



ACFR Quick Start Guide

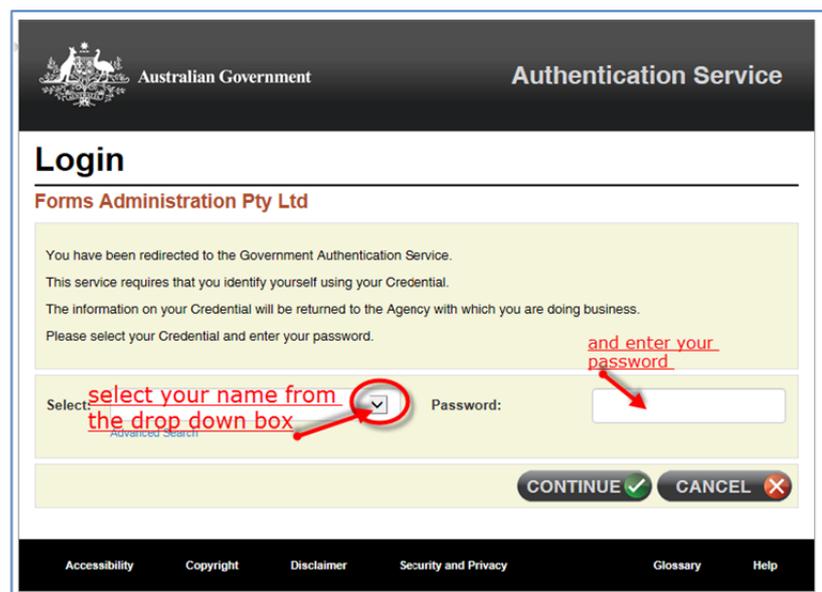
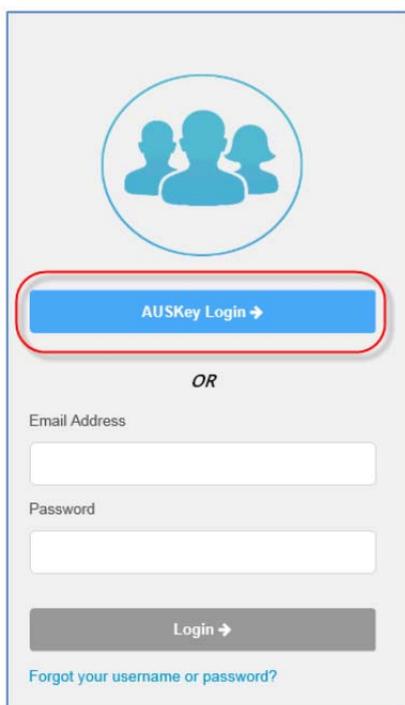
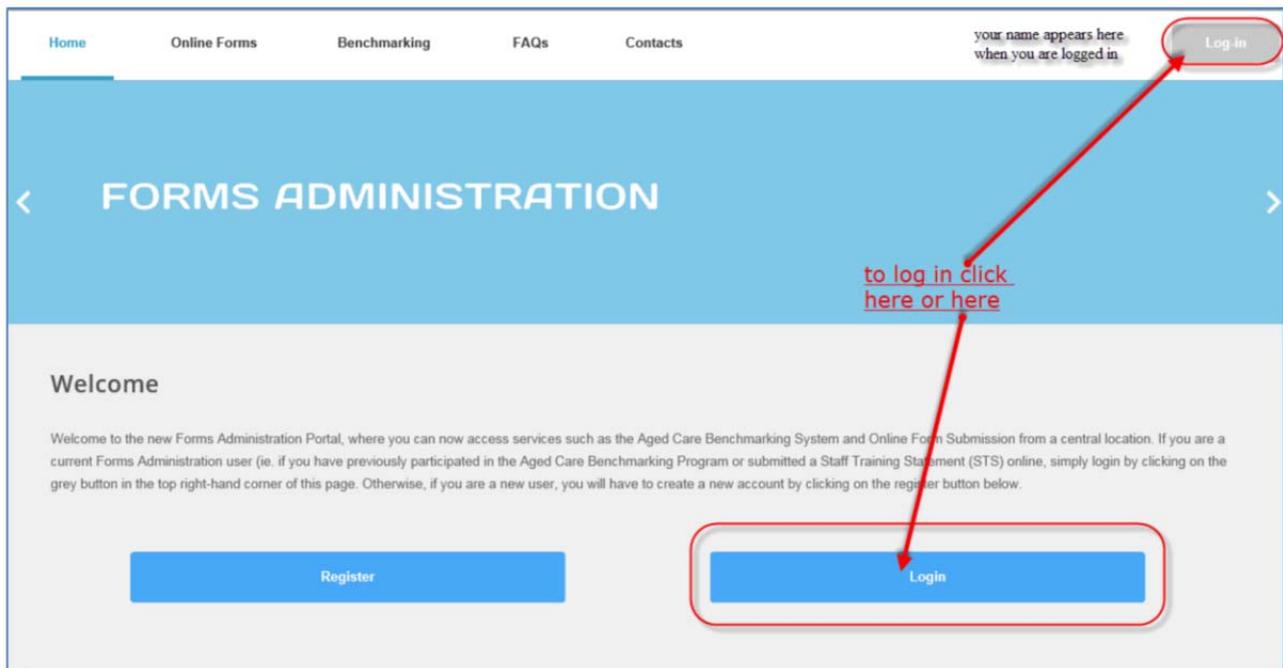
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Log in via AUSkey – Forms Administration online forms portal.

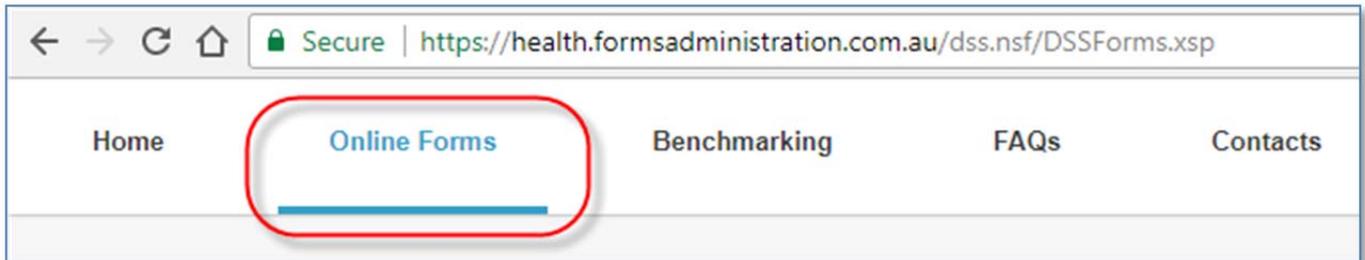
<https://health.formsadministration.com.au/>

Click "Log-in" and then "AUSkey Login" on the next screen. When you see your name appear on the home screen beside "log-in" click the "Online Forms" tab.



Select the ACFR form

Select the “Online Forms” tab and scroll to the “Completing the ACFR” form



You should see the Provider name in the blue bar. Click here to begin completing your ACFR form (if you can't see your name here, you will need to contact Forms Administration)

Completing the Aged Care Financial Report

The 2016 Aged Care Financial Report (ACFR) collects information about:

- Financial information and activities of the approved provider
- Accommodation bonds (bonds), refundable deposits and entry contributions held by approved providers
- Approved provider compliance with the four Prudential Standards
- Approved provider compliance with the requirements of the Act and the Fees and Payments Principles in relation to charging, managing and refunding accommodation bonds and refundable deposits, and where applicable, entry contributions
- Investment and building activity



ACFR Data Definitions



Prudential Guidelines

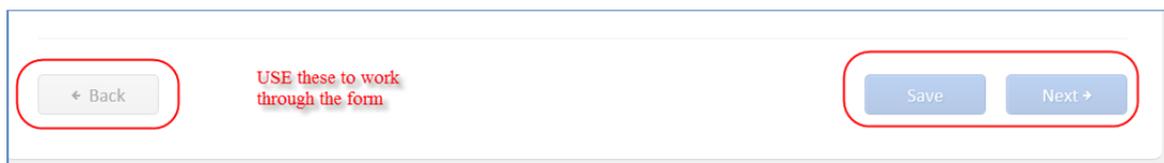
Please click on your organisation's name below to begin.

Provider name - status

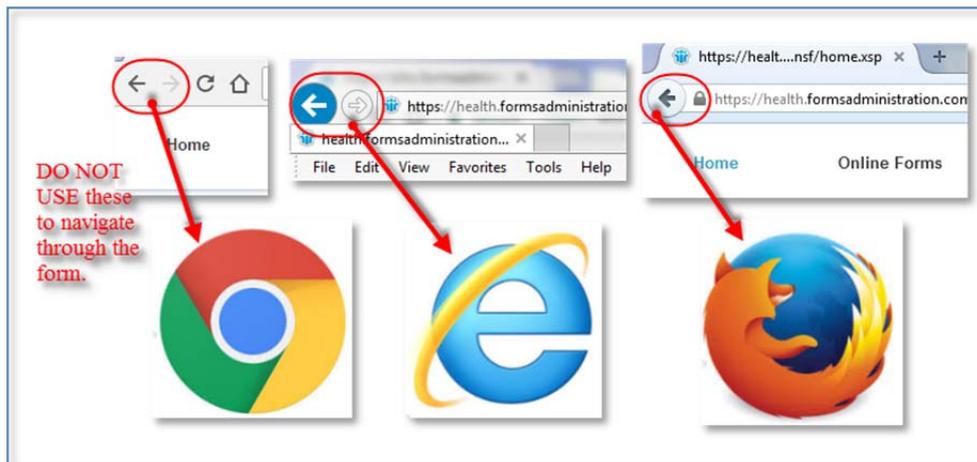
Click the Provider name to begin completing the form

Navigating the ACFR form

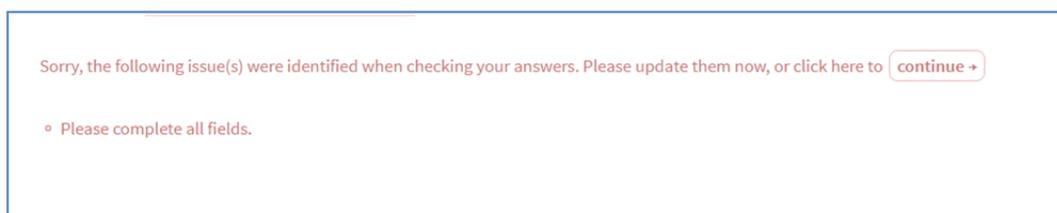
At the bottom of each page you will see navigation buttons to save your work, or to go back to the previous page or the next page. Please use these to work your way through the form



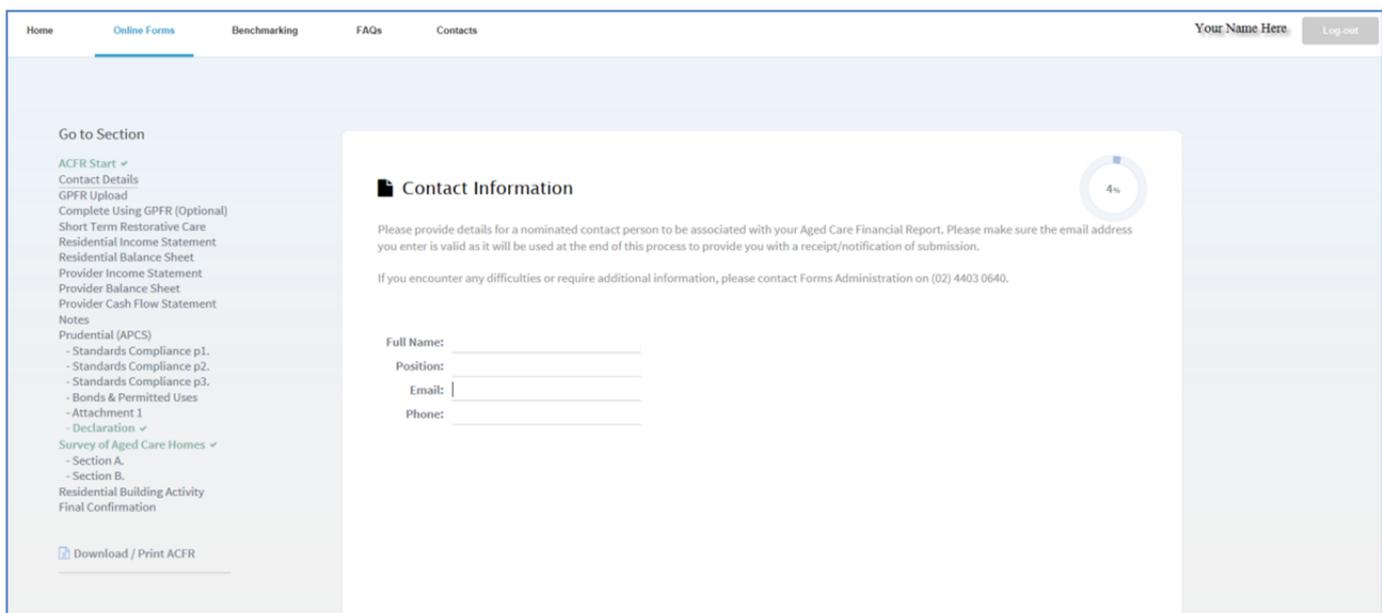
Don't use your "Browser back button".



If you click the next button and you haven't completed all the required elements on the page, you will see the following message. You can choose to continue with errors, but remember that you will not be able to finalise the form without attending to these at a later time.



You can navigate to different sections of the form by selecting the section you wish to complete on the navigator on the left hand side of the screen.



Use the navigator on the left hand side to go to different sections of the form

Go to Section

ACFR Start ✓
Contact Details
GPFR Upload
Complete Using GPFR (Optional)
Short Term Restorative Care
Residential Income Statement
Residential Balance Sheet
Provider Income Statement
Provider Balance Sheet
Provider Cash Flow Statement
Notes
Prudential (APCS)
- Standards Compliance p1.
- Standards Compliance p2.
- Standards Compliance p3.
- Bonds & Permitted Uses
- Attachment 1
- **Declaration** ✓
Survey of Aged Care Homes ✓
- Section A.
- Section B.
Residential Building Activity
Final Confirmation

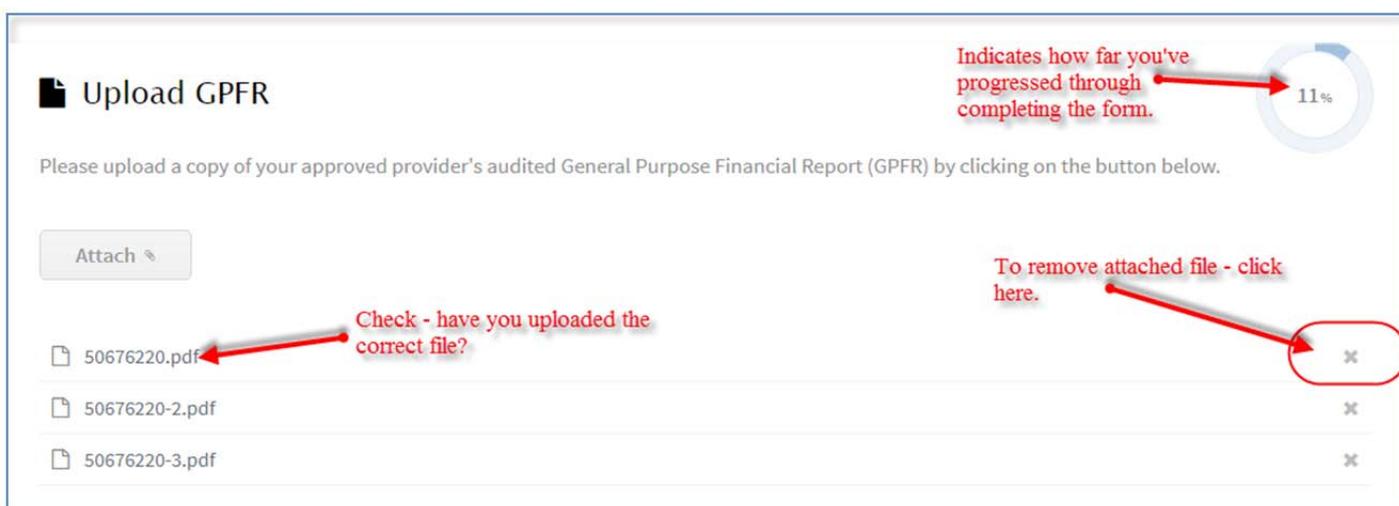
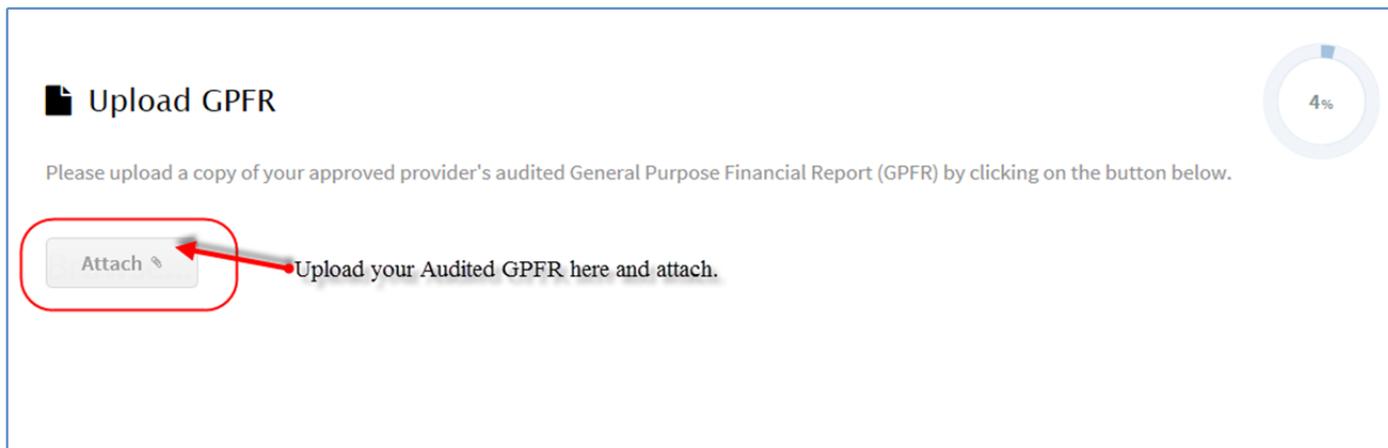
 [Download / Print ACFR](#)

If you can't see the section navigator – check that your browser window is maximised to full screen.



Completing the Residential GPFR

You will need to upload your Audited Financial report to the ACFR portal. You are able to upload multiple files if required. You should check the file name to ensure you have uploaded the correct file.



If you complete your Financial report at Service Level – you must ensure that the Provider data is completed on the ACFR Income Statement and Balance Sheet. It is not optional to check the box stating this information can be found on your GPFR.

The Department of Health has advised the following:

- *Under the new financial reporting arrangements providers will still be able to submit multiple service level GPFRs and the new ACFR online portal can accommodate this.*
- *When completing the residential care sections in the ACFR, the financial information entered into the ACFR will need to be consolidated for all the providers residential care services and must reconcile with the consolidated information within the GPFRs.*
- *When completing the approved provider sections of the ACFR, the data entered should include information for both the providers residential care and non-residential care operations and there is no requirement for the ACFR to reconcile to the GPFRs.*

Go to Section

- ACFR Start ▾
- Contact Details
- GPFPR Upload**
- Complete Using GPFPR (Optional)**
- Short Term Restorative Care
- Residential Income Statement
- Residential Balance Sheet
- Provider Income Statement
- Provider Balance Sheet
- Provider Cash Flow Statement
- Notes
- Prudential (APCS)
 - Standards Compliance p1.
 - Standards Compliance p2.
 - Standards Compliance p3.
 - Bonds & Permitted Uses
 - Attachment 1
 - Declaration ▾
- Survey of Aged Care Homes ▾
 - Section A.
 - Section B.
- Residential Building Activity
- Final Confirmation

[Download / Print ACFR](#)

4%

Complete Using GPFPR – (Optional)

If the GPFPR you uploaded contains all of the required data items set out in the [ACFR Guide](#), you will have the option of completing a number of the financial sections of this form (ie. Income Statement, Balance Sheet etc.) by specifying the location and page numbers of various financial items within your GPFPR. If you would like to complete the ACFR using this method, please select the appropriate check-boxes below. If you require further clarification, please contact Forms Administration on (02) 4403 0640.

Please note, if your organisation is a provider of home care services, you must complete the home care income statement online (ie. you are not able to complete this section of the ACFR using your uploaded GPFPR).

I would like to complete the following using my GPFPR:

- Residential Income Statement
- Residential Balance Sheet
- Provider Income Statement
- Provider Balance Sheet
- Provider Cash Flow Statement

Home Care Financial Data– if applicable

If you have Home Care packages, you will need to complete each planning region. Use whole dollars and data is to be GST EXCLUSIVE.

