

**APPLICANT DETAILS:**

Surname: ..... Given Names .....

Current address: .....

Postcode: ..... Telephone: .....

Email: .....

**APPLICANT'S PERSONAL DETAILS:** Male  Female  Other Date of Birth: ..... Age: .....Marital Status:  Married  Widowed  Single  De Facto  Separated  DivorcedAre you Aboriginal and/or Torres Strait Islander?  Yes  No  Prefer not to answer

Country of Birth: ..... Place of Birth: ..... Preferred Language: .....

How Long in Australia: ..... Religion/organisational affiliations .....

**SPOUSE / PARTNER INFORMATION:**Are you and your spouse/partner applying together for a place in an aged care home?  Yes  No  N/ADoes your spouse/partner already live in a residential aged care home?  Yes  No

Spouse/partner's name: ..... Spouse/partner's residential aged care home: .....

**PENSION AND BENEFIT DETAILS:**Do you receive a Commonwealth Government Pension?  Yes  No  Full pension  Part pension

If yes, please indicate the type of your pension:

 Age  Widow  DVA  Disability  OtherPension Number:          

If No, please indicate source of income: .....

Do you own a house?  Yes  No Do you receive superannuation?  Yes  No

If yes, how much do you receive per fortnight? .....

**MEDICARE AND HEALTH INSURANCE DETAILS:**Medicare Number:                      Number on card: Exp:   /     Are you a member of a health benefit organisation such as MBF, Medibank, HCF, etc?  Yes  No

Name of Fund: ..... Membership Number: .....

What is covered by your insurance (hospital, ambulance)? .....

**YOUR GENERAL PRACTITIONER:**

Name: ..... Contact number: .....

Address: .....

Email: .....

**SUBSTITUTE DECISION MAKER:**

Surname: ..... Given Name: ..... Relationship: .....

Address: .....

Telephone: (Home) ..... (Work) .....

Mobile: ..... Email: .....

Email: .....

**LEGAL AND FINANCIAL MANAGEMENT DETAILS:**

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

 Guardian  Power of Attorney (Financial)  Enduring Power of Attorney Financial Manager (Financial)  Enduring Power of Attorney/Guardian (Medical-Treatment)

If yes, please provide a name of the person appointed and a copy of the document:

Name: ..... Contact Number: .....

Address: .....

Have you made a will?  Yes  No

If yes, please provide the name and address of person/organisation holding the Will:

Name: ..... Contact Number: .....

Address: .....

Email: .....

**FUNERAL ARRANGEMENT**Have you made funeral arrangements?  Yes  No

If yes, please provide the name and address of the Funeral Director to be notified:

Name: ..... Contact Numbers: .....

Address: .....

Please indicate your wishes:  Burial  Cremation

If no funeral arrangements have been made, please provide us with name of the person responsible for your burial arrangements:

Name: ..... Contact Numbers: .....

Address: .....

Email: .....

**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?

 Yes  No If Yes, please complete the following details:

Name of current or previous residential aged care home: .....

Address of current or previous residential aged care home:  
.....

Date you accepted a place..... / ..... / ..... Date of Departure (if applicable): ..... / ..... / .....

**PERMANENT RESIDENTIAL AGED CARE REQUEST FOR A COMBINED ASSETS AND INCOME ASSESSMENT:**

Have you completed and lodged the Request for a Combined Assets and Income Assessment?

Yes   No If yes, please attach copy of your assets and income summary statement.**OTHER INFORMATION:**

Any known allergies: .....

Hobbies and interests: .....

Applicant's parent's names.....

Applicant's signature: ..... Date: .....

Substitute Decision Maker Signature (If applicable) ..... Date: .....

Date Application received: .....