

**NORTH EASTERN COMMUNITY**

**AGED CARE WAITING LIST**



**APPLICATION FOR RESIDENTIAL AGED CARE**

NAME OF APPLICANT: .....

HOME ADDRESS: .....  
.....

NAME OF ADVOCATE/GUARDIAN: .....

CONTACT PHONE NUMBER: .....

CONTACT ADDRESS: .....  
.....

NAME OF POWER OF ATTORNEY or EPOA: .....

ADDRESS of POA/EPOA: .....  
.....

CONTACT PHONE NUMBER: .....

GENERAL PRACTITIONER: .....

GP CONTACT PHONE NUMBER: .....

CENTRELINK PENSION NUMBER: .....

DVA PENSION NUMBER: .....

PART PENSIONER: YES / NO                      FULL PENSIONER: YES                      / NO

SELF – FUNDED RETIREE:                      YES                      / NO

MEDICARE NUMBER: ..