Australian Government

Department of Health and Aged Care

caps Continence Aids Payment Scheme

Continence Aids Payment Scheme

Application Guidelines and Form

The Continence Aids Payment Scheme (CAPS) is an Australian Government scheme that assists eligible people who have permanent and severe incontinence to meet some of the costs of continence products and continence related products.

The Department of Health and Aged Care has overall program and policy responsibility for the CAPS, while Services Australia, through the Medicare Program, is responsible for the administration of the CAPS.

Continence Aids Payment Scheme

Application Guidelines

Eligibility for CAPS

An applicant is eligible for CAPS if the applicant is five years of age or older and meets either one of the following requirements:

A The applicant has permanent and severe incontinence of bladder and/or bowel function due directly to an eligible neurological condition; OR

B The applicant has permanent and severe incontinence of bladder and/or bowel function caused by an eligible other condition, provided the applicant has a Centrelink or Department of Veterans' Affairs (DVA) Pensioner Concession Card entitlement.

Eligible Neurological Conditions

Applicants with an eligible neurological condition do not require a Centrelink or DVA Pensioner Concession Card provided they meet other CAPS eligibility criteria.

Eligible Other Conditions

Eligible other conditions require that the applicant has a valid Centrelink or DVA Pensioner Concession Card (PCC) or entitlement, whether as a primary cardholder or a dependent of a cardholder. If you do not have a valid PCC or have a break in your entitlement this may affect your CAPS payment and eligibility. You may have to re-apply for CAPS. It is important to hold a valid PCC on 1 July and 1 January. For a list of eligible neurological conditions and eligible other conditions please visit the Department of Health and Aged Care website.

Definition of Permanent and Severe Incontinence

Permanent and severe incontinence is defined as the frequent and uncontrollable; moderate to large loss of urine or faeces which impacts on a person's quality of life and is unlikely to improve with medical, surgical or clinical treatment regimes.

Not Eligible for CAPS

Applicants must complete the Eligibility Guide questions E1 to E6 in the CAPS Application Form to test their eligibility for CAPS.

An applicant is not eligible for CAPS if:

1. The applicant is not an Australian citizen or a permanent Australian resident;
2. The applicant resides in residential aged care on a permanent basis (not including respite, short-term restorative or flexible care);
3. The applicant is receiving an Australian Government funded Home Care Package and their care plan includes continence products;
4. The applicant is eligible to receive assistance with continence products under the Rehabilitation Appliances Program (RAP) which is available through the Department of Veterans' Affairs (please contact DVA on 1800 550 457);
5. The applicant receives a consumables budget package from the Australian Government National Disability Insurance Scheme and their plan includes continence products;
6. The applicant is currently living outside Australia and has done so for a continuous period of three years;
7. The applicant's incontinence is one of the following types:
   - Transient incontinence (not permanent);
   - Incontinence that can be treated with an existing conservative treatment regime (e.g. pelvic floor exercises or bladder re-training), medication or surgery; or
   - Confined to nighttime bed wetting (enuresis).
8. The applicant's incontinence results from a condition other than an eligible neurological condition AND the applicant does not have Centrelink or DVA Pensioner Concession Card entitlement; or
9. The applicant is serving a prison sentence.

Important: If there is a change to the applicant's circumstances, Services Australia must be notified on 1800 239 309, Monday to Friday, 8:30 am to 5 pm AEST.

State and Territory Government Continence Schemes

If the applicant is eligible for CAPS and is currently receiving assistance with continence products or continence related products through a state or territory government funded continence scheme, the applicant should contact their state or territory scheme manager to find out if that assistance will be affected by the applicant's eligibility for the CAPS.

Completing the CAPS Application Form

The CAPS Application Form must be completed in black or blue pen.

The form has three sections:

1. Eligibility and Applicant Details
2. Representative Details
3. Health Report

Section 1 – Eligibility and Applicant Details

This section should be completed by the applicant or the applicant's representative.

This section is mandatory.

Section 2 – Representative Details

This section should only be completed if the applicant requires a person to receive the CAPS payment and/or sign the application form to act on their behalf.

Information about who can act on behalf of an applicant is contained in the application form.

This section should only be completed if required.

Section 3 – Health Report

This section should only be completed by a Health Professional who is able to make an accurate continence assessment of the applicant.

Health Professionals, for example a continence nurse, general practitioner, medical specialist, community nurse, physiotherapist, occupational therapist or an Aboriginal health worker, should complete this section. The medical professional should clearly name the condition causing incontinence. Please visit the Department of Health and Aged Care website for more information and to view the eligible medical conditions for CAPS.

This section is mandatory.

Centrelink Pensioner Concession Card

A Centrelink Pensioner Concession Card (PCC) is required only if the applicant has an eligible 'other' condition. Applicants who have a neurological condition do not require a PCC. A Centrelink PCC is issued by Centrelink to people in receipt of certain income support payments such as the Age Pension, Disability Support Pension or Carer Payment.

Other concession cards such as a Commonwealth Seniors Health Card, a Low-Income Health Care Card or a State Seniors Card are not acceptable for CAPS.

For questions regarding eligibility for a Centrelink PCC please contact Centrelink on 132 717 (Disability, Sickness and Carers line) or 132 300 (Retirement Line) or visit www.centrelink.gov.au

Correspondence Recipient

A correspondence recipient may be a carer, family member or anyone the applicant or the applicant's representative wishes to receive correspondence from Services Australia on their behalf. Correspondence recipients can talk to Services Australia for information in relation to the correspondence they receive. However, Services Australia cannot update or make changes to the applicant's personal record.

Representatives

A representative may act on behalf of a CAPS applicant if the applicant is unable to act on their own behalf because of mental or physical impairment. The representative can complete and sign the *CAPS Application Form* and change details about the applicant in relation to the CAPS on behalf of the applicant. Certified documentary evidence is required, and Section 2 of the application form must be completed.

Authorised Payment Recipient

An authorised payment representative, which may include an organisation that agrees to assist the applicant with the purchase of continence or continence related products, can receive the CAPS payment on behalf of the CAPS applicant. Further information about the authorised payment representative is in '*Section 2 – Representative'* of the *CAPS Application Form*.

CAPS Payment

CAPS is not a retrospective payment scheme. The applicant's initial CAPS payment is based on a pro-rata rate calculated from the date Services Australia receives a complete application form. Applicants can receive the CAPS payment in one annual payment or in two bi-annual payments. Annual payments are paid in July and bi-annual payments are paid in July and January of each financial year.

If an applicant chooses to receive two payments their eligibility to receive the second payment may be tested. The payment amount is indexed annually. The payment will be made into the bank account nominated on the CAPS Application Form. This may be the applicant's personal account, the account of a legal representative or the account of an organisation nominated to receive the payment. Payments cannot be made into credit cards, loan or mortgage accounts. Please note that CAPS payment cannot be given to someone else other than the nominated representative.

Declaration

It is mandatory that an applicant sign the declaration to agree and acknowledge that they have read the CAPS Application Guidelines and will use the CAPS payment for the purchase of continence and continence related products. If the applicant is unable to act on their own behalf, then it is mandatory that their authorised representative sign the declaration to agree and acknowledge that they have read the CAPS Application Guidelines and will use the CAPS payment for the purchase of continence and continence related products for the applicant.

Role of the Health Professional

CAPS applicants are required to obtain a continence assessment from an appropriate Health Professional who cannot be a family member. A Health Professional should only complete the Health Report (Section 3) of the CAPS Application Form if they are able to make an

accurate assessment of the applicant in relation to their incontinence and the cause of their incontinence. The Health Professional's assessment must be based on evidence that the applicant has been diagnosed with an eligible neurological condition or an eligible other condition.

Please visit the Department of Health and Aged Care website for more information and to view the eligible medical conditions for CAPS.

Health Professionals include, but are not limited, to a continence nurse, general practitioner, medical specialist, community nurse, physiotherapist, aboriginal health worker or occupational therapist.

General information

If the CAPS applicant's eligibility has ceased, but their circumstances then change, the applicant will need to reapply to access the CAPS providing they meet the eligibility criteria.

Change of Circumstance

Any change of circumstance including address, nominee, eligibility, incontinence or Pensioner's concession card related changes, must be reported.

Services Australia must be notified if a CAPS participant's, or their representative's, circumstances change. The applicant or the applicant's representative must notify Services Australia on 1800 239 309, Monday to Friday, 8:30 am to 5 pm AEST.

Review

The applicant or the applicant's representative may be asked to confirm the applicant's eligibility for the CAPS payment.

CAPS clients do not need to reapply each financial year, however it is advisable for children aged 5 years to 15 years to have their continence reassessed at least every 2 years by a Health Professional.

All other CAPS clients should discuss the need for regular review of their continence needs with their Health Professional.

Services Australia can review your eligibility for CAPS. This will mean that we request you to complete a CAPS Application Form with any certified documents (if required) to ensure that you meet the eligibility criteria for CAPS.

Submitting the CAPS Application Form

It is important that Section 1 is signed by the applicant, Section 2 by the applicant's representative (if required) and Section 3 signed by the Health Professional before returning the completed form.

The applicant or their authorised representative must send the completed CAPS Application Form (including certified copies of the representative's documentation, if required) via one of the options below:

Fax: 02 9895 3523

Post: Services Australia
Continence Aids Payment Scheme
GPO Box 9822
Sydney NSW 2001

If fax or post are not available, a scanned copy can be sent via email. Please note there may be risks with sending personal information through unsecured networks or email channels.
Email: CAPS@servicesaustralia.gov.au

CAPS Application Forms must be sent to Services Australia as per the above lodgment details.

If the application is complete, Services Australia will provide a written statement of the payment amount and date the CAPS payment was deposited into your nominated bank account.

Organisations Submitting the CAPS Application Form

If an organisation agrees to receive the CAPS payments on behalf of an applicant, the organisation must complete the 'Organisation authorised as payment recipient' section of the CAPS Application Form and send the completed form on behalf of the CAPS applicant to Services Australia.

Useful Contact Details / Information

Call Services Australia on 1800 239 309 for enquiries regarding the CAPS payment.

The Australian Government website dedicated to bladder and bowel health. Department of Health and Aged Care website – www.health.gov.au/bladder-bowel

National Continence Helpline – 1800 330 066

This is a free information and referral telephone service, with professional continence advisors, for people affected by incontinence. This Helpline can also advise about state and territory continence schemes and continence product suppliers.

Continence Foundation of Australia website
www.continence.org.au

Translating and Interpreting Service – TIS National 131 450

National Relay Service (NRS)

133 677 (TTY/Voice)

1300 555 727 (speak and listen)

Calls from mobile telephones are charged at applicable rate.

The CAPS eligible neurological and other conditions can be found at:
www.health.gov.au and search for 'CAPS eligible conditions'.

Continence Aids Payment Scheme
Application Form

Important information

- This CAPS Application Form cannot be completed electronically.
- The preferred method of submitting the application form is by fax or post. If fax or post is not available, an applicant may submit a scanned copy via email at CAPS@servicesaustralia.gov.au
- Do not send completed application forms to the Department of Health and Aged Care. Application forms must be sent to Services Australia – **refer** to Page 13 for *Lodgement details* and also for information regarding *Processing of CAPS applications*.
- Use the current version CAPS Application Guidelines and Application Form only. Please refer to the Department of Health and Aged Care's website.

You must read the information below and the CAPS Application Guidelines before completing this form.

Print in **BLOCK LETTERS - use black or blue pen only**

Tick where applicable ☑

Who can complete this form

- **the applicant**

The following people can complete and sign this form on behalf of the applicant:

- **a parent**, if the applicant is under 14 years of age, or the applicant 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 an applicant under 14 is to complete this form and receive correspondence and the payment on the applicant's behalf; or
- **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 applicant's behalf.

If the applicant 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 applicant:

- **an applicant's Centrelink Correspondence Nominee**, as recognised by Centrelink for the purposes of the Social Security Law; or
- **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 Aged Care, in writing, may act on the applicant's behalf.

For further information on how to apply for responsible person status, call the National Continence Helpline on 1800 330 066 or visit www.servicesaustralia.gov.au and search for '*Someone to act on your behalf*'.

Who can receive payments

CAPS payments can be made to one of the following:

- **the applicant**;
- **a parent**, if the applicant is under 14 years of age, or the applicant 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 an applicant under 14 is to receive the payment on the applicant'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 applicant's behalf;
- **an applicant'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 of Health and Aged Care, in writing, to receive a CAPS payment on an applicant's behalf; or
- **an organisation** (other than a legal representative) that agrees to assist with the purchase of continence or continence related products for an applicant.

Payments to organisations

If an organisation agrees to receive CAPS payments as an agent of an applicant, then the organisation must complete the *'Organisation authorised as payment recipient'* section of this form. Any person authorised to complete this form may authorise payment to be directed to an organisation.

Obligations of payment recipients

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

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

Medicare records

A nominee registered with CAPS either as a Centrelink Correspondence nominee or a Responsible person can contact Services Australia and request for the CAPS customer's information to be updated for CAPS purposes. The information may include the customer's Medicare address and personal bank details.

Privacy and your personal information

Privacy notice – Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by Services Australia or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy at www.servicesaustralia.gov.au/privacy.

Assistance

If you need assistance completing this form, or for more information about the CAPS, call the National Continence Helpline on 1800 330 066 or go to www.health.gov.au and search for CAPS.

SECTION 1 – ELIGIBILITY AND APPLICANT DETAILS

To be eligible for the CAPS an applicant must be five years of age or older and meet one of the following requirements:

A have permanent and severe loss of bladder and/or bowel function (incontinence) due directly to an eligible neurological condition; or

B have permanent and severe loss of bladder and/or bowel function (incontinence) caused by an eligible other condition, provided the applicant has a Centrelink or DVA Pensioner Concession Card or entitlement, whether as primary cardholder or a dependant of a cardholder.

The following questions must be answered. Responses to the six questions below will further indicate whether the applicant is eligible for the CAPS. Please refer to the *CAPS Application Guidelines*.

Print in **BLOCK LETTERS - use black or blue pen only**

Tick where applicable ☑

E1 Is the applicant an Australian Citizen?

Yes ☐ No ☐

E2 Is the applicant a permanent Australian resident?

Yes ☐ No ☐

If the answer is Yes to the following questions (E3–E6), then the applicant is not eligible for assistance from the CAPS. Refer to the *CAPS Application Guidelines*.

E3 Is the applicant residing in residential aged care on a permanent basis (not including respite, short-term restorative or flexible care).

Yes ☐ No ☐

E4 Does the applicant receive an Australian Government funded Home Care Package and continence products are provided as part of the applicant's care plan?

Yes ☐ No ☐

E5 Is the applicant eligible to receive assistance with continence products from the DVA's Rehabilitation Appliance Program (RAP)?

Yes ☐ No ☐

E6 Does the applicant receive funding from the Australian Government National Disability Insurance Scheme (NDIS) and have continence products included in their consumables budget under core support?

Yes ☐ No ☐

NOTE: If the applicant is under 65 years of age and has a permanent and significant disability, please contact the National Disability Insurance Agency on **1800 800 110** to find out if the applicant is eligible for an NDIS package of support before completing this form.

Applicant Details

A1 Medicare card number

☐☐☐☐ – ☐☐☐☐☐ – ☐

Ref No. ☐

A2 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name (as recorded on the Medicare card)

First given name

A3 Date of birth (dd/mm/yyyy)

/ /

A4 Sex: Male ☐ Female ☐

A5 Home phone number

( )

Work phone number (optional)

( )

Mobile phone number (optional)

Email address (optional)

A6 Applicant's residential address

State Postcode

Applicant's postal address (if different to postal address)

State Postcode

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

A7 Who will be signing the applicant declaration or representative declaration section of this form? (see *Who can complete this form?* on page 5)

☐ Applicant

☐ Applicant's parent

☐ Applicant's legal representative

☐ Other

A8 Is the applicant of Aboriginal, Torres Strait Islander or South Sea Islander origin?

- ☐ No
- ☐ Yes – Aboriginal
- ☐ Yes – Torres Strait Islander
- ☐ Yes – Australian South Sea Islander

A9 Where was the applicant born?

- ☐ Australia
- ☐ Other – Specify country:

A10 Does the applicant have a Centrelink or DVA Pensioner Concession Card (PCC), or is the applicant listed as a dependant?

- Yes ☐ Go to A11
- No ☐ Go to A12

A11 Applicant's Centrelink or DVA Number as recorded on the PCC/CRN

PCC/CRN: ☐☐☐–☐☐☐–☐☐☐–☐

DVA:

Correspondence recipient

A12 Is a person other than the applicant to receive the correspondence?

- Yes ☐ Go to A13
- No ☐ Go to A17

A13 Who is to receive the CAPS correspondence on behalf of the applicant?

- ☐ Applicant's parent (applicant under 14 years of age)
- ☐ Applicant's parent (applicant 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 of Health and Aged Care to act on the applicant's behalf
- ☐ Other – If other, specify:

A14 Family name of correspondence recipient

First given name of correspondence recipient

A15 Correspondence recipient's address

State Postcode

A16 Correspondence recipient's daytime contact number

( )

Payment Details

A17 CAPS payments can be received annually in July or half yearly in July and January. Tick one of the payment options below. The first payment is a pro-rata payment from the eligibility date.

- ☐ Full payment in July
- ☐ Half payments in July and January

A18 Is a representative or an organisation that is able to assist with the purchase of continence products to receive the CAPS payment on behalf of the applicant?

- Yes ☐ Go to A21
- No ☐ Go to A19

A19 Do you give consent for the CAPS to use the bank account details recorded on Medicare or Centrelink?

- Yes ☐
  - ☐ Medicare
  - ☐ Centrelink
- No ☐ Go to A20

A20 Applicant's nominated bank account details

Name of applicant's nominated bank, building society or credit union

Branch where the account is held

Branch number (BSB): ☐☐☐ – ☐☐☐

Account number: ☐☐☐☐☐☐☐☐☐

Account held in the name(s) of

NOTE: Bank account details must be the applicant's personal account. If you are nominating the payment to someone else, they will need to complete **Section 2** and provide certified copies of their authority.

Please ensure the applicant's bank account information is up to date with Services Australia. The nominated bank account details recorded with Services Australia will be used for the payment of CAPS.

The applicant can update their bank account details by contacting Services Australia or online using myGov.

Payments cannot be made into credit card, loan or mortgage accounts.

A21 Is a person other than the applicant signing the declaration on this form?

Yes ☐ Go to Section 2 – Representative details

No ☐ Go to A22

A22 Applicant's declaration

I am the Applicant and I declare that:

- I have read the *CAPS Application Guidelines*;
- the information on this form is true and correct; and
- I will inform Services Australia without delay of any changes to the information provided in this form.

I acknowledge:

- giving false or misleading information is a serious offence and may lead to prosecution under the Criminal Code Act 1995;
- I may be asked to confirm my eligibility for CAPS payments; and
- the CAPS payment provided is for the purchase of continence products.

Signature

Date (dd/mm/yyyy)

/ /

Privacy Note

Personal information is protected by law, including by the *Privacy Act 1988*. Refer to page 5.

A23 Is the CAPS payment to be made directly to an organisation or a representative?

No ☐ The applicant does not need to complete any further questions – **the Health Report in Section 3 is to be completed by a Health Professional.**

Yes ☐ Go to Section 2 – Representative details for a representative or R15 to direct payment to an organisation.

NOTE: In all circumstances, for an applicant to be assessed as eligible, a Health Professional is required to complete the Health Report in **Section 3** of this form. Please ensure the Health Professional has completed and signed **Section 3** before returning this application to Services Australia.

SECTION 2 – REPRESENTATIVE

This section must be completed where either:

a) a person other than the applicant is to sign the '*Representative's declaration'* section of this form (see *Who can complete this form?* on page 5); or

b) a person other than the applicant is to receive a CAPS payment (see *Who can receive payments?* on page 5).

If you are completing this form on behalf of an applicant, please provide the documentary evidence below if you are a:

Parent of an applicant:

- Signing 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.)

OR

Legal representative:

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

Certified copies of legal documents are to be provided and can be obtained from Centrelink and DVA. 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.

For a Centrelink Payment Nominee, documents (valid within the last 12 months) which prove your nominee status, for example:

- a Centrelink Nominee Appointment letter.

For a Centrelink Correspondence Nominee, documents (valid within the last 12 months) which prove your nominee status, for example:

- Centrelink Payment Summary of Centrelink Account Statement that displays the name and address of the nominee and the name of the applicant; or
- a Centrelink Nominee Appointment letter.

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 of Health and Aged Care:

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

The representative should advise Services Australia if they no longer have authority to act on behalf of the applicant. An applicant can advise Services Australia at any time if they wish to terminate their representative's authority to act on their behalf (other than a legal representative).

R1 What authorised actions will the representative be undertaking on behalf of the applicant?

- ☐ Signing the form **only** Go to R8 - R13
- ☐ Receiving the CAPS payment **only** Go to R2 - R7 and R13
- ☐ Signing and directing the CAPS payment to an organisation Go to R8 - R15
- ☐ **Signing and receiving the CAPS payment** Go to R2 - R7 and R13

NOTE: If the payment representative and the signing form representative are different people, the payment representative is to complete the details in R2 - R7 and the signing form representative is to complete R8 - R13.

Representative receiving payment (complete R2 – R7) *or* receiving payment and signing form on behalf of the applicant (complete R8 - R13)

R2 What is the relationship of the representative receiving the payment or receiving payment and signing form, to the applicant?

- ☐ Applicant's parent (applicant under 14 years of age)
- ☐ Applicant's parent (applicant 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, please 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 of Health and Aged Care to act on the applicant's behalf (may sign form and/or receive payments)
- ☐ Responsible person approved by the Secretary of the Department of Health and Aged Care to receive payments on applicant's behalf (may receive payments only)

R3 Organisation name (only if required), for example if representative is a Public Trustee or a disability facility.

Name of contact person in organisation

Contact person's position

R4 Family name of representative

First given name of representative

R5 Address

State Postcode

R6 Daytime phone number

( )

Representative's bank account details

R7 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 (complete R8 - R13)

R8 What is the relationship of the representative signing the form to the applicant?

- ☐ Applicant's parent (applicant under 14 years of age)
- ☐ Applicant's parent (applicant 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, please specify:

  _____
- ☐ Centrelink Correspondence
- ☐ Nominee DVA Trustee
- ☐ Responsible person approved by the Secretary of the Department of Health and Aged Care to act on the applicant's behalf

R9 Organisation name (if required), for example if representative is a Public Trustee or a disability facility.

Name of contact person in organisation

Contact person's position

R10 Family name of representative

First given name of representative

R11 Address

State Postcode

R12 Daytime phone number

Representative's declaration

R13 I am the:

- ☐ Applicant's parent (applicant under 14 years of age)
- ☐ Applicant's parent (applicant 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
- ☐ Applicant's appointed legal guardian
- ☐ Applicant's other legal representative, specify
- ☐ Applicant's Centrelink Correspondence Nominee (applicant unable to act on own behalf due to a physical or mental impairment)
- ☐ Applicant's DVA Trustee (applicant unable to act on own behalf due to a physical or mental impairment)
- ☐ Responsible person approved by the Secretary of the Department of Health and Aged Care to act on the applicant's behalf

I declare that:

- I have read the *CAPS Application Guidelines*;
- the information on this form is true and correct; and
- I will inform Services 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*;
- I may be asked to confirm the applicant's eligibility for CAPS payments; and
- the CAPS payment provided is for the purchase of continence products for the applicant.

Signature

Date (dd/mm/yyyy)

/ /

Privacy Note

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

R14 Do you wish the CAPS payment to be made directly to an organisation?

- Yes ☐ Go to R15
- No ☐ You do not need to complete any further questions – the Health Report in Section 3 is to be completed by a Health Professional.

R15 Authorising payment to an organisation

If an organisation agrees to receive the CAPS payments on behalf of an applicant, the organisation must complete the '*Organisation authorised as payment recipient*' section of this form.

I am the:

- ☐ Applicant
- ☐ Applicant's parent (applicant under 14 years of age)
- ☐ Applicant's parent (applicant 14 to 17 years of age)
- ☐ Person appointed under a Power of Attorney
- ☐ Person appointed under an Enduring Power of Attorney
- ☐ Applicant's appointed legal guardian
- ☐ Applicant's other legal representative, specify
- ☐ Applicant's Centrelink Correspondence
- ☐ Nominee Applicant's DVA Trustee
- ☐ Responsible person approved by the Secretary of the Department of Health and Aged Care to act on the applicant's behalf

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

Organisation name

Organisation's Australian Business Number (ABN)

Signature

Date (dd/mm/yyyy)

/ /

Privacy Note

Personal information is protected by law, including by the *Privacy Act 1988*. Refer to page 5.

NOTE: In all circumstances, for an applicant to be assessed as eligible, a Health Professional is required to complete the Health Report in **Section 3** of this form. Please ensure the Health Professional has completed and signed **Section 3** before returning this application to Services Australia.

Organisation authorised as payment recipient

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

Organisation details

R16 Organisation name

R17 Organisation's Australian Business Number (ABN)

R18 Name of organisation's authorised representative

R19 Position of organisation's authorised representative

R20 Contact number

( )

R21 Organisation's business address

State Postcode

R22 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.

