Request for retirement village operator to pay daily accommodation payments for aged care

Retirement Villages Act 1992 **(the Act) - section 31**

About this form

Eligible residents can request the village operator pay daily accommodation payments (DAPs) towards the cost of their aged care placement from their exit entitlement. The village operator is not required to make payment if at least 85% of the former resident's exit entitlement has been paid

Requests can be made by using this form before or within 60 days of moving into aged care.

The operator must make the first DAP payment within 28 days of receiving the completed form, or within 28 days after the resident enters aged care, whichever is later.

Check you are eligible before making a request - www.consumerprotection.wa.gov.au/rvagedcare

Information for residents or their representatives

1. Make sure you have the following information:
   - the date you entered, or were approved to enter, the aged care facility;
   - the contact details for your village operator and manager;
   - the details of the aged care provider and facility where you are living, or intend to live; and
   - a copy of the DAP schedule provided by the aged care provider showing the dates when the payments are due and how payments can be made.
2. Contact your village manager and ask them how to lodge this form with the operator.
3. There is no fee to provide this form to your operator.
4. Keep a copy of this form and a record of the date you provide it to the operator.

Don't send this form to the Department of Local Government, Industry Regulation and Safety.

Section 1: Information about the former resident or their representative

Resident name	
Resident contact information	Email Phone
Authorised representative: Include details below if this form is completed by a resident's authorised representative.	
Representative name	
Representative contact information	Email Phone
Relationship to resident	

Section 2: Information about the retirement village and operator

Village details	Name of retirement village Address line 1 Address line 2 Suburb/Town State Postcode
Operator details	Village operator name (entity): Business trading name (if different from above) Australian Company or Business Number (ACN or ABN): Email Phone
Business address (if different to village address)	Address line 1 Address line 2 Suburb/Town State Postcode

Section 3: Aged care provider details

Aged care provider name	
Aged care address	Address line 1 Address line 2 Suburb/Town ____ State ____ Postcode ____ Email ____ Phone ____
Have you already moved into an aged care facility?	☐ Yes ☐ No
If yes, what date did you enter the aged care facility?	Date
If no, has your application to enter into an aged care facility been approved?	☐ Yes ☐ No
Note: A former resident must be approved to enter an aged care facility to complete this form.	
If yes, please specify the date you are going to enter the aged care facility:	Date

Section 4: Details about the payments due to the aged care provider

What is the amount for each DAP:	$
Please attach a copy of the DAP schedule provided by the aged care provider.	
Are you requesting one or more of the DAPs be made from your exit entitlement?	☐ One payment ☐ More than one payment
Note: If you request the operator to make more than one payment to the aged care provider, payments will continue to be made until you request that they stop, or until at least 85% of the exit entitlement has been paid.	
When is the first payment to the aged care facility due:	Date

Section 5: Resident or representative declaration

I confirm the information I have provided in this form is true and correct	Date
Full name of former resident or authorised representative:	
Signature of former resident or authorised representative:	

Further information:

For more information or help filling out this form:

Email: consumer@lgirs.wa.gov.au

Call 1300 30 40 54 on weekdays from 8.30am to 4:30pm.

Visit: www.consumerprotection.wa.gov.au/retirement-villages