

Application for Residency

DATE COMPLETED: ____ / ____ / ____

- ☞ This form is a **Common Form** for use with **Residential Care Services**. Please complete and photocopy to provide to **The Terraces**, to which you are applying for admission or enquiring.
- ☞ As pages of this application may be detached for photocopying, please write Applicants Name at the top of each page.
- ☞ The information you provide in this form is information that a Residential Care Service would normally require to assess and meet your needs and to meet Government requirements for calculating amounts that you would pay. It also could affect subsidies the Government would pay.
- ☞ You should consult the aged care service directly for information about how your privacy is protected.
- ☞ Please use a Black Biro, **BLOCK LETTERS** and, where indicated, tick the box or write a comment.

Date of Last ACAT Approval: ____ / ____ / 20__ (Please attach a **legible copy** of Form 2624 - including Sections A, B & C).

Please Tick one of the Following:

Permanent Care: ____ Respite Care: ____ High Level Care (Nursing Home): ____ Low Level Care (Hostel): ____

Urgent: ____ Semi Urgent: ____ Non Urgent: ____ Dementia Unit: ____ Non Dementia Unit: ____

NB. - ## IF APPLYING for Fully/Partially Supported and/or High Care PLEASE ATTACH a copy of Centrelink / DVA assessment

Person requiring residential care: (applicant)

Surname: _____ Given Names: _____

Current Location: _____

Home Address: _____

Postcode: _____ Telephone: _____

Person completing the application. (applicant or representative)

Surname: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone (Day): _____ Telephone (A/hours): _____ Mobile: _____

Email address (if applicable): _____

Relationship to the applicant: _____

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: ___ / ___ / ___ Age: _____

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

Residential Care Service - Application for Residency

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(A/Hours): _____ Mobile: _____

Relationship to applicant: _____

SECOND CONTACT (if none of the above numbers answer)

Surname: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone (Day): _____ Telephone(A/Hours): _____ Mobile: _____

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: _____ ID: _____ Expiry Date: _____

Medical details:

Who is your current General Practitioner. Name: _____

Address: _____ Postcode: _____

Telephone: _____ Fax: _____

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.

Residential Care Service - Application for Residency

Name of Applicant: _____

Legal and financial management details

Have any of the following people been appointed on your behalf?

Guardian: Yes / No **Administrator:** Yes / No **Enduring Power of Attorney (Financial):** Yes / No

Enduring Power of Attorney (Personal & Health): Yes / No **Certified Copies will be required on admission**

If **yes** to any of the above, please provide the names and addresses of persons/organizations appointed

Surname: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone (Day): _____ Telephone(A/Hours): _____ Mobile: _____

Relationship to applicant: _____

Other Relevant Details: _____

Surname: _____ Given Name: _____

Address: _____ Postcode: _____

Telephone (Day): _____ Telephone(A/Hours): _____ Mobile: _____

Relationship to applicant: _____

Other Relevant Details: _____

Have you made a will? Yes / No

Please provide the name and address of person/organization holding the will

Name: _____

Address: _____ Postcode: _____

Telephone: _____ Telephone(A/Hours): _____ Mobile: _____

Funeral arrangements

Have you made funeral arrangements: **Yes / No** Please provide the name and address of the Funeral Director to be notified

Name: _____

Address: _____ Postcode: _____

Telephone: _____ Telephone(A/Hours): _____ Mobile: _____

Please indicate your wishes: **Cremation:** Yes / No **Burial:** Yes / No

Any other arrangements: _____

Residential Care Service - Application for Residency

Name of Applicant: _____

Are you a Respite applicant? If **YES**, you have completed the application.

Have you attached a Centrelink / DVA Assessment ? **Yes / No**

If **YES**, Complete Part B only to finish.

If **NO**, complete Parts A, B, C, D & E

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 / No**

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: Date of Admission to first facility: _____ / _____ / _____

Name of Facility: _____

Address: _____ Postcode: _____

Telephone: _____

Name of Applicant: _____

PART C - ASSETS JOINT

Appendix 1

	Yours	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: _____

Part D – Income / Pension Details

Type of Pension	Present Fortnightly amount received	Pension Number	Amount of Supplementary Allowance
Aged Pension - Centrelink	\$		\$
Aged Pension - DVA	\$		\$
Blind Pension	\$		\$
Service Pension	\$		\$
Disability Pension	\$		\$
Overseas Pension	\$		\$
War Widows Pension	\$		\$
War Widows –Income Support Supplement	\$		\$
Superannuation	\$		\$
Annuity	\$		\$

Are you an Australian ex-prisoner of War ? **Yes / No**

Do you receive any other form of income ? **Yes / No** If **Yes**, please give details below:

Income Source	Fortnightly Amount Received
	\$
	\$
	\$



Name of Applicant: _____

Appendix 1

☞ 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 & E) are NOT required if you attach a current Centrelink / DVA Assessment

☞ Respite Care: Financial Details are not required for respite care

Part E - Statutory Declaration

I, Name: _____

Of Address: _____ Postcode: _____

In the state of Queensland (Occupation) _____

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 t hat same to be true and by virtue of an Act of the Parliament of Queensland rendering persons making a false declaration punishable for willful and corrupt perjury.

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 a declaration within Queensland)

Declared at _____ Queensland

This _____ day of _____ 20 _____

Office use only

Date Application received: _____

Application received by: _____