



# Creating a New Outer Regional and Remote (OR&R) Claim Record

### Disability Case Portal (DCP)

This task card will take you through the process of creating a new Outer Regional and Remote (OR&R) Claim record in DCP.

#### What you should know

- If the client lives in an outer regional or remote location (as determined by DSS) they may be eligible to receive the OR&R payment.
- GPS automatically determines a client's eligibility for the OR&R payment according to the client's residential address entered on the Client record.
- You must obtain the consent of the client's family or carer before you create a claim record. You can find a copy of the AEI or BSI Client Consent Form on the GPS Literature Screen.
- You must provide the OR&R payment to the client's family or carer within 5 working days of receipt from DSS.
- Only one claim for the OR&R payment may be submitted for each client.

#### Creating and submitting a claim is a two-step process:

- 1. An employee from your organisation creates the claim for payment.
- 2. A second employee then **submits** the completed claim to DSS for payment. To submit a claim for payment, please see the *Submit a Claim Record to DSS for Payment* task card.

#### **Portal Access:**

• Access the internet and log in to DCP at https://portal.dss.gov.au/fofmsportal

Steps	Actions	
1	Navigate to the <b>Clients</b> by clicking on the Clients tab.	Find V
	Home     Activities     Cases     Clients       Home     Home       Welcome Back     Today is Wednesday, January 25, 2017.	
	New Actions           Alerts	Quick Links
	Image: DMI Assessment Requiring Authorisation       Image: Overdue DMI Assessment         Image: Overdue DMI Assessment       Image: Overdue DMI Assessment	View Cases

Steps	Actions									
2	Click the 🔍 icon to query for the Client.									
	Home Actions	Activities Cases Clients Literature								
	Organisat	tion Name								
	Clients	+ 🤉 🔹								
	Client Id La	ast Name First Name CRN								
3	Enter the	Centrelink Reference Number (CRN) and Date of Birth then click the 💽 icon to								
	execute th	ie query.								
	Clients	$\odot$								
	Client Id	Last Name First Name CRN								
		497139862V								
		III Previous Page III Previous Record Next Record III Next Page III								
	Client	$\odot$								
	Client Details									
	Last Name:*	<case sensitive=""> Status * <case sensitive=""> Y</case></case>								
	First Name:*	<case sensitive=""> CRN: 497139862V</case>								
	Middle Name:	<case sensitive="">     Client Id *     <case sensitive=""></case></case>								
	Title:	<case sensitive=""> Address:</case>								
	Date of Birth:★	"29/11/2010"         X         Image: Control of Death         Image:								
	Age:	Gross Family Weekly Income * <case sensitive=""></case>								
	Gender:*	<case sensitive="">     Indigenous Origin *     <case sensitive=""></case></case>								

	Actions									
4	Click the La	ist Name hyp	erlink							
	Home Acti	ons Activities	Cases	Clients	Literature					
	Clients	anisation Name								
	Clients									
	Client Id	Last Name	First N	lame Cl	RN					
	4-3PQ0AAR	AUTOMATION1407	7 TEST3	6 49	97139862V					
	Clients Client									
	Clients Client Client Details				_					
	Clients Client Client Details Last Name *	AUTOMATION1407		_	Status *	Active		~		
	Clients Client Client Details Last Name:* First Name:*	AUTOMATION1407 TEST36			Status.* CRN:	Active 4971398	362V	~		
	Clients Client Client Details Last Name:* First Name:*	AUTOMATION1407 TEST36			Status.* CRN: Client Id:*	Active 4971398 4-3PQ0A	362V AR	~		
	Clients Client Client Details Last Name:* Middle Name: Title:	AUTOMATION1407 TEST36 Mr			Status:* CRN: Client Id:* Address:	Active 4971398 4-3PQ0A 1 Kent S	362V MAR treet, THEVE			
	Clients Client Client Details Last Name:* First Name:* Middle Name: Title: Date of Birth:*	AUTOMATION1407 TEST36 Mr 29/11/2010		Groce Eamily W	Status:* CRN: Client Id:* Address: Date of Death:	Active 4971398 4-3PQ0A 1 Kent S	362V AR treet, THEVE			
	Clients Client Client Details Last Name:* First Name:* Middle Name: Title: Date of Birth:* Age: Gender:*	AUTOMATION1407 TEST36 Mr 29/11/2010 6 M		Gross Family W	Status:* CRN: Client Id:* Address: Date of Death: /eekly Income:* genous Origin:*	Active 4971398 4-3PQ0A 1 Kent S Medium Not Stat	362V VAR treet, THEVE (\$600 - \$1,9 ed	►NAI © 299) ▼		
	Clients Client Client Details Last Name:* First Name:* Middle Name: Title: Date of Birth:* Age: Gender:*	AUTOMATION1407 TEST36 Mr 29/11/2010 6 M El Financials	□ □ □ □ EI More	Gross Family W India	Status:* CRN: Client Id:* Address: Date of Death: Veekly Income:* genous Origin:*	Active 4971398 4-3PQ0A 1 Kent S Medium Not Stat ation	362V AR treet, THEVE (\$600 - \$1,9 ed Contacts	INAI I	Origins	
	Clients Client Client Details Last Name * First Name * Middle Name: Title: Date of Birth * Age: Gender * Assessments Cases	AUTOMATION1407 TEST36 Mr 29/11/2010 6 M El Financials	□ □ □ □ EI More	Gross Family W India	Status.* CRN: Client Id:* Address: Date of Death: Veekly Income:* genous Origin:*	Active 4971398 4-3PQ0A 1 Kent S Medium Not Stat ation	362V AR treet, THEVE (\$600 - \$1,9 ed Contacts	ENAI C 99) V Disabilities	Origins	
	Clients Client Client Details Last Name:* First Name:* Middle Name: Title: Date of Birth:* Age: Gender:* Assessments Cases Case Id	AUTOMATION1407 TEST36 Mr 29/11/2010 6 M EI Financials	□ □ □ EI More	Gross Family W India Info Cases	Status.* CRN: Client Id:* Address: Date of Death: Veekly Income:* genous Origin:* Communic	Active 4971398 4-3PQ0A 1 Kent S Medium Not Stat ation	862V AR treet, THEVE (\$600 - \$1,9 ed Contacts	SNAI C SNAI C SNAI C S SNAI C SNAI C	Origins Activity Id	

Steps	Actions			
6	Navigate to the <b>EI Mor</b>	<b>e Info</b> view tab.		
	Client Details			
	Last Name: + AUTOMATION140	70	Status:*	Active
	First Name: TEST36		CRN:	497139862V
	Middle Name:		Client Id:*	4-3PQ0AAR
	Title: Mr	~	Address	1 Kent Street, THEVENAI
	Date of Birth: 29/11/2010	Da	ate of Death:	
	Age: 6	Gross Family Week	dy Income:★	Medium (\$600 - \$1,999) 🔽
	Gender:* M	✓ Indigen	ous Origin: <del>*</del>	Not Stated
	Assessments El Financials	El More Info Cases	Communica	ation Contacts Disabilities Origins
	Eligibility and D	iagnosis Details		Confirmation of Eligibility
7	If the Eligible for OR8	R Payment is ticke	ed, the c	client is eligible for the payment.
	Eligibility and Di	agnosis Details		Confirmation of Eligibility
	Eligibility Stream	n: AEI 🗸 🗸		Eligible for El Funding: 🗹
	Basis of Eligibilit	y: State/Territory service 🗸		Eligibility Start Date: 29/11/2016
	Details if Othe	r.		Eligible for OR&R Payment. 🗹
	Month/Year of Diagnosi	s: 11/2016		Eligibility End Date: 29/11/2017
	Diagnosis Too	I: ADEC		Override Eligibility End Date:
	Details if Othe	r.		