R23 Name of bank, building society or credit union

Branch where account is held

Branch number (BSB)

–

Account number

Account name

Organisation's declaration

R24 I declare that:

- I am an authorised representative of the organisation identified at R16;
- as the representative of the organisation, I am authorised to bind the organisation;
- the information on this form is true and correct; and
- the organisation will inform Services 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:

Applicant's name

Applicant's date of birth

- ensure the CAPS payment is used for the purchase of appropriate continence products or continence related products for the applicant;
- 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); and
- return any unused CAPS payments to the applicant, or the applicant's estate, if advised that the applicant has died, is not eligible or is no longer eligible or the applicant 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

Date (dd/mm/yyyy)

/ /

Privacy Note
Personal information is protected by law, including by the *Privacy Act 1988*. Refer to page 5.

NOTE: The organisation should check that the Health Report in **Section 3** has been completed before forwarding the application to Services Australia.

SECTION 3 - HEALTH REPORT
Section for Health Professional

Please ensure you have read the *CAPS Application Guidelines*.

You should only complete this Health Report if you are not a family member of the applicant and you are in a position to make an accurate assessment in relation to their incontinence and its cause.

If in doubt, check the website www.health.gov.au and search for 'CAPS eligible conditions'.

H1 Name of the applicant

Applicant's Date of Birth (dd/mm/yyyy)

/ /

NOTE: If the applicant is under 65 years of age and has a permanent and significant disability, they may be eligible for the NDIS.

H2 Do you have a Medicare Approved Provider Number?

No ☐ Yes ☐

What is your Approved Provider Number?

☐☐☐☐☐☐☐☐

H3 Health Professional's Family Name

Given Names

H4 Health Professional's contact details

Phone Number

( )

Mobile Phone Number

Fax Number

( )

Email address

Business or Employer's Business Name

Work Address

State Postcode

H5 To which health profession do you belong?

☐ Continence Nurse
☐ Registered Nurse
☐ General Practitioner
☐ Community Nurse
☐ Medical Specialist
☐ Aboriginal Health Worker

Other (specify)

H6 Are you in a position to make an accurate continence assessment of the applicant in relation to their incontinence and its cause, based on their medical history or reports?

Yes ☐ No ☐ If the answer to H6 is No then the applicant would be ineligible for CAPS

H7 Are you aware of a continence management plan for the applicant or can you refer the applicant for a continence management plan?

Yes ☐ No ☐

H8 Is the incontinence caused by an eligible Neurological condition?

No ☐

Yes ☐

Specify Neurological condition

H9 Is the incontinence caused by an eligible other condition and the applicant has a valid Centrelink or DVA PCC entitlement or is listed as a dependant?

No ☐

Yes ☐

Specify other condition

H10 Does the applicant have permanent and severe incontinence of bladder function?

Yes ☐ No ☐

H11 Does the applicant have permanent and severe incontinence of bowel function?

Yes ☐ No ☐

H12 Is the incontinence caused by an eligible:

☐ Medical related condition

☐ Disability related condition – if disability related the applicant may be eligible for an NDIS package of support

H13 Health Professional Declaration

I declare:

- I have assessed the applicant identified at H1 and A2 and completed questions H1 to H12; and
- to the best of my knowledge the information provided in this Health Report is true and correct.

Signature

Date (dd/mm/yyyy)

/ /

Privacy Note

Personal information is protected by law, including by the *Privacy Act 1988*. Refer to page 5.

CHECKLIST

I have:

- ☐ Read the *Important information* at the beginning of this application form, in particular the first four dot points
- ☐ Responded to the six eligibility questions in Section 1
- ☐ Provided ALL my personal details in Section 1
- ☐ Completed Section 2 (Representative), if applicable
- ☐ Attached certified copies of legal documents, if applicable

The Health Professional has:

- ☐ Completed and signed the Health Report in Section 3

Lodgement

Send the completed form to:

Fax: 02 9895 3523

OR

Post: Services Australia
Continence Aids Payment Scheme
GPO Box 9822
Sydney NSW 2001

OR

Email: CAPS@servicesaustralia.gov.au
Please note that there may be risks with sending personal information through unsecured networks or email channels.

Processing of CAPS applications

Once your application has been received, a CAPS processing officer from Services Australia may contact you or your nominee by phone or may send you a letter requesting more information.

For new customers, once your application is processed, a payment statement will be sent to you confirming the details of your CAPS payment made. If, however you do not qualify for the CAPS, an 'application not approved' letter will be sent to you.

Services Australia will make every effort to process your application as soon as possible.

For more information about the CAPS please call 1800 239 309.

The CAPS eligible neurological and other conditions can be found at:

www.health.gov.au and search for 'CAPS eligible conditions'.

All information in this form is correct as at November 2022