



# Application for Residential Care

**Care Required**       Permanent Care     Respite Care

**Room Required**      Wing: \_\_\_\_\_ Name: \_\_\_\_\_

**Applicants**      Title:  Mr  Mrs  Miss  Ms  Other: \_\_\_\_\_

**Information (person**      Given Names: \_\_\_\_\_  
**requiring care)**      Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth:   /   /          Gender:  Male  Female

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language/s: \_\_\_\_\_

**Resident**      Given Names: \_\_\_\_\_

**Representative**      Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

EPOA     Guardian     State Trustees

**Pension & Benefit** Do you hold an Australian Pensioner Concession Card?  Yes  No

**Details**

If Yes, please indicate the type of pension: \_\_\_\_\_

Age  Disability  Widow  DVA  Overseas

What is your pension number?: \_\_\_\_\_

Expiry Date:   /   /

Full Pension  Part Pension **OR DVA:**  Gold  White  Orange

If you hold a DVA card, what is your number? \_\_\_\_\_

What is your Medicare Card number? \_\_\_\_\_

Medicare Expiry Date:   /   /

**Assessment Details** Do you have a current:  ACAR **OR**  Support plan

Support Plan Number: \_\_\_\_\_

**Health Insurance** What is the name of the fund? \_\_\_\_\_

**Legal and Financial** Has anyone been appointed on your behalf?  Enduring Power of Attorney  Financial

**Details**

Administrator  Personal & Health  Guardian

Given Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Please Note** — A certified true copy of the entire document will be required prior to admission.

**Assets** Have you completed an Assets Assessment with Centrelink/DVA?  Yes  No

Have you engaged the services of an Aged Care Financial Specialist?  Yes  No

Do you own, or part own, the house, unit or flat in which you normally live?  Yes  No

Have you paid an entry contribution to another residence?  Yes  No

**Previous Aged Care** Residence Name: \_\_\_\_\_

**Accommodation**

Date of first admission:   /   /

Refundable Accommodation Charge: \$

Daily Accommodation Payment: \$