

Residential Care Facilities Application

Form

Are you Applying for Permanent Entry or Respite Care

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

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 Street:					
Suburb:			Postcode:		
Home Phone:			Mobile:		
Email:					
Medicare No:			Expiry Date:		
Centrelink Reference number:			Vaccinated <input type="checkbox"/> Yes <input type="checkbox"/> No		
DVA Card number:			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

Surname:
First name/s:
Preferred name:
Current Address:
Suburb:
Postcode:
Home Phone:
Mobile:
Email:
Relationship to Applicant:

Secondary Primary Representative Details

Surname:
First name/s:
Preferred name:
Current Address:
Suburb:
Postcode:
Home Phone:
Mobile:
Email:
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 Applicant's Representative EPA

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

Name:

Signature:

Date: