



Completing this form **This form is used to notify the Department of Veterans' Affairs (DVA) of a variation to a client's Exceptional Case (EC) care. This form must be completed by a Registered Nurse (RN).**

Where possible please complete and return this application form electronically.

If you are completing this form manually, please use BLACK pen to complete all information on this form.

DVA cannot assess an incomplete or illegible form.

Contacting the Community Nursing team If you require assistance completing this form, please email DVA at exceptional.cases@dva.gov.au

Submitting this form Form submission is via DVA's secure email.
Please email exceptional.cases@dva.gov.au to set up secure email facilities.
Please refer to the below link for information about secure email:
<http://www.dva.gov.au/site-help/sensitive-emails>

Note The notification must be submitted within seven (7) business days of the date the variation to care commenced.
An updated nursing care plan must be attached to this form if an increase in care has occurred.

Privacy Notice The person completing this form is responsible for ensuring that the client is aware that the:

- their information will be forwarded to DVA for determining benefits under the *Veterans' Entitlements Act 1986* and/or the *Military Rehabilitation and Compensation Act 2004*
- information, in certain circumstances, may be used for review or audit purposes or be disclosed to the person's General Practitioner (GP), specialist or other health professional, and
- information will be treated in a confidential manner.

Read more about how DVA manages personal information at <https://www.dva.gov.au/about-us/overview/legal-resources/privacy>

PART A**Community Nursing Provider Information****1. Provider details**

Provider name

Provider number

Provider site

Contact number

Contact email

PART B**Client Information****2. Client information**

DVA file number

Surname

Given name(s)

Date of birth

Address

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

Specify type of accommodation

☐

Private residence

☐

Independent Living Unit (ILU)

PART C**Details of Variation****3. Variation**

Date from which care needs to be varied

4. Is the variation ongoing for the remainder of the EC approval or for a specific period only?Ongoing ☐Specific period ☐ ► Start date

End date

5. Is the variation for an increase or a decrease in the care previously approved under the EC application?Increase ☐ ► Provide detailsDecrease ☐ ► Provide details

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

6. Details of variation to the current care arrangement

Type of care (See options below)*	Visit times	Care details	Visits per week	Minutes per visit

* Type of care

Personal care (PC)

Clinical care (CC)

Overnight PC – Active

Overnight PC – Inactive

Overnight CC – Active

Overnight CC – Inactive

PART D**Attachments and Declaration****7. Updated attachments****Provide applicable/updated attachments to support the variation request**

Attached

- ☐ Updated signed nursing care plan must be provided if an increase to care has been indicated in question 5 (**nursing care plan must be signed by RN and the client or authorised representative**)
- ☐ GP Health Summary
- ☐ Specialist Referral (if applicable)
- ☐ Hospital Discharge letter (if applicable)
- ☐ Current Medication Authority or Medication Chart signed by the treating doctor
- ☐ Attachment 1 – Dementia
- ☐ Attachment 2 – Mental Health
- ☐ Attachment 3 – Palliative Care
- ☐ Attachment 4 – Wound Care (with requested photos)

8. Declaration

I declare that the information I have supplied on this form and on any other attachments is true and correct.

I am aware that there are penalties for making false statements. (*Refer to Notes for Community Nursing Providers - Inappropriate claiming.*)

Declaration must be signed by the RN completing this form.

Full name

Title

Signature

(*electronic
signature accepted*)



Date

NOTE: If any changes occur to the information provided above, it is your responsibility to notify DVA within seven (7) business days by completing the relevant form.