11%

Home Care Income and Expenses

For each of the home care services/planning regions displayed in the table below, please enter your income and expenses for the year ended 30 June 2016. Figures supplied must be GST Exclusive and recorded on an accruals basis, with income and expenses expressed in whole dollars. Please note that you are required to provide an answer for all line-items. If one of these items is not applicable to your organisation, please enter \$0.00 in the space provided.

If you encounter any difficulties or require additional information, please contact Forms Administration on (02) 4403 0640. For a printable copy of the ACFR data definitions, please click - [here](#).

	Far North - Planning Region	Centrally Held or Unallocated	Total Home Care
Income:			
Fees Charged to Clients:			
▸ Provision of Care/Services	\$1.00	-	\$1.00
▸ Client/Case Management	\$2.00	-	\$2.00
▸ Administration	\$3.00	-	\$3.00
Unspent Home Care Amount	\$4.00	-	\$4.00
Other Revenue	\$5.00	-	\$5.00
Total Income:	\$15.00	-	\$15.00
Expenses:			
Wages and Salaries - Care Staff	\$6.00		\$6.00
Wages and Salaries - Administration Staff	\$7.00		\$7.00
Administration Costs and Management Fees	\$8.00		\$8.00
Care Related Expenses	\$9.00		\$9.00

Definition: Provision of Care/Services Fees Charged to Clients

The aggregate amount of income recognised from clients' packages and/or from private home care clients as care and/or services are provided. This amount would include Government subsidies and supplements, client contributions (basic daily fee, income tested care fees, top-ups and private contributions) and funds transferred in with a client (transfer portion) when they transfer from another home care provider after 26 February 2017.

Please complete each planning region as per the Department’s allocation. Planning Regions are based on the address you have registered with the Department of Health as at 30 June 2017 and cannot be changed for this year. If you do not agree with the Department, you will need to email: ApprovedProviderProgram@health.gov.au for the future.

Short Term Restorative Care (STRC) – if applicable

For Providers of Short Term Restorative Care you will need to complete the STRC section of the ACFR. Each line item has data definitions to help you complete this section. Please complete all applicable line items and use whole dollars.

Short Term Restorative Care (STRC)

Please enter the following information for each of the services you operate that provide short term restorative care.

If you encounter any difficulties or require additional information, please contact Forms Administration on (02) 4403 0640. For a printable copy of the ACFR data definitions, please click - [here](#).

6%

	Total Provider
Income:	
Commonwealth Subsidies	
Daily Client Contribution Fees	
Other Income	
Total Income:	
Expenses:	
Salary Expenses:	
▾ Wages and Salaries	
Non Salary Expenses:	
▾ Training	
▾ Office Costs	
▾ Operating Costs	
▾ Service Agreements	

Definition: Commonwealth Subsidies

This line item refers to all STRC payments receivable from the Commonwealth Government for the activity that has occurred between 1 July and 30 June of that financial year.

Monthly claim forms are completed and payment is received once each claim form has been processed. Due to the timing of claim processing, the STRC Provider may receive payments in the current financial year that are applicable to activity that occurred in a prior financial year. These payments should not be included in this line item. Similarly, where a claim form for the current financial year is processed and payment is made

Use whole dollars. There is no need to type symbols "\$" or "," or ".00"

Note - Definition of field will appear for each data item.

Residential Aged Care – Income Statement

If the line items cannot be found in your GPFR for your Residential Aged Care Segment – you will need to complete the full data item template.

Residential Income and Expenses

For each of the income and expense items listed below, please indicate whether that item can be found in the main financial statement (ie. Income Statement) or notes. If the item is located in the notes, please also enter the number of the page on which it can be found.

In order to select N/A for one of the data items below, it must hold no relevance to your organisation whatsoever. In the event that one of the items is relevant to your organisation, but cannot be found in your GPFR, you will be required to complete the full data template for this section - [here](#).

24%

Income Statement Checklist	Main	Notes	N/A
Residential Care Income			
Subsidies & Supplements (Commonwealth)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Subsidies & Supplements (State)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Resident Fees			
Basic Daily	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Means Tested Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Residential Accommodation Income			
Subsidies & Supplements (Commonwealth)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Subsidies & Supplements (State)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Resident Fees (Excluding Extra Service Fees)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Extra Service Fees	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accommodation Bond Retention Amounts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capital Grants (Commonwealth & State Government)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financing Income			
Interest Income	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Clicking on the link will take you to the full data template.

Residential Income and Expenses

18%

Please enter your residential income and expenses for the year ended 30 June 2016. Figures supplied must be GST Exclusive and recorded on an accruals basis, with income and expenses expressed in whole dollars. Please note that you are required to provide an answer for all line-items. If one of these items is not applicable to your organisation, please enter \$0.00 in the space provided.

If you encounter any difficulties or require additional information, please contact Forms Administration on (02) 4403 0640. For a printable copy of the ACFR data definitions, please click - [here](#).

	Total Residential Aged Care Amount
Care Income:	
Subsidies & Supplements (Commonwealth)	
Subsidies & Supplements (State)	
Resident Fees - Basic Daily	
Resident Fees - Means Tested	\$1.00
Resident Fees - Other	\$15.00
Total Care Income:	\$16.00
Accommodation Income:	
Subsidies & Supplements (Commonwealth)	\$11.00
Subsidies & Supplements (State)	\$12.00
Resident's Fees (excluding Extra Service Fees)	\$1.00
Extra Service Fees	\$1.00
Accommodation Bond Retention Amounts	\$1.00
Capital Grants (Commonwealth & State)	\$1.00

Definition: Resident Fees (Basic Daily)

The amount of fee received from a resident under section 58-3 of the Aged Care (Transitional Provisions) Act 1997 as a standard contribution in costs for providing accommodation and daily living services (such as meals, cleaning, laundry, heating, cooling, etc.) to a resident in a residential age care facility.

Residential Aged Care – Balance Sheet

If the line items cannot be found in your GPFR for your Residential Aged Care Segment – you will need to complete the full data item template.

Residential Balance Sheet

24%

For each of the asset and liability items listed below, please indicate whether that item can be found in the main financial statement (ie. Balance Sheet) or notes. If the item is located in the notes, please also enter the number of the page on which it can be found.

In order to select N/A for one of the data items below, it must hold no relevance to your organisation whatsoever. In the event that one of the items is relevant to your organisation, but cannot be found in your GPFR, you will be required to complete the full data template for this section - [here](#).

Balance Sheet Checklist	Main	Notes	N/A
Current Assets			
Other Current Assets	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
◦ Page number within GPFR: 12			
Non-Current Assets			
Property, Plant and Equipment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
◦ Page number within GPFR:			
Intangibles	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Investment Properties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Non-Current Assets	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Current Liabilities			
Bank Borrowings	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Related Party Short Term Loans	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Refundable Deposits, Accommodation Bonds & Entry Contributions			
Amount Due and Payable	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Amount payable within 12 months (est.)			
Amount payable after 12 months (est.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Benefits/Provisions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
◦ Page number within GPFR:			
Other Current Liabilities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Clicking on the link will take you to the full data template.

