Helping care recipients in financial hardship

How to claim

Aged care financial hardship assistance may be available to care recipients if they're having trouble paying aged care fees or accommodation payments.

To be eligible for financial assistance, the care recipient must have:

- completed an Aged care calculation of your cost of care application. This can be completed online by signing in to myGov and accessing their Centrelink online account.
- assets, or the care recipient's share of assets, **below $48,270.30** as of 20 September 2026. This amount is reviewed twice yearly with CPI (Consumer Price Index) and does not include assets they cannot sell or borrow against (unrealisable assets).
- not gifted more than the allowable amounts of:
  - $10,000 in the current financial year or in any of the previous 4 financial years, or
  - $30,000 in the period comprising the current financial year and the previous 4 financial years.

Additional information for Support at Home only:

- A Care Needs Assessment must be completed to be eligible for financial assistance.
- Care recipients should tell you when they submit a claim. As the provider, you should suspend individual contributions while Services Australia assesses the hardship claim.

If a care recipient meets eligibility requirements and would like to submit a claim, they must:

- ensure income and assets are up to date.

  This can be done with Services Australia through myGov or with the Department of Veterans' Affairs (DVA) on 1800 838 372.
- complete the Aged care claim for financial hardship assistance form (SA462),

  available from the Services Australia website and submit it through myGov or return to Services Australia (includes DVA care recipients).
- check that signature requirements and checklist documents have been provided

  to avoid delays.

Important

- For all care types, financial hardship assistance is only payable for claims submitted on or after 1 November 2025.
- Financial hardship assistance is not available for: pre-1 July 2014 home care, multi-purpose services, transition care or short-term restorative care.
- All eligibility criteria must be met.

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