Steps	Actions					
8	Navigate to already bee	the <b>El Financial</b> s en made for this c	<b>s</b> tab to check lient.	the OR&R	paid field to cheo	ck if the payment has
	Home Actions	Activities Cases Cli	ents Literature			
	Clients					
	Date of Birth: 2	9/11/2010	Date of Death:	Medium (\$600 - \$1.9	2999) <b>V</b>	
	Gender:*	A 🗸	Indigenous Origin:*	Not Stated	✓	
	Assessments	El Financials El More Info	Cases Communio	cation Contacts	Disabilities Origins	
	Over	all Limits and Balances				
		Overall Balance: \$12,000.00	* S	The Child is eligible fo 12,000 in total OR unt	or \$6,000 per financial year to a il they reach their eligibility end	imit of
	Most Rec	ent Period Balance:	*	which ever comes firs Period Balance is the	st. amount of money available to c in the period taking into account	laim on
		Eligibility End Date: 29/11/2017	d	Period Balance as we lisplays whichever is the	Il as the Overall Available Balan he lesser.	ce; It
	Overall	Resource Balance: \$4,200.00	c	laim on Resources in t Period Balance, the o	the period, taking into account t overall Available Balance, the Pe	he rriod
	Period	Most Recent Resource Balance:		whichever is the less	ser.	
		OR&R Paid: \$0.00		1		~
	<b>"\$ Imp</b> pay	oortant Note: If n ment.	o payment ha	s been mad	le you can now c	reate a claim for
9	While rema	ining in the Client	record, naviga	ate to the <b>C</b>	ases sub-tab.	
	Clients					
	Client					
	Client Details					
	Last Name:*	AUTOMATION1407		Status: Active	~	
	First Name:*	TEST36		CRN: 497139	1862V	
	Middle Name:		] c	Client Id:* 4-3PQ0	AAR	
	Title:	Mr		Address: 1 Kent	Street, THEVENAI	
	Date of Birth:★	29/11/2010	Date	of Death:	2	
	Age:	6	Gross Family Weekly	Income:* Medium	n (\$600 - \$1,999) 🔽	
	Gender:*	M 🗸	Indigenous	s Origin:★ Not Sta	ited 💙	
	Assessments	El Financials El Mor	e Info Cases Co	ommunication	Contacts Disabilities	Origins
	Cases					
	Case Id	CRN	Last Name	First Name	Organisation Name	Activity Id Activi

Steps	Actions
10	Click the <b>Case ID</b> hyperlink to open the Cases screen.
	Assessments El Financials El More Info Cases Communication Contacts Disabilities Origins
	Cases
	Case Id CRN Last Name First Name Organisation Name Activity Id
	4-3PT15KU     497139862V     AUTOMATION1407     TEST36     Organisation Name     4-3PQ5H38
11	Navigate to the <b>Case Claims</b> sub-tab.
	Actions Assessments Case Claims 2&A Supplementary Q&A Status History
	Id Activity Id Location Eligibility Stream Case Id Service Type Funding Model N Funding Model V S
12	Click the 🛨 icon to create a new case claim.
	Actions Assessments Case Claims Q&A Supplementary Q&A Status History
	Case Claims List  Case Claims List  Case Claims List
13	Click the glyph next to the <b>Service Date Start</b> and <b>Service Date End</b> . The Calendar window will open to enter the date.
	Actions Assessments Case Claims Q&A Supplementary Q&A Status History
	Claim Details Case & Claim Details
	Claim Status:* Draft   Rejected Reason:  Eligibility Stream: AEI  Tatal Amount Charged
	Service Date Start *     Image: Claim Id *     4-3PT15M1       Service Date End *     Image: Claim Id *     4-3PT15M1
14	Use the dropdowns in the box and select the <b>Month</b> and <b>Year</b> .