Residential Balance Sheet

24%

Please enter your residential assets and liabilities as at 30 June 2016. Figures supplied must be GST Exclusive and recorded on an accruals basis, with amounts expressed in whole dollars. Please note that you are required to provide an answer for all line-items. If one of these items is not applicable to your organisation, please enter \$0.00 in the space provided.

If you encounter any difficulties or require additional information, please contact Forms Administration on (02) 4403 0640. For a printable copy of the ACFR data definitions, please click - [here](#).

	Total Residential Aged Care Amount
Current Assets:	
Other Current Assets	\$1.00
Total Current Assets:	\$1.00
Non-Current Assets:	
Property, Plant & Equipment	
Intangibles	\$1.00
Investment Properties	\$11.00
Other Non-Current Assets	\$11.00
Total Non-Current Assets:	\$23.00
Total Assets:	\$24.00
Current Liabilities:	
Bank Borrowings	\$1.00
Related Party Short Term Loans	\$1.00

Approved Provider – Income Statement

If the line items cannot be found in your GPFR – you will need to complete the full data item template.

Approved Provider Income and Expenses

31%

For each of the income and expense items listed below, please indicate whether that item can be found in the main financial statement (ie. Income Statement) or notes. If the item is located in the notes, please also enter the number of the page on which it can be found.

In order to select N/A for one of the data items below, it must hold no relevance to your organisation whatsoever. In the event that one of the items is relevant to your organisation, but cannot be found in your GPFR, you will be required to complete the full data template for this section - [here](#).

Income Statement Checklist	Main	Notes	N/A
Operating Income			
Operating Income	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Non-Operating Income			
Investment Income	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<u>Interest Income</u>			
Related Party	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Non-Operating Income	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expenses			
Depreciation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amortisation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Rent for Buildings</u>			
Related Party	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Management Fees</u>			
Related Party	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clicking on the link will take you to the full data template.

■ Approved Provider Income and Expenses

Please enter the following income and expense information for your organisation for the year ended 30 June 2016. Figures supplied must be GST Exclusive and recorded on an accruals basis, with income and expenses expressed in whole dollars. Please note that you are required to provide an answer for all line-items. If one of these items is not applicable to your organisation, please enter \$0.00 in the space provided.

If you encounter any difficulties or require additional information, please contact Forms Administration on (02) 4403 0640. For a printable copy of the ACFR data definitions, please click - [here](#).

	TEST PROVIDER
Operating Income:	
Operating Income	
Total Operating Income:	
Non-Operating Income:	
Investment Income (Loss)	
Interest Income:	
▫ Related Parties	
▫ Other	
Other Non-Operating Income	
Total Non-Operating Income:	
Total Income:	
Expenses:	
Depreciation	

Approved Provider – Balance Sheet

If the line items cannot be found in your GPFR – you will need to complete the full data item template.

■ Approved Provider Balance Sheet

For each of the asset and liability items listed below, please indicate whether that item can be found in the main financial statement (ie. Balance Sheet) or notes. If the item is located in the notes, please also enter the number of the page on which it can be found.

In order to select N/A for one of the data items below, it must hold no relevance to your organisation whatsoever. In the event that one of the items relevant to your organisation, but cannot be found in your GPFR, you will be required to complete the full data template for this section - [here](#).

Balance Sheet Checklist	Main	Notes	N/A
Current Assets			
Cash and Cash Equivalents	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Financial Assets	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
▫ Page number within GPFR:			
Trade Receivables (Less Provisions for Doubtful Debts)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refundable Deposits, Accommodation Bonds & Entry Contributions Receivable			
Residential Aged Care excl. Retirement Living	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other incl. Retirement Living	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
▫ Page number within GPFR:			
Loans Receivable			
Related Party	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non Related Party	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Work in Progress			
Residential Aged Care excl. Retirement Living	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
▫ Page number within GPFR:			
Other incl. Retirement Living	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Current Assets	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Non-Current Assets			
Financial Assets	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
▫ Page number within GPFR:			
Loans Receivable			

Clicking on the link will take you to the full data template.

Approved Provider Balance Sheet

Please enter the following balance sheet information for your organisation as at 30 June 2016. Figures supplied must be GST Exclusive and recorded on an accruals basis, with amounts expressed in whole dollars. Please note that you are required to provide an answer for all line-items. If one of these items is not applicable to your organisation, please enter \$0.00 in the space provided.

If you encounter any difficulties or require additional information, please contact Forms Administration on (02) 4403 0640. For a printable copy of the ACFR data definitions, please click - [here](#).

	TEST PROVIDER
Current Assets:	
Cash and Cash Equivalents	
Financial Assets	
Trade Receivables (less Doubtful Debts)	
Refundable Deposits, Accommodation Bonds & Entry Contributions Receivable	
▫ Residential Aged Care excl. Retirement Living	
▫ Other incl. Retirement Living	
Loans Receivable	
▫ Related Parties	
▫ Non-Related Parties	
Work in Progress	
▫ Residential Aged Care excl. Retirement Living	
▫ Other incl. Retirement Living	

Approved Provider – Cash Flow Statement

If the line items cannot be found in your GPFR – you will need to complete the full data item template.

Provider Cash Flow Statement

For each of the cash flow items listed below, please indicate whether that item can be found in the main financial statement (ie. Cash Flow Statement) or notes. If the item is located in the notes, please also enter the number of the page on which it can be found.

In order to select N/A for one of the data items below, it must hold no relevance to your organisation whatsoever. In the event that one of the items is relevant to your organisation, but cannot be found in your GPFR, you will be required to complete the full data template for this section - [here](#).

		Main	Notes	N/A
Cash Flow Checklist				
Operating Cash Flows				
Receipts from Customers		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Payments) To Suppliers and Employees		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
▫ Page number within GPFR: 12				
Allowable Deductions from Bonds		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dividends Received		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest Received		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finance (Costs)		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Operating Cash Flows		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
▫ Page number within GPFR: 12				
Investing Cash Flows				
Sale of Property, Plant and Equipment		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
(Purchase) of Property, Plant and Equipment				
Residential Aged Care excl. Retirement Living		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
▫ Page number within GPFR: 15				

Clicking on the link will take you to the full data template.

Provider Cash Flow Statement

Please enter the following cash flow information for your organisation for the year ended 30 June 2016. Figures supplied must be GST Exclusive and recorded on an accruals basis, with amounts expressed in whole dollars. Please note that you are required to provide an answer for all line-items, with outflows entered as negatives. If one of these items is not applicable to your organisation, please enter \$0.00 in the space provided.

If you encounter any difficulties or require additional information, please contact Forms Administration on (02) 4403 0640. For a printable copy of the ACFR data definitions, please click - [here](#).

	TEST PROVIDER
Operating Cash Flows:	
Receipts from Customers	
(Payments) to Suppliers & Employees	
Allowable Deductions From Bonds	
Dividends Received	
Interest Received	
Finance (Costs)	
Other Operating Cash Flows	
Total Operating Cash Flows:	
Investing Cash Flows:	
Sale of Property, Plant & Equipment	
(Purchase) of Property, Plant & Equipment	

GPFR Notes

Please complete the information found within your GPFR Notes for the items requested.

