



**Australian Government**  
**Department of Health**

**caps** | Contenance Aids Payment Scheme

# **Contenance Aids Payment Scheme**

## **Application Guidelines and Application Form**

The Contenance 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 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.

## 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 is a resident in an Australian Government funded aged care home and is assessed with a high ACFI rating in any category or a medium in two or more categories;
- 3** The applicant is receiving an Australian Government funded Home Care Package and their care plan includes continence products;
- 4** The applicant is eligible for assistance with continence products under the Rehabilitation Appliances Program (RAP) which is available through the Department of Veterans' Affairs;
- 5** The applicant receives funding from the Australian Government National Disability Insurance Scheme and their plan covers 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 (eg pelvic floor exercises or bladder re-training), medication or surgery; or
  - Confined to night time bed wetting (enuresis); or

- 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.

## Recipients of Australian Government Funded Aged Care

If the applicant is living in an Australian Government funded aged care home and has been assessed with a high Aged Care Funding Instrument (ACFI) rating in any category or a medium in two or more categories, the applicant is not eligible for CAPS.

If the applicant is receiving an Australian Government funded Home Care Package, and continence products have been included in the applicant's care plan, the applicant is not eligible for the CAPS. Continence products will be provided as part of the applicant's care plan.

## State and Territory Government Continence Schemes

If the applicant is eligible for the 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. This form has three sections:

- 1** Applicant Details
- 2** Representative
- 3** Health Report

The Eligibility Guide on Page 6 must be completed.

### Section 1 – 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 in a position 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.

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](http://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 Medicare on their behalf.

### 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. *Further information about representatives is in 'Section 2 – Representative' of the CAPS Application Form.*

### 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

This program is not a retrospective payment scheme. The applicant's initial CAPS payment is based on a pro-rata rate calculated from the date Medicare 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 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.

### 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. **The Health Professional who is completing the Health Report section of the form cannot be a family member.**

A Health Professional should only complete the Health Report (Section 3) of the CAPS Application Form if they are in a position 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.**

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

## 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 dependant 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.

Further information on eligible neurological conditions and eligible other condition is available at [www.health.gov.au/bladder-bowel](http://www.health.gov.au/bladder-bowel)

## 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 Pensioners concession card related changes, must be notified.

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

The applicant or the applicant's representative must notify Medicare as soon as possible.

## 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.

Medicare 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) to:

Fax: 02 9895 3523  
OR  
Post: Services Australia  
Continence Aids Payment Scheme  
Medicare Services  
GPO Box 9822  
Sydney NSW 2001

### Applications are no longer accepted by email

CAPS Application Forms must be sent to Medicare as per the above lodgement details.

Medicare will contact you if they require further information. If the application is complete Medicare 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 Medicare (details above).

## Useful Contact Details

**CAPS – 1800 239 309**

Call Medicare for enquiries regarding the CAPS payment.

**Department of Health website –**  
[www.health.gov.au/bladder-bowel](http://www.health.gov.au/bladder-bowel) The Australian Government website dedicated to bladder and bowel health.

**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](http://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 rates.

# Continence Aids Payment Scheme Application Form

- **This CAPS Application Form cannot be completed electronically.**
- **Applications received by email will not be accepted.**
- **Only hardcopy application forms will be accepted by post or fax.**
- **Do not send completed application forms to the Department of Health. Application forms must be sent to Services Australia – refer Page 13 for Lodgement details, also for information regarding *Processing of CAPS applications*.**
- **Use current version CAPS Application Guidelines and Application Form only – refer back page *All information in this publication is correct as at February 2020*.**

## Important information

You must read the information below and the CAPS Application Guidelines before completing this form in black or blue pen only.

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 (Department), 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.health.gov.au/bladder-bowel](http://www.health.gov.au/bladder-bowel)

## 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, 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 the payment 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 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 applicant for the purposes of CAPS and provide bank details for CAPS payments. However, they are not able to update the applicant's Medicare record, including bank account details used by Medicare to make Medicare payments, or update the address details used by Medicare for Medicare-related purposes.

## 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.humanservices.gov.au/privacy](http://www.humanservices.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/bladder-bowel](http://www.health.gov.au/bladder-bowel)

## 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.

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

**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 CAPS. Refer to the CAPS Application Guidelines.

**E3** Is the applicant a permanent high care resident in an Australian Government funded aged care home?

Yes  No

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

Yes  No

**E5** Is the applicant eligible to receive assistance with continence products from the Department of Veterans' Affairs Rehabilitation Appliance Program (RAP)?

Yes  No

**E6** Does the applicant receive funding from the Australian Government National Disability Insurance Scheme (NDIS) and continence products are negotiated as part of the applicant's plan?

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 postal address

State Postcode

Applicant's residential address

State Postcode

Medicare 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 on their parent or guardian's PCC?

- Yes  Go to A11  
No  Go to A12

**A11** Applicant's Centrelink or DVA Number as recorded on the PCC.

PCC:  -  -  -

DVA:

### Correspondence recipient

CAPS correspondence may be directed to a person other than the applicant, including to a family member or carer of the applicant. A correspondence recipient will receive all of the applicant's CAPS correspondence, including the payment statement. If the applicant has a payment representative, the payment representative will also receive a payment statement.

**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 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 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 A22  
No  Go to A19

**A19** Do you give consent for 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

questions continue next page...

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

The applicant can update their bank account details by contacting Medicare on 132 011 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 Medicare 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 Medicare.

## 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).

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

Documentary evidence includes:

For a parent of an applicant:

- 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.

*Certified copies of legal 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.

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 or 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.

*Copies of original documents from Centrelink and DVA can be provided however, if they are copies, they need to be certified.*

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

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

The representative should advise Medicare if they no longer have authority to act on behalf of the applicant. An applicant can advise Medicare 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
- Receiving the CAPS payment only Go to R2
- Signing and directing the CAPS payment to an organisation Go to R8
- Signing and receiving the CAPS payment Go to R2

NOTE: If the payment representative and the signing form representative are different people, the payment representative is to complete the details in R2 to R7 and the signing form representative is to complete R8 to R12.

### Representative receiving payment *or* receiving payment and signing form on behalf of the applicant

**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, 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 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 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

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
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

**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, specify
- 
- Centrelink Correspondence Nominee
- DVA Trustee
- Responsible person approved by the Secretary of the Department of Health 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

questions continue next page...

**R11** Address

State <span style="float: right;">Postcode</span>

**R12** Daytime phone number

(    )
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**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  

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- 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 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 Medicare 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 (see page 10) 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  

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- Applicant's Centrelink Correspondence Nominee
- Applicant's DVA Trustee
- Responsible person approved by the Secretary of the Department of Health 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 Medicare.

## 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

Alpha Medical Solutions Pty Ltd.

**R17** Organisation's Australian Business Number (ABN)

57 643 006 366

**R18** Name of organisation's authorised representative

**R19** Position of organisation's authorised representative

**R20** Contact number

( ) 1300 783 747

**R21** Organisation's business address

Memorial Avenue - St Ives

State NSW Postcode 2075

**R22** Organisation's postal address

PO Box 745 - St Ives

State NSW Postcode 2075

### 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

Commonwealth Bank of Australia

Branch where account is held

St Ives

Branch number (BSB)

0 6 2 - 6 9 2

Account number

4 1 4 7 0 0 5 6

Account name

Alpha Medical Solutions Pty Ltd.

## Organisation's declaration

**R24** I declare that:

- I am an authorised representative of the organisation identified at Question R18;
- 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 Medicare 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

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

questions continue next page...

## SECTION 3 – HEALTH REPORT

### Instructions 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/bladder-bowel](http://www.health.gov.au/bladder-bowel)

**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?

<input type="checkbox"/> Continence Nurse	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Community Nurse
<input type="checkbox"/> Medical Specialist	<input type="checkbox"/> 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 Pensioner Concession Card (PCC) entitlement or is listed as a dependant?  
 No   
 Yes  Specify other condition

If the answer to both **H8** and **H9** is **No** please refer to CAPS Application Guidelines as applicant is not eligible.

**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

If the answer to both **H10** and **H11** is **No** please refer to CAPS Application Guidelines as applicant is not eligible.

**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**  
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## CHECKLIST

I have:

- Noted the five dot points at the beginning of this application form
- Read the 'Important information' at the beginning of this application form
- 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  
Contenance Aids Payment Scheme  
Medicare Services  
GPO Box 9822  
Sydney NSW 2001

### 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.





**[www.health.gov.au](http://www.health.gov.au)**

All information in this publication is correct as at February 2020.