

APPLICANT DETAILS:

Surname: Given Names

Current address:

Postcode: Telephone:

Email:

APPLICANT'S PERSONAL DETAILS:☐ Male ☐ Female ☐ Prefer not to answer ☐ Other (Please specify)

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:

SUPPORTER:

Surname: Given Name: Relationship:

Address:

Telephone: (Home) (Work) Mobile:

Email:

SUBSTITUTE DECISION MAKER:

Same as above supporter: ☐ Yes ☐ No - if no please provide the details below:

Surname: Given Name: Relationship:

Address:

Telephone: (Home) (Work) Mobile:

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 number:

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 funeral 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:

SIGNATURES:

Applicant's signature: Date:

Supporter (if applicable) Date:

Substitute decision maker signature (if applicable) Date:

Date Application received: