Australian Government
Department of Health and Ageing
Medicare Australia

Aged Care – Resident Classification Scale
Application for Classification
(Effective from 1 November 1998)

Section 1

Score

1 13
2 14
3 15
4 16
5 17
6 18
7 19
8 20
9 21
10
11
12

Section 2. Particulars of person being appraised

• **Please print clearly in BLOCK LETTERS.**

Surname

Given names

Date of birth / /

Sex: Male ☐ Female ☐

Care recipient No. (If known)

Reason for this application:

Initial appraisal ☐ Date of entry / /

Annual re-appraisal ☐

Re-appraisal of S8 ☐

Dept Review ☐ Date of review / /

Increase by 2 or more categories ☐

Re-appraisal 6 months after 2 category increase ☐

Re-appraisal after return from extended hospital leave ☐ Date of re-entry / /

Has the care recipient received, is the care recipient receiving, or can the care recipient claim:

- a Veterans' Affairs Pension — yes ☐ no ☐
- a Third Party Insurance settlement — yes ☐ no ☐
- a Workers' Compensation settlement — yes ☐ no ☐
- other forms of compensation — yes ☐ no ☐

Section 3. Particulars of facility

Approval No., Facility Name, and Address

☐☐☐☐☐

Declaration - I certify that the particulars given in this application are true and correct.

Name (block letters)

Position held

Note: The Aged Care Act 1997 provides penalties for the provision of false or misleading information on this form.

Signature of approved provider or authorised agent

/ /

If you employ less than 20 staff please provide an estimate of the time taken to complete this form — Hours ☐ Mins ☐

Section 4. To be completed by the Delegate

Review type:

Review ☐ Internal review ☐ External review ☐ Delegate ID. No.

Signature / /

Section 5. For office use only

Care recipient No. Appr. No. ☐

Checked Rejection code Category

Keyed Date / /

Reset **Print**