Continence Aids Payment Scheme
Transfer and Authority to Direct Payment
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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.
   [ ]

**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
   [ ]

14. First given name of CAPS correspondence nominee
   [ ]

15. Address
   [ ]
   - State [ ] Postcode [ ]
This section must be completed where either:

a) 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

b) 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

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 (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)

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
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 [X] 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

Independence Australia

Organisation’s Australian Business Number (ABN)

80 973 805 243

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’s declaration**

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:
- 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](#);