CAAS or the CAPS call the Department on **1800 807 487** or go to **www.bladderbowel.gov.au**.

Lodgement

Send the completed form in the Reply Paid Envelope provided to:

**Continence Aids Payment Scheme
Medicare Australia
PO Box 4315
Sydney NSW 2001**

Print in **BLOCK LETTERS**

Tick where applicable

Client's details

1 Medicare card number

--	--	--	--	--	--	--	--	--	--	--

Ref No.

2 Mr Mrs Miss Ms Other

Family name (as recorded on the Medicare card)

First given name

3 Date of birth

	/		/	
--	---	--	---	--

dd mm yyyy

4 Sex: Male Female

5 Client's address

State Postcode

6 Home phone number

Work phone number (optional)

Mobile phone number (optional)

Email address (optional)

Medicare Australia may update the client's Medicare address, if the person signing the declaration on this form is the client, the client's parent or the client's legal representative. Updating the Medicare card address will update the address of all persons listed on the Medicare card.

7 Who will be signing the **Client/ Client's representative's declaration** section of this form (see **Who can complete this form?** on page 1)

Client **Go to 8**

Client's parent **Go to 8**

Client's legal representative **Go to 8**

Other **Go to 9**

8 Do you want the client's Medicare card address to be updated with the address provided at question 5?

Yes No

9 Does the client have a Centrelink Pensioner Concession Card (PCC), or is the client listed as a dependent on their parent or guardian's PCC?

Yes **Go to 10**

No **Go to Correspondence recipient section**

10 Client's CRN (Customer Reference Number) as recorded on the PCC.

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Correspondence Recipient

CAPS correspondence may be directed to a person other than the client, including to a family member or carer of the client. A correspondence recipient will receive all of the client's CAPS correspondence, including the CAPS payment statements.

11 Is a person other than the client to receive the correspondence?

Yes **Go to 12**

No **Go to 16**

12 Who is to receive the CAPS correspondence (to be the CAPS correspondence nominee)?

Client's parent (client under 14 years of age)

Client's parent (client 14 to 17 years of age)

Person appointed under a Power of Attorney

Person appointed under an Enduring Power of Attorney

Appointed legal guardian

Centrelink Correspondence or Payment Nominee

DVA Trustee or Agent

Responsible person approved by the Secretary of the Department to act on the client's behalf

Other

If other, specify:

13 Family name of CAPS correspondence nominee

First given name of CAPS correspondence nominee

14 Address

State Postcode

15 Daytime contact number

16 CAPS payments can be received annually in July or half yearly in July and January. If you decide to receive half yearly payments, your eligibility to receive the second payment may be tested from 1 July 2011.

Tick one of the payment options below:

Full payment in July

Half payments in July and January

17 Who is to receive the CAPS payment (see **Who can receive payments?** on page 1)?

Client **Go to *Client's nominated bank account details* section**

Other **Go to 19**

Client's nominated bank account details

Medicare Australia will update the client's bank account details on Medicare records with the bank details provided below if the person signing the **Client/ Client's representative's declaration** section of this form is the client, the client's parent, the client's legal guardian or the client's legal representative under a Power of Attorney.

The account recorded must be an Australian bank account. Payments cannot be made into credit cards, loan or mortgage accounts. Medicare Australia will ensure the bank account details are updated before the first CAPS payment is due.

18 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number

Account held in the name(s) of

19 Is a person other than the client signing the declaration on this form or receiving the CAPS payment on behalf of the client?

Yes

Go to *Representatives* section

No

Go to 32

Representatives

This section must be completed where either:

- a person other than the client is to sign the **Client/ Client's representative's declaration** section of this form (see **Who can complete this form?** on page 1); or
- a person other than the client is to receive a CAPS payment (see **Who can receive payments?** on page 1).

Documentary evidence of that person's authority to act on behalf of the client/receive a payment on behalf of the client must be provided with this form.

Documentary evidence includes:

For a parent of a client:

- Signing of the declaration section of this form (for a child under 14 years of age or for a child 14 – 17 years if they do not have the capacity to act on their own behalf.)

For a legal representative:

- Guardianship papers;
- Power of Attorney or Enduring Power of Attorney documents;
- Court appointment documents; or
- Other legal documentation, as applicable.

For a Centrelink Payment or Correspondence Nominee, documents which prove your nominee status, for example:

- a Centrelink Payment Summary, a Centrelink Nominee Appointment letter, or a Centrelink Account Statement (valid within the last 12 months)

For a DVA Trustee or Agent:

- a DVA appointment of Trustee or Agent document.

For a responsible person approved by the Secretary of the Department:

- evidence of the Secretary of the Department's written approval of the person as a responsible person for the client.

Certified copies of documents are to be provided. Do not send original documents. A certified copy is a copy of an original document that has been certified as a true and correct copy by a person authorised to witness a statutory declaration, for example a medical practitioner, a pharmacist or a public servant.

It is the representative's responsibility to advise Medicare Australia if they no longer have authority to act on behalf of the client. A client can advise Medicare Australia at any time if they wish to terminate their representative's authority to act on their behalf (other than a legal representative).

20 What authorised actions will the representative be undertaking on behalf of the client?

- Signing the form only **Go to 27**
- Receiving the CAPS payment only **Go to 21**
- Signing & receiving the CAPS payment **Go to 21**

Note: If the payment representative and the signing form representative are different people, the payment representative is to complete the details in Q 21 to Q 26 and the signing form representative is to complete Q 27 to Q 31.

Representative receiving payment or receiving payment and signing form on behalf of client

21 What is the relationship of the representative receiving the payment or receiving payment and signing form, to the client?

- Client's parent (client under 14 years of age)
- Client's parent (client 14 to 17 years of age)
- Person appointed under a Power of Attorney
- Person appointed under an Enduring Power of Attorney
- Appointed legal guardian
- Other legal representative, specify
- Centrelink Correspondence Nominee (may sign form)
- Centrelink Payment Nominee (may receive payments only)
- DVA Trustee (may sign form and receive payments)
- DVA Agent (may receive payments only)
- Responsible person approved by the Secretary of the Department to act on the client's behalf (may sign form and/or receive payments)
- Responsible person approved by the Secretary of the Department to receive payments on client's behalf (may receive payments only)

22 Family name of representative

First given name of representative

23 Organisation name, if the representative is an organisation, for example, Public Trustee.

Name of contact person in organisation

Contact person's position

24 Address

State	Postcode

25 Daytime phone number

Representative's bank account details

26 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number

Account held in the name(s) of

Representative signing form only

27 What is the relationship of the representative signing the form to the client?

- Client's parent (client under 14 years of age)
- Client's parent (client 14 to 17 years of age)
- Person appointed under a Power of Attorney
- Person appointed under an Enduring Power of Attorney
- Appointed legal guardian
- Other legal representative, specify
- Centrelink Correspondence Nominee
- DVA Trustee
- Responsible person approved by the Secretary of the Department to act on the client's behalf

28 Family name of representative

First given name of representative

29 Organisation name, if the representative is an organisation, for example, a Public Trustee.

Name of contact person in organisation

Contact person's position

30 Address

State	Postcode

31 Daytime phone number

Client/ Client's representative's declaration

32 I am the:

- Client
- Client's parent (client under 14 years of age)
- Client's parent (client 14 to 17 years of age and does not have the capacity to act on their own behalf)
- Person appointed under a Power of Attorney
- Person appointed under an Enduring Power of Attorney
- Client's appointed legal guardian
- Client's other legal representative, specify
- Client's Centrelink Correspondence Nominee
- Client's DVA Trustee
- Responsible person approved by the Secretary of the Department to act on the client's behalf

I declare that:

- the information on this form is true and correct;
- I will inform Medicare Australia without delay of any changes to the information provided in this form; and

I acknowledge:

- giving false or misleading information is a serious offence and may lead to prosecution under the Criminal Code Act 1995;
- the client's CAAS information will be used by Medicare Australia to transfer the client to the CAPS;
- I may be asked to confirm my/the client's eligibility for CAPS payments;
- the CAPS payment provided is for the purchase of continence products for the client.

Signature

Date

dd mm yyyy

33 Do you wish the CAPS payment to be made directly to an organisation?

Yes Go to 34

No You do not need to complete any further questions.

Authorising payment to an organisation

34 I am the:

- Client
- Client's parent (client under 14 years of age)
- Client's parent (client 14 to 17 years of age)
- Person appointed under a Power of Attorney

- Person appointed under an Enduring Power of Attorney
- Client's appointed legal guardian
- Client's other legal representative, specify
- Client's Centrelink Correspondence Nominee
- Client's DVA Trustee
- Responsible person approved by the Secretary of the Department to act on the client's behalf

I authorise the CAPS payment to be paid to the following organisation:

Organisation name

Organisation's Australian Business Number (ABN)

Signature

Date

If an organisation agrees to receive CAPS payments on behalf of a client, the organisation must complete the **Organisation authorised as payment recipient** (see pg 7) section of this form.

Organisation authorised as payment recipient

If an organisation agrees to receive CAPS payments on behalf of a client, the organisation must complete this section of the form.

Organisation details

35 Organisation name

36 Organisation's Australian Business Number (ABN)

37 Name of organisation's authorised representative

38 Position of organisations authorised representative

39 Contact number

40 Organisation's business address

State Postcode

41 Organisation's postal address

State Postcode

Organisation's bank account

CAPS payments will be made to this bank account. The account recorded must be an Australian bank account. Payments cannot be made into credit cards, loan or mortgage accounts.

42 Name of bank, building society or credit union

Branch where account is held

Branch number (BSB)

Account number

Account name

Organisation's declaration

- 43 I declare that:
- I am an authorised representative of the organisation identified at Question 37.
 - as the representative of the organisation, I am authorised to bind the organisation.
 - the information on this form is true and correct;
 - the organisation will inform Medicare Australia without delay of any changes to the information provided in this form.

The organisation will:

- ensure the CAPS payment is used exclusively for the benefit of:

Client's name

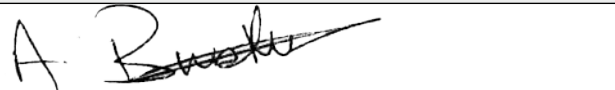
Client's date of birth

- ensure the CAPS payment is used for the purchasing of continence or continence related products
- keep a record of all CAPS payments received
- keep records of continence and continence related aids purchased using a CAPS payment (or a portion of a CAPS payment)
- return any unused CAPS payments to the client, or the client's estate, if advised that the client has died, is not eligible or is no longer eligible or the client or their representative terminates the payment arrangement with the organisation.

I acknowledge:

- giving false or misleading information is a serious offence and may lead to prosecution under the *Criminal Code Act 1995*;

Signature of organisation's representative



Date