	Actions									
	Actions Assessm	ents Case	e Claims	s Q&A	Supplemen	tary Q&A	Status History	1		
	Claim Details						Cá	ase & Claim Deta	ils	
	Claim Status:*	Draft	~	R	ejected Reason:		0	Eligibility Stream:	AEI	~
	Service Date Start:*		2	Total Am	iount Charged (GST Fxcl):*		<b>B</b>	Claim Id:*	4-3PT15M1	
	Service Date End:*	<b>∢</b> Jan	~	2017	* • 1		~	Case Id:*	4-3PT15KU	
	Service Category:*	Su Mo	Tu V	We Th	Fr Sa		88	Case Type:	AEI	
	Service Provided:*	8 9	3 10	4 5 11 12	0 / / 13 14 m			Client Id:	4-3PQ0AAR	
	Additional Description:	15 16	17	18 19	20 21 m			Client Last Name:	AUTOMATION	407
	Unit of Measure:*	22 23	24	25 26	27 28 <sup>y:</sup>			Client First Name:	TEST36	
	Total Hours:	29 30	31		te:		2	CRN:	497139862V	
									00/11/0010	
15	Click the arrow	next to t	he <b>S</b>	ervice	e Categor	<b>y</b> and fr	om the lis		<b>&amp;R</b> .	2
15	Click the arrow	next to t	he <b>S</b> e Claims	ervice 3 Q&A	e Categor	<b>'y and fr</b> tary Q&A	om the lis Status History	bate of Birth:	29/11/2010 &R.	
15	Click the arrow	Now	he <b>S</b>	ervice	e Categor	<b>'y</b> and fr	om the lis Status History Ca	Date of Birth:	3.R.	
15	Click the arrow	Now next to t ents Case Draft	he <b>S</b> Claims	ervice s Q&A	e Categor Supplement	r <b>y and fr</b> tary Q&A	om the lis Status History Ca	bate of Birth:	ils	
15	Click the arrow Actions Assessm Claim Details Claim Status:* Service Date Start.*	Now next to t ents Case Draft 10/01/2017	che S e Claims	ervice 5 Q&A R Total Am	e Categor Supplement lejected Reason: iount Charged (GST Excl);*	ry and fr	om the lis Status History	Date of Birth: St select OR( ase & Claim Deta Eligibility Stream: Claim Id:*	IS 4-3PT15M1	
15	Click the arrow Actions Assessm Claim Details Claim Status.* Service Date Start * Service Date End.*	Now           next to t           ents         Case           Draft           10/01/2017           10/01/2017	the S Claims	ervice 2 Q&A R Total Am	e Categor Supplemen Bejected Reason: Jount Charged (GST Excl) *	Ty and fr	om the lis Status History	ase & Claim Deta Eligibility Stream: Claim Id.* Case Id.*	IIS AEI 4-3PT15M1 4-3PT15KU	
15	Click the arrow Actions Assessm Claim Details Claim Status * Service Date Start * Service Date End * Service Category *	Now           next to t           ents         Case           Draft         10/01/2017           10/01/2017         10/01/2017	the S claims	ervice s Q&A R Total Am	E Categor Supplemen Rejected Reason: nount Charged (GST Excl) * GST Code * nount Claimed (GST Excl);*	ry and fr tary Q&A	om the lis Status History	Date of Birth: st select OR& ' ase & Claim Deta Eligibility Stream: Claim Id:* Case Id:* Case Type:	IIS AEI 4-3PT15M1 4-3PT15KU AEI	
15	Click the arrow Actions Assessm Claim Details Claim Status.* Service Date Start.* Service Date End * Service Category.* Service Provided.*	Now next to t ents Case Draft 10/01/2017 10/01/2017 BSWAT Fit DOWNAT	che S Claims Claims (2) (2) (2) (2) (2) (2) (2) (2)	ervice s Q&A R Total Am	e Categor Supplement lejected Reason: iount Charged (GST Excl):* GST Code.* iount Claimed (GST Excl):* Family Approved Claim:	ry and fr tary Q&A	om the lis Status History	Date of Birth: St select OR& ase & Claim Deta Eligibility Stream: Claim Id:* Case Id * Case Type: Client Id:	IIS AEI 4-3PT15M1 4-3PT15KU AEI 4-3PQ0AAR	
15	Click the arrow Actions Assessm Claim Details Claim Status.* Service Date Start.* Service Date End.* Service Category.* Service Provided.* Additional Description:	Now next to t ents Case Draft 10/01/2017 10/01/2017 BSWAT Fit BSWAT Let OR&R	che S e Claims i i i i nancial egal	ervice s Q&A R Total Am	e Categor Supplement Supplement sount Charged (GST Excl):* GST Code * nount Claimed (GST Excl):* Family Approved Claim: Payable Claim:	ry and fr tary Q&A	om the lis Status History	Ase & Claim Deta	IIS AEI 4-3PT15M1 4-3PT15KU AEI 4-3PQ0AAR AUTOMATION14	407
15	Click the arrow Actions Assessm Claim Details Claim Status * Service Date Start * Service Date End * Service Category * Service Provided * Additional Description: Unit of Measure *	Now next to t ents Case Draft 10/01/2017 10/01/2017 BSWAT Fit BSWAT Let OR&R Relationsh	che S e Claims e Claims i i i i i i i i i i i i i i i i i i i	ervice	e Categor Supplemen Bejected Reason: Bount Charged (GST Excl) * GST Code * Bount Claimed (GST Excl) * Family Approved Claim: Payable Claim: Authorised By:	ry and fr tary Q&A	om the lis Status History	Date of Birth: St select ORA ase & Claim Deta Eligibility Stream: Claim Id:* Case Id:* Case Type: Client Id: Client Last Name: Client First Name:	IIS AEI 4-3PT15M1 4-3PT15KU AEI 4-3PQ0AAR AUTOMATION14 TEST36	407
15	Click the arrow Actions Assessm Claim Details Claim Status:* Service Date Start.* Service Date End * Service Provided.* Additional Description: Unit of Measure.* Total Hours:	Now next to t ents Case Draft 10/01/2017 10/01/2017 BSWAT Fil BSWAT Le OR&R Relationst Resource	the S Claims Claims I I I I I I I I I I I I I I I I I I I	ervice	e Categor Supplement Bejected Reason: Bount Charged (GST Excl)* GST Code* GST Code* GST Code: GST Excl)* Family Approved Claim: Payable Claim: Authorised Date:	•y and fr         tary Q&A	om the lis Status History	Date of Birth: St select OR& ( ase & Claim Deta Eligibility Stream: Claim Id.* Case Id.* Case Type: Client Id: Client Last Name: Client First Name: Client First Name:	IIS AEI 4-3PT15M1 4-3PT15KU AEI 4-3PQ0AAR AUTOMATION14 TEST36 497139862V	407

