

Applicant details:

Title: Mr Mrs Miss Ms Other _____

Surname: _____

First Name(s): _____

Preferred Name: _____ Date of Birth: _____

Address: Street: _____

Suburb: _____ Postcode: _____

Home phone: _____ Mobile: _____

Medicare No: _____ Expiry: _____

Centrelink Reference Number: _____

DVA Card number: _____

Do you receive an income support payment from DVA or Centrelink?

Yes, **full pension** Yes, **part pension** No, I don't receive a pension

Nominated Representative Details

Surname:

First name/s:

Preferred name:

Date of Birth:

Address:

Suburb:

Postcode:

Home phone:

Mobile:

Email:

Relationship to applicant:

Existing/Previous Resident of an Aged Care Home

Do you currently receive, or have you ever received, permanent care Yes No
in a residential aged care home?

If so, please complete the following details:

Current, or previous, residential aged care home

Name: _____

Current, or previous, residential aged care home

Address: _____

Date of admission: _____ Date of departure (if applicable): _____

How did you hear about us?

- Social Worker GP Online Someone I know is cared for by SCC
 Newspaper/Magazine TV Radio Other (specify): _____

To ensure your application is processed, please attach the following:

- Copy of Eduring Power of Attorney/Guardianship/Administrator if applicable
 A copy of a current Aged Care Assessment
 A current Asset Assessment from Department of Human Services

Signature of applicant or representative: _____

Date: _____



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? <input type="checkbox"/> Yes – Sent on: (If the formal letter of Assessment has been returned to you, please provide instead of this form) <input type="checkbox"/> 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 / Applicant Representative / EPA / EPOG

I Declare that the information supplied on this form is true & correct.

Name:

Signature:

Date: