



Exceptional Case Interruption to Care

Completing this form This form is used to notify the Department of Veterans' Affairs (DVA) of an interruption to a client's care greater than seven (7) days. 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 interruption to care commenced.

If a client has an interruption to care during an agreed period of exceptional case status, an adjustment may be made in the fee paid for the 28 day claim period during which the interruption to care occurred. If the client has been absent from care for more than 28 days, for whatever reason, they must be discharged from community nursing care - refer to **Attachment A - Exceptional Case Process** in the Notes for Community Nursing Providers available at <https://www.dva.gov.au/providers/health-programs-and-services-our-clients/community-nursing-services-and-providers-0>.

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>

5. Were visits provided on the first day of the interruption?

No

Yes ► Please indicate how many visits and the total time of the visits

	No. of visits	Total time of visits (mins)
Clinical care visits		
Personal care visits		

6. Were visits provided on the last day of the interruption?

No

Yes ► Please indicate how many visits and the total time of the visits

	No. of visits	Total time of visits (mins)
Clinical care visits		
Personal care visits		

PART D

Declaration

7. 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.