



Residential Care Service - Application for Residency

Name of Applicant:

Correspondence relating to this application should be sent to:

If this is the same person who is completing this application form, please circle: AS ABOVE

Surname: Given Names:

Address:

Postcode: Telephone (Day):

..... Telephone (A/hours):

..... Mobile:

Email address (if applicable):

Personal details

Preferred name: Male [] Female []

Date of Birth: / /19 . Age:years.

Marital status: Married [] DeFacto [] Single [] Widowed [] Divorced [] Separated []

Religion / organizational affiliations (optional):

Do you have any specific cultural requirements? Yes [] No []

If yes, please attach details:

.....

Country of birth:

Preferred language(s):

Do you intend to remain on the electoral roll? Yes [] No []

Pension and benefit details

Do you hold an Australian Pensioner Concession Card: Yes [] No []

If yes, indicate type of pension: Age [] Disability [] Widow [] Blind [] Overseas [] DVA [] Other []

What is your Pension Number: Full Pension [] Part Pension []

Are you an Australian Ex-Prisoner of War? Yes [] No []



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Name of Applicant:

Family and other contacts (Whom do you wish to name as contact(s) for you?)

FIRST CONTACT

Surname: Given Name:

Address:Postcode:

Telephone (Day):Telephone (Mobile):

Telephone (A/Hours):Relationship to applicant:

SECOND CONTACT (if none of the above numbers answer)

Surname: Given Name:

Address:Postcode:

Telephone (Day):Telephone(Mobile):.....

Telephone (A/Hours):Relationship to applicant:

Health Insurance and Medicare details

Do you have Private Health Insurance? (e.g. MBF, Medibank Private) Yes No

Name of Fund: Level of Cover:.....

Ambulance Cover: Yes No Membership Number:.....

What is your Medicare Number?:.....Ref:.....Expiry Date:..

Medical details:

Who is your current General Practitioner?

Name:.....

Address:.....Postcode:.....

Telephone:.....

❖ If you have a current, detailed summary of your health– Please attach a copy

Have you completed an Advance Health Directive? Yes No

❖ **Full medical details will be required on admission.**

Legal and financial management details



Name of Applicant:

Part A - Property Assets

The following information is required to determine whether an Accommodation Bond or Charge will be requested.

Have you completed the Centrelink/DVA Asset Assessment Form? Yes [] Stop now [] No, proceed []
Do you own or part own the house, unit or flat in which you normally live? Yes [] No []

If Yes, please provide the following information in regard to the property:

Address:.....
.....Postcode

Current Market Value of Property: \$.....

Your home may be excluded! Please answer the following questions

Do you have a spouse or dependent child living in your home? Yes [] No []

If Yes, please indicate: Spouse [] Dependent []

Have you had a carer who is eligible for a pension or other support payment living in your home for at least the past two years? Yes [] No []

Have you had a close relative who is eligible for a pension or other income support living in your home for at least five years? Yes [] No []

Have you disposed of any property in which you were living in the past two years? Yes [] No []

Do you own, or part own any other residential or commercial property? Yes [] No []

Have you any loans to repay? Yes [] No []
\$

If Yes, please give details

PART B - PREVIOUS Aged Care Residential Accommodation details: [] []

Have you paid an entry contribution or accommodation bond/charge to another facility? Yes [] No []

If Yes, please provide the following details:

Name of Facility:.....
Address..... Postcode: ..
TelephoneDate of Admission to first facility / /



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APPENDIX 1

Name of Applicant:

PART C - ASSETS	YOUR	YOUR PARTNER'S	JOINT
Bank Accounts			
Building Society & Credit Union Accounts			
Interest Bearing Deposits & Fixed Deposits			
Bonds; Debentures & Shares			
Investments in Property Trusts; Friendly Societies; Equity Trusts; Mortgage Trusts & Bond Trusts			
Superannuation Assets from which lump sums may be withdrawn			
Home – Market Value (refer Page 4 – Property Assets)			
Real Estate (net after any charges) includes properties you own outside Australia			
Businesses			
Farm Property (net after any charges)			
Loans to Others (including interest free loans & monies owed to you)			
Motor Vehicles; Boats and Caravans			
Investment Collections (including coins and stamps)			
Household Contents & Personal Items – taken as \$5,000 per household (unless stated otherwise)			
Surrender Value of Life Insurance Policies			
Any other Assets (including entry contribution / accommodation bond refunds due)			
TOTAL VALUE OF ASSETS			
LESS LOANS TO BE REPAYED			
NET ASSETS	\$		



Name of Applicant:

I understand that if I do not wish to disclose financial details I may be required to pay maximum fees and charges.

Appendix 1 (Parts A, C & D) are NOT required if you attach a current Centrelink / DVA Assessment

Respite Care: Financial Details are not required for respite care

Part D - Statutory Declaration

I, Name

Of Address.....

..... Postcode

In the state of New South Wales (Occupation).....

do solemnly and sincerely declare that the answers to all the questions in regard to the Financial Details of myself, or on behalf of the applicant, and other information therein is to the best of my belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. I agree that to allow the accurate determination of financial status of the applicant, I will provide further information or proof upon request.

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oath's Act (1900) as amended.

Signature of or on behalf of applicant:

Before me:.....

(To be signed by a Justice of the Peace or such other person having power to take such a declaration within N.S.W.)

Declared at New South Wales

this.....day of20.....