GPFR Notes

Please complete this section by providing a copy of the following financial notes contained within your organisation's GPFR (for the year ended 30 June 2016). A description of the required content of each note has been provided. If a note does not apply to you, please fill in the appropriate box with N/A.

Group Structure

Related entities and their relationship to the approved provider.

N/A

Going Concern

If applicable, provide details about the significant risks being faced by the entity and how the entity plans to overcome these risks.

Note contents... → Type the information found in your GPFR Note here

Other Significant Items - (Statement of Income and Expenses)

Amount and description for each significant item reported under Other Items. Significant items are taken to include:

- Discontinued Operations - relating to the elimination of a significant part of a company's business.
- Extraordinary Items - items unusual in nature or infrequent in occurrence (e.g. costs directly relating to maintaining expected service levels during/after a flood or cyclone).

The approved provider should ultimately use its own judgement in accordance with the accounting principle of materiality when reporting significant items. However, if an approved provider is having difficulty in making an assessment as to whether an item should be determined as significant, it may wish to use a threshold of five percent and report any amounts pertaining to any one item that equate to five percent or greater than the expected result.

Completing the Annual Prudential Compliance Statement (Residential Aged Care only)

If you did not hold Refundable Deposits, Bonds or Entry Contributions throughout the year, you are still required to complete the APCS section, Please tick “no” and follow prompts. If you did, you will need to complete all sections of this APCS form.

Annual Prudential Compliance Statement

At any stage during your financial year did you hold one or more refundable deposit, bond or entry contribution balances?

Yes
 No



56%

Remember when completing the “Permitted Uses” statement – Check boxes relate only to Refundable Deposits and Bonds, whereas the expenditure \$value items relate to any funding source. (f you’re unsure contact Forms Administration).

Permitted Uses for Refundable Lump Sum Payments

During the financial year did you use all Refundable Deposits and Bonds only for uses that are permitted under the Act?

Yes
 No

Which of the permitted uses listed below did you expend refundable deposits, accommodation bonds or entry contributions on in 2015-16? Select those which apply by clicking on the check-box corresponding with the appropriate label. For more information, see section 52N-1 of the Act. Data definitions for each of the below can be found in part 6 of the Fees and Payments Principles

Refunded Refundable Deposit balances, Bond balances or EC balances

Capital Expenditure

To acquire land on which are, or are to be built, the premises needed for providing residential or flexible aged care.

To acquire, erect, extend or significantly alter premises used or proposed to be used for providing residential care or flexible care.

To acquire or install furniture, fittings or equipment for premises used or proposed to be used for providing residential care or flexible care, when the premises are initially erected or following an extension, significant alteration or significant refurbishment.

Expenditure directly attributable to the capital expenditure listed above.

Invested in financial products (within the meaning of section 764A of the Corporations Act 2001)

Deposit-taking facility made available by an authorised deposit-taking institution (ADI) (eg. bank accounts, building societies, credit unions) in the course of its banking business.

Debentures, stocks or bonds issued by the Commonwealth, States or Territories.

Securities.

Registered managed investment schemes.

Unregistered managed investment schemes established for residential or flexible aged care.

Invested in a Religious Charitable Development fund (RCDF)

Made loans for

Capital expenditure.

Investment in financial products.



72%

Repaid debt accrued for

Capital expenditure.

Refunding of refundable deposit, accommodation bond or entry contribution balances.

Reasonable business losses incurred in the first 12 months of service operation by an approved provider.

Repaid debt accrued before 1 October 2011 for the purpose of providing aged care to care recipients.

Expenditure during the financial year - on uses for which refundable deposits, bonds or entry contributions would be permitted - (from any source of funding)

Refunding of refundable deposit, bond or entry contribution balances. \$ _____

Capital expenditure as defined by 52N-1(2)(a) if the Act. \$12.00 _____

Increase (decrease) between 1 July 2015 and 30 June 2016 in deposits with authorised deposit-taking institutions as defined by section 52N-1(3)(a) of the Act. \$15.00 _____

Other financial products listed in 52N-1(3)(b) to (e) of the Act and section 64(1) to (2) of the Fees and Payments Principles. \$0.00 _____

Investment in Religious Charitable Development Funds. \$1.00 _____

Loans that meet the criteria in 52N(2)(c) of the Act or section 63(b) of the Fees and Payments Principles \$21.00 _____

Repaid debt accrued for the purposes of capital expenditure or refunding of refundable deposit, bond or entry contribution balances. \$12.00 _____

Reasonable business losses in the first 12 months of service operation by an approved provider. \$0.00 _____

Repaid debt accrued before 1 October 2011 that was accrued for the purposes of providing aged care to care recipients. \$ _____

Amount returned from financial investments made after 1 October 2011 - (from any source of funding)

If you invested in permitted financial products other than a deposit taking facility made available by an ADI in the course of its banking business (e.g. if you invested in securities) after 1 October 2011 and later sold, disposed or redeemed those investments (whether or not the money for the investments came from refundable deposits, accomodation bonds or entry contributions), what was the amount received from the sale, disposal or redemption?

\$0.00 _____

If you held bonds during the year, remember to complete the number and value of bonds held at 30 June 2017. If a service did not hold a bond or entry contribution at 30 June, you will need to enter a "0" in the field.

Prudential Attachment 1 4%

Please enter the following information regarding refundable deposit, bond and entry contribution balances held at 30 June 2016. You are required to answer for all services operated by you on the last day of your financial year.

	Refundable Lump Sum Balances		Entry Contribution
	Total number of refundable deposit & bond balances held at 30/06,	Total value of refundable deposit & bond balances held at 30/06/	Total number of entry contribution balances held at 30/06,
0000 - Test Service Name No. 2			
0000 - Test Service Name No. 1			
Total Amount:			

Attach the Compliance Audit received from your AUDITOR

Prudential Declaration 81%

Please upload a copy of your approved provider's APCS audit report by clicking on the button below.

Completing the Survey of Aged Care Homes (Residential Aged Care only)

Survey of Aged Care Homes



In the year ending 30 June 2016:

- Did any resident admitted to one of your provider's services pay, or agree to pay, a refundable accommodation deposit (or contribution) or daily accommodation payment (or contribution)?
- Did any of your provider's services receive any income from accommodation bonds, accommodation charges, refundable accommodation deposits, refundable accommodation contributions, daily accommodation payments or daily accommodation contributions?
- Did any of your provider's services hold any lump sums (i.e. an accommodation bond, entry contribution or refundable accommodation deposit or contribution) at any time during the year?

Yes
 No

Please click on the check-box beside each of the services for which you answered 'yes'.

Test Service Name No. 1 - 0000

Test Service Name No. 2 - 0000

Please complete section A for each service that you selected previously. Ensure all questions have been answered correctly before moving to Section B of the Survey.

Survey of Aged Care Homes – Section A.



For each of the services you selected previously, please complete the following:

Section A1:

Click add for each new permanent non supported resident, who entered your care during the 2015-16 year, including by transferring from another aged care service, that paid, or agreed to pay the following:

- A Refundable Accommodation Deposit (RAD)
- Daily Accommodation Payment (DAP)
- or a combination of the two

For residents that receive a Government accommodation supplement, please see section A2 below.

Resident	RACS ID	Entry Date	Status	Delete
1.	...	01/04/1990	In Progress	

Section A2:

Click add for each new permanent supported resident (in receipt of a Government Accommodation Supplement) who entered your care during the 2015-16 year, including by transferring from another aged care service, that paid, or agreed to pay the following:

- A Refundable Accommodation Deposit (RAD)
- Daily Accommodation Payment (DAP)
- or a combination of the two

For non supported residents, please see section A1 above.

Adding a Non Supported Resident

81%

Please enter the following information relating to the new resident's accommodation payment (regardless of whether or not that amount has been paid). Please note that the date of entry must be after 30 June 2015 and before 1 July 2016. Lump sum amounts should not include cents.

What is the four digit RACS ID of the Residential Aged Care Home to which this resident was newly added?

On what date did the new permanent resident enter into your care?

01/04/1990

What was the Agreed Accommodation price expressed as a Lump Sum amount?

\$

What amount did the resident agree to pay as a Lump Sum amount (RAD)?

\$

If the total accommodation price was not paid in full through the Lump Sum amount (RAD) what was the agreed Daily Accommodation Payment (DAP) amount (per day) calculated for the balance? (Include cents)

\$

Survey of Aged Care Homes – Section B.

85%

Please complete the following for all permanent residents in this aged care service during 2015-16 who were eligible for Australian Government subsidy, not just new residents.

	0000 - Test Service Name No. 1	0000 - Test Service Name No. 2	Total Value
Daily Accommodation Payments & Daily Accommodation Contributions:			
B1. What was the total value of daily accommodation payments received from residents that entered care post 1 July 2014 of this service in the year ending 30 June 2016?	\$1.00	\$1.00	\$2.00
B2. What was the total value of daily accommodation charges received from residents that entered care pre 1 July 2014 of this service in the year ending 30 June 2016?	\$44,188.00	\$1.00	\$44,189.00
Refundable Accommodation Deposits, Refundable Accommodation Contributions, Accommodation Bonds & Entry Contributions.			
B3. What was the total value of lump sum RAD, RAC, bond and entry contribution balances	\$1.00	\$129.00	\$130.00

Complete the Residential Building Activity Survey for relevant services in relation to building activity whether planned, completed or in progress.

Residential Building Activity

Please answer the following question to determine whether you are required to provide information about your organisation's residential building activities.

Did you complete any building work for services you operated in the year ended 30 June 2016, or was any building work either planned or in progress as at 30 June 2016?

Yes
 No

Please indicate which of your organisation's services have undertaken building activity during the current financial year, by clicking on the check-box(s) corresponding with their name.

Test Service Name No. 1 - 0000
 Test Service Name No. 2 - 0000

90%

Residential Building Activity Completed

For each of the residential services displayed in the table below, please enter details relating to building or upgrading activity which was completed as at 30 June 2016.

Completed means that all work had finished by 30 June 2016. This includes work that commenced before 1 July 2015. The value of completed work is the total cost of the building work, not just the work done in 2015-16. The total should exclude any part of the GST component that was, or is eligible to be claimed back.

	0000 - Test Service Name No. 1	Total Residential
New Building Completed:		
A1. If you completed an entirely new building to accommodate new or transferred aged care places, what was the total cost of the new building(s)?	\$100,000.00	\$100,000.00
A2. How many residents can be accommodated in the new building(s)?	56	56
Rebuilding Completed (Demolition & Rebuild)		
A3. If you completed rebuilding of an existing service, what was the total cost of the rebuilding work?	\$0.00	\$0.00
A4. How many residents can be accommodated in the rebuilt building(s)?	0	0
A5. How many residents could be accommodated in the building(s) prior to	0	0

76%

Finalising the ACFR

Before you are able to finalise the form, you will need to ensure all incomplete issues are rectified and click that you agree with the declaration. You will be required to download, print and re-upload a signed declaration by Key Personnel.

Nearly finished...



Please remember to [read](#) and [sign](#) the declaration below using the checkbox, then press the [submit](#) button when complete.

Still Incomplete:

- Home Care Income Statement

Giving false or misleading information or documentation is a serious offence under subsection 137.1(1) of the criminal code (Cth), which provides for a penalty of up to 12 months imprisonment. Sanctions may also be imposed under the act if an approved provider fails to comply with the prudential requirements.

Your Name as a registered key personnel of the approved provider, please read the following statements carefully.

- I am authorised to sign on behalf of the approved provider of the aged care service; and
- the information I have provided on this form is complete and correct.

If you agree with the declaration above, please click on the check-box to electronically sign this submission.

When you tick you agree with the declaration you will be sent to the submitted page. Here you can check that all attached files are correct.

ACFR Submitted



Thank you. Your Aged Care Financial Report for 2016-17 has now been successfully submitted, and a confirmation email sent to your nominated address. This email contains a copy of the answers you just provided, but you can also obtain a copy by clicking on the appropriate link in the table below.

If you have any further questions, please contact Forms Administration on (02) 4403 0640.

File Attachments - (.ZIP)	↗ Date	Size
 ACFR_Submission_2016.xlsx	Jul 4, 2017	55.9 KB
 50676220.pdf	Jul 4, 2017	921.8 KB
 50676220-2.pdf	Jul 4, 2017	921.8 KB
 50676220-3.pdf	Jul 4, 2017	921.8 KB
 Aged Care Act 1997 Division 57.pdf	Jul 4, 2017	560.0 KB

Still Haven't Received a Confirmation Email?

If you haven't received a confirmation email, please follow these simple steps to troubleshoot the problem:

1. Firstly, check if the email address you have provided is correct.
2. Check if the confirmation has been redirected to your 'spam' folder. Sometimes legitimate emails, such as ours, are sent here before you get the chance to read them. If this is the case, please add mail@formsadministration.com.au as an exception to your mail filtering rules.
3. Keep in mind that it can take a while, even up to a few hours, depending on your email client, for you to receive your confirmation. If you haven't received an email already, you may still need to wait a while longer.
4. Try sending the confirmation to another email address or domain (that's the part of your email address that comes after the @ symbol). You may be experiencing difficulties due to service provider outages, or because you have exceeded your allocated disk-space.
5. If you have followed each of the above steps and are still unable to see the confirmation email, let us know by giving us a call on [\(02\) 4403 0640](tel:0244030640).

If you didn't receive your confirmation email that you have submitted your ACFR you can have it resent to an alternative email address.

Still Haven't Received a Confirmation Email?

If you haven't received a confirmation email, please follow these simple steps to troubleshoot the problem:

1. Firstly, check if the email address you have provided is correct.
2. Check if the confirmation has been redirected to your 'spam' folder. Sometimes legitimate emails, such as ours, are sent here before you get the chance to read them. If this is the case, please add mail@formsadministration.com.au as an exception to your mail filtering rules.
3. Keep in mind that it can take a while, even up to a few hours, depending on your email client, for you to receive your confirmation. If you haven't received an email already, you may still need to wait a while longer.
4. Try sending the confirmation to another email address or domain (that's the part of your email address that comes after the @ symbol). You may be experiencing difficulties due to service provider outages, or because you have exceeded your allocated disk-space.
5. If you have followed each of the above steps and are still unable to see the confirmation email, let us know by giving us a call on [\(02\) 4403 0640](tel:0244030640). Someone will be available to help you with your issue.

Resend:

You will be required to download a declaration form which is to be signed by Key Personnel. Please ensure this is signed and uploaded back to the ACFR form in order to complete and submit this form. If you're not sure whether you can sign, Key Personnel is usually a CEO, CFO, Board Member, Office Bearer or similar.

Declaration

 To download the declaration click here

Upload Sign Online

Giving false or misleading information or documentation is a serious offence under subsection 137.1(1) of the criminal code (Cth), which provides for a penalty of up to 12 months imprisonment. Sanctions may also be imposed under the act if an approved provider fails to comply with the requirements.

As a registered key personnel of the approved provider, or as a person authorised to act on behalf of the approved provider, please read the following statements carefully.

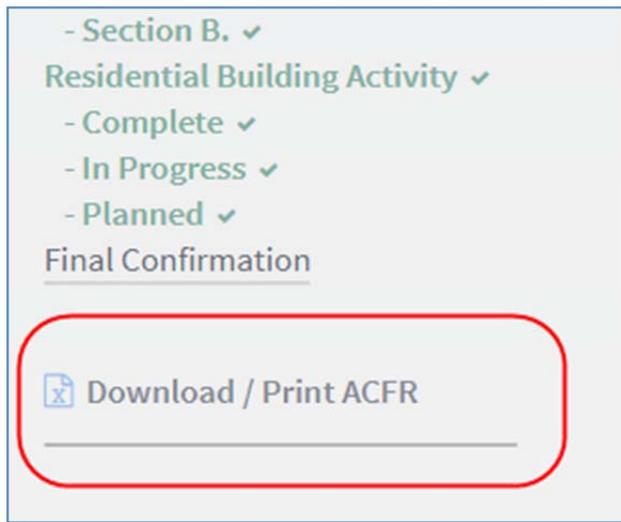
- I am authorised to sign on behalf of the approved provider of the aged care service; and
- the information I have provided on this form is complete and correct.

If you agree with the declaration above, please download the form provided, then sign and re-upload to indicate your acceptance and understanding of the given terms.

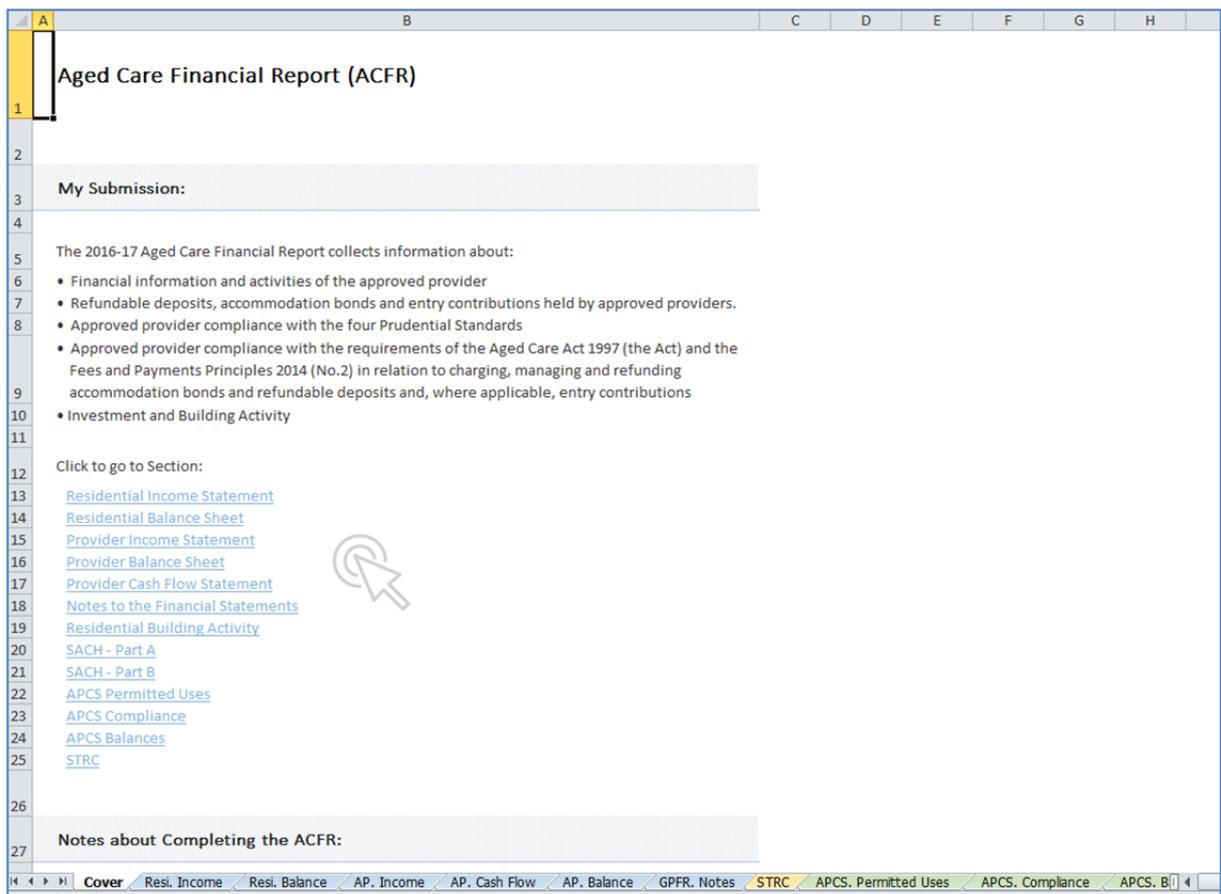
 [ACFR Declaration](#) [Return →](#)

Printing and Saving your ACFR

At any time during completing the ACFR online, you can download and print your responses. Just click the “Download/Print ACFR” button at the bottom of the Navigation bar.



Each section can be found on the tabs at the bottom of each page.



Still having problems?

If you have questions regarding Key Personnel – you can send an email to the Department:
ApprovedProviderProgram@health.gov.au

If you are having problems completing the ACFR online you can contact Forms Administration by email: health@formsadministration.com.au include some screen shots showing error messages.

AUSkey issues: Please refer to the AUSkey Quick Start Guide, and test your AUSkey via the AUSkey manager at www.auskey.abr.gov.au if this is working, and you have registered your AUSkey for access with Forms Administration, send a screen shot of your AUSkey credential to ensure your AUSkey has been set up on the Forms Administration portal correctly.

Forms Administration help desk: Monday-Friday 8.30am – 5.00pm Eastern Time.

Phone: (02) 4403 0640

Email: health@formsadministration.com.au