Steps	Actions						
16	Click the drop of <b>Remote</b> from the second s	down arrow he list.	next to the <b>Serv</b>	ice Provided	l and select <b>Out</b>	er Regional and	d
	Actions Assessm	ents Case Cla	ims Q&A Supplemen	tary Q&A Status H	History		
	Claim Details				Case & Claim Deta	ils	
	Claim Status:*	Draft	<ul> <li>Rejected Reason:</li> </ul>	Ç	Eligibility Stream:	AEI	
	Service Date Start:*	10/01/2017	Total Amount Charged (GST Excl):*		Claim Id:★	4-3PT15M1	
	Service Date End:*	10/01/2017	GST Code:★	~	Case Id ★	4-3PT15KU	
	Service Category:*	OR&R	Amount Claimed (GST Excl):*		Case Type:	AEI	
	Service Provided:*		Family     Approved Claim:		Client Id:	4-3PQ0AAR	
	Additional Description:	Outer Regiona	and Remote Payable Claim:		Client Last Name:	AUTOMATION1407	
	Unit of Measure:*	N/A	<ul> <li>Authorised By:</li> </ul>		Client First Name:	TEST36	
	Total Hours:		Authorised Date:	2	CRN:	497139862V	
	Otv	0			Date of Birth	29/11/2010	1

