

Residential Care Facilities Application

Form

Are you Applying for Permanent Entry or Respite Care

Facility: Southern Plus East Fremantle Germanus Kent house Jeremiah Donovan House
 Joseph Cooke House Margaret Hubery House Victoria Park
 Villa Pelletier Frank Prendergast House

Applicant details

| | |
|---|---|
| Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify): | |
| Surname: | |
| First Names(s): | Marital Status: |
| Preferred Name | Date of Birth: |
| Address | |
| Suburb | Postcode: |
| Home Phone: | Mobile: |
| Email: | |
| Medicare No: | Position: Expiry Date: |
| Centrelink Reference number: | Expiry Date: Vaccinated <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DVA Card number: | Expiry Date: Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you receive an income support payment from DVA or Centrelink? | |
| <input type="checkbox"/> Yes, full pension <input type="checkbox"/> Part, full pension <input type="checkbox"/> No, I don't receive a pension | |

| Primary Nominated Representative Details | Secondary Primary Representative Details |
|--|--|
| Surname: | Surname: |
| First name/s: | First name/s: |
| Preferred name: | Preferred name: |
| Address: | Address: |
| Home Phone: | Home Phone: |
| Mobile: | Mobile: |
| Email: | Email: |
| Relationship to Applicant: | Relationship to Applicant: |

All Information Supplied is Strictly Confidential

Existing/Previous Resident of an Aged Care Home

Do you currently receive, or have you ever received permanent care in a residential aged care home? If so, please complete the following details

Yes No

Current or Previous residential aged care home

Name:

Date of Admission:

Date of Departure (If applicable):

To ensure your application is processed please attached the following:

Copy of enduring power of Attorney

A current Asset Assessment from Department of Human Services

Signature of Applicant or Representative

Date

Financial Declaration

Form

All information supplied is strictly confidential

Applicant Name

Does the Applicant have a partner?

Yes No

Address

Has a Centrelink or Department of Veteran's Affairs Income & Assets Assessment been completed?

Yes Sent on: _____ If the formal letter of Assessment has been returned to you,
please provide instead of this form)No Residential Care Fee Estimator: <https://www.myagedcare.gov.au/fee-estimator/residential-care/form>*If the applicant has a partner, you will need to provide information about the **combined income**. However, only half**of the combined income will be considered. Do not include interest from bank accounts or financial investments*

| Income per Annum: | Annual Amount |
|--|---------------|
| Income payment from the Australian Government e.g. Age Pension/DVA | \$ |
| War Widow or Widower/Disability/Carer Pension | \$ |
| Overseas Pension (s) | \$ |
| Income from Superannuation | \$ |
| Net Income from Business(s) | \$ |
| Net Income from rental properties | \$ |
| Income from family trust | \$ |
| Income from dividends from private company share | \$ |
| Other income | \$ |
| Total Income per Annum | \$ |

Does the applicant and/ or partner own or are currently paying off the home they are living in?

Yes No

| Assets: | |
|---|----|
| Home (Estimated Value of Home if not Occupied by a Protected Person) | \$ |
| Household Contents (typically valued at \$10,000) | \$ |
| Motor Vehicle(s) | \$ |
| Cash at bank | \$ |
| Stocks/Shares | \$ |
| Term Deposits | \$ |
| Managed Investments | \$ |
| Superannuation Balances | \$ |
| Investment/Other Properties | \$ |
| Gifting (amount over \$10,000 in a single financial year or \$30,000 over five FYs) | \$ |
| Other Assets | \$ |
| Total Amount | \$ |

| Debts: | |
|---|----|
| Loan or total debt held over a financial asset listed above | \$ |

| | | |
|---|-------------|--|
| This form was completed by: Applicant <input type="checkbox"/> Applicant's Representative <input type="checkbox"/> EPA <input type="checkbox"/> | | |
| I Declare that the information supplied on this form is true & correct. | | |
| Name: _____ | | |
| Signature: _____ | Date: _____ | |