	Actions Enter the Total	Amount	Cha	rged (GST Ex	clusive) and	Amount Claim	ed (GST Excl	us
	Actions Assessm	ents Case C	laims	Q&A Supplement	ary Q&A Status	History		
	Claim Details					Case & Claim Deta	ils	
	Claim Status:*	Draft	~	Rejected Reason:	¢	Eligibility Stream:	AEI	
	Service Date Start:*	10/01/2017	T T	otal Amount Charged (GST Excl):*	E	Claim Id:★	4-3PT15M1	
	Service Date End:*	10/01/2017	2	GST Code:*	~	Case Id:★	4-3PT15KU	
	Service Category:*	OR&R	~	Amount Claimed (GST Excl):*	E	Case Type:	AEI	
	Service Provided:*	Outer Regional a	ı 🗸	Family Approved Claim		Client Id:	4-3PQ0AAR	
	Additional Description:		$\hat{}$	Payable		Client Last Name:	AUTOMATION1407	
	Unit of Measure:*	N/A	~	Authorised By:		Client First Name:	TEST36	
				Authorised Date:	2	CRN	497139862V	
	Total Hours:			Authonised Date.				
5	Click the drop of Actions Assessm	0 down arrov nents Case C	w nex	xt to the GST (	Code and se	Date of Birth: lect Out Of Sco	<sup>29/11/2010</sup> <b>pe</b> from the lis	🖻 t.
3	Click the drop of Actions Assessment	0 down arrov hents Case C	w nex	xt to the <b>GST</b> (	Code and se	Date of Birth:	29/11/2010	t.
8	Click the drop of Actions Assessment	0 down arrov hents Case C	w nex	xt to the <b>GST</b> (	Code and se	Date of Birth: elect Out Of Sco History Case & Claim Det	29/11/2010 pe from the lis	1 t.
8	Total Hours: Qty: Click the drop of Actions Assessm Claim Details Claim Status:*	0 down arrov hents Case C	w nex	xt to the GST ( Q&A Supplemen Rejected Reason:	Code and se	Date of Birth: elect Out Of Sco History Case & Claim Det Eligibility Stream	29/11/2010 Pe from the lis rails n AEI	t.
8	Click the drop of Actions Assessm Claim Details Claim Status * Service Date Start *	0 down arrov hents Case C Draft 10/01/2017	w nex Claims	Xt to the GST ( Q&A Supplemen Rejected Reason: Total Amount Charged (GST Excl)*	Code and se tary Q&A Status \$2,000.00	Date of Birth: Hect Out Of Sco History Case & Claim Det Eligibility Strear Claim Id	29/11/2010 pe from the lis ails n AEI × 4-3PT15M1	t.
8	Click the drop of Actions Assessm Claim Details Claim Status:* Service Date Start:* Service Date End:*	0 down arrow hents Case C Draft 10/01/2017 10/01/2017	w nex Claims	Rejected Reason: Total Amount Charged (GST Excl) *	Code and se itary Q&A Status \$2,000.00	Date of Birth: Hect Out Of Sco History Case & Claim Det Eligibility Strear Claim Id Case Id	29/11/2010 <b>pe from the lis</b> ails AEI 43PT15M1 43PT15KU	t.
8	Click the drop of Actions Assessm Claim Details Claim Status.* Service Date Start.* Service Date End.* Service Category.*	0 down arrov nents Case C Draft 10/01/2017 10/01/2017 0R&R	W nex Claims	Rejected Reason (GST Excl) * Amount Claimed (GST Excl) *	Code and se tary Q&A Status \$2,000.00 Tax Free (0%) Tax Claimable (	Date of Birth: Hect Out Of Sco History Case & Claim Det Eligibility Strear Claim Id Case Id Case Typ	29/11/2010 <b>Pe from the lis</b> atils	t.
8	Total Hours: Qty: Click the drop of Actions Assessm Claim Details Claim Status:* Service Date Start:* Service Date End:* Service Category:* Service Provided:*	0 down arrow nents Case O Draft 10/01/2017 10/01/2017 OR&R Outer Regional a	W nex Claims	Rejected Reason: Total Amount Charged (GST Excl)* Amount Claimed (GST Excl)* Family Approved Claim:	Code and se itary Q&A Status \$2,000.00 Tax Free (0%) Tax Claimable (* Pay As You Go	Date of Birth: Hect Out Of Sco History Case & Claim Det Eligibility Strear Claim Id Case Id Case Typ 0%) Client I	29/11/2010 pe from the lis alls a	t.
8	Total Hours: Qty: Click the drop of Actions Assessm Claim Details Claim Status:* Service Date Start.* Service Date End:* Service Category.* Service Provided:* Additional Description:	0 down arrov nents Case C Draft 10/01/2017 10/01/2017 OR&R Outer Regional a	w nex Claims	Rejected Reason: Q&A Supplemen Q&A Supplemen (GST Excl)* GST Code* Amount Claimed (GST Excl)* Family Approved Claim: Payable Claim:	Code and se itary Q&A Status \$2,000.00 Tax Free (0%) Tax Claimable (* Pay As You Go Out Of Scope	Date of Birth: Hect Out Of Sco History Case & Claim Det Eligibility Strear Claim Id Case Id Case Typ 0%) Client I Client Last Nam	29/11/2010 <b>Pe from the lis</b> at AEI	1 t.
8	Total Hours: Qty: Click the drop of Actions Assessm Claim Details Claim Status:* Service Date Start:* Service Date End:* Service Category:* Service Provided:* Additional Description: Unit of Measure:*	0 down arrov hents Case C Draft 10/01/2017 10/01/2017 0R&R Outer Regional a	w nex Claims	Rejected Reason: Rejected Reason: Total Amount Charged (GST Excl)* GST Code* Amount Claimed (GST Excl)* Family Approved Claim: Payable Claim: Authorised By:	Code and se tary Q&A Status \$2,000.00 Tax Free (0%) Tax Claimable (1 Pay As You Go Out Of Scope	Date of Birth: Hect Out Of Sco History Case & Claim Det Eligibility Strear Claim Id Case Id Case Typ O%) Client Last Nam Client First Nam	29/11/2010 Perfrom the liss attributions	<b>t</b> .
8	Click the drop of Actions Assessm Claim Details Claim Status * Service Date Start * Service Date End * Service Category * Service Provided * Additional Description: Unit of Measure * Total Hours:	0 down arrow hents Case C Draft 10/01/2017 0R&R Outer Regional a N/A	w nex Claims	Rejected Reason: Q&A Supplemen Q&A Supplemen (GST Excl)* GST Code* Amount Claimed (GST Excl)* Family Approved Claim: Payable Claim: Authorised By:	Code and se itary Q&A Status \$2,000.00 Tax Free (0%) Tax Claimable (* Pay As You Go Out Of Scope	Date of Birth: Hect Out Of Sco History Case & Claim Det Eligibility Strear Claim Id Case Id Case Id Case Typ 0%) Client Last Nam Client First Nam	29/11/2010         Ipe from the lis         a         AEI         ★         4.3PT15M1         ★         4.3PT15KU         e         AEI         4.3PT15KU         e         AI         4.3PT15KU         E         AI         4.3PT15KU         E         AEI         E         AUTOMATION1407         E         TEST36         A         497139862V	<b>t</b> .

Steps	Actions
	Actions Assessments Case Claims Q&A Supplementary Q&A Status History
	Claim Dataile
	Claim Status * Draft V Rejected Reason:
	Service Date Start * 10/01/2017 1 Start Announce Inarged (GST Excl) * \$2,000.00 E Claim Id * 4-3PT15M1
	Service Date End * 10/01/2017 2 GST Code * Out Of Scope Case Id * 4-3PT15KU
	Service Category & URAH (GST Excl) & S2,000.00 m Case Type: AEI
	Additional Description Payable Client Last Name ALITOMATION 1407
	Unit of Measure * N/A
	Total Hours: Authorised Date: 12 CRN: 497139862V
	Qty: 0 Date of Birth: 29/11/2010
	Actions Assessments Case Claims Q&A Supplementary Q&A Status History
	Claim Details Case & Claim Details
	Claim Status * Draft × Y Rejected Reason: Claim Status * Eligibility Stream: AEI
	Service Date Start * Ready for Submission Amount Charged (GST Excl) * S2,000.00 E Claim Id * 4-3PT15M1
	Service Date End * Manual Payment Amount Claimed Amount Claimed Amount Claimed
	Service Category & UR&R (GST Excl) * S2,000,00 Case Type AET
	Additional Description Payable Client Last Name ALTOMATION 1407
	Unit of Measure * N/A V Authorised By Client First Name TEST36
	Total Hours: Authorised Date: 2 CRN: 497139862V
	Qty:         0         Date of Birth:         29/11/2010         2
21	Save the record by clicking the 😧 (Menu) icon and selecting Save Record.
	Claim Details Case & Claim Details Dition Details
	Claim Status * Ready for Submit * Rejected Reason  Claim Id + (-1271 5M1 V New Record [Ctrl+N] V New Record [Ctrl+N]
	Service Date End * 10/01/2017         III         GST Code * Out of Scope         Case Id * 4:3PT15KU         Save Record [Ctrl+S]           Service Date End * 10/01/2017         III         GST Code * Out of Scope         Case Id * 4:3PT15KU         Save Record [Ctrl+S]
	Service Category & OR&R         Case Type         AEI         New Query [Alt+Q]           Service Provided & Outer Regional al Approved Claim         Family Approved Claim         Client Id         4-3PQ0AAR         Bun Query [Alt+ENTER]
	Additional Description
	Out of measure Try Autorised Date         Client Fils Mean         Client Fils Mean         Autorised Date         Autorised Date </th
	Otv: 0 Date of Birth: 29/11/2010

Steps	Actions
22	A second employee can now log in and submit the claim for payment.
	For instructions on how to submit a claim for payment follow the task card <b>Submit a Claim to DSS for Payment</b> .

## **Need Help?**

For further assistance please contact the GPS Helpdesk on 1800 020 283 or email **GPS.Helpdesk@communitygrants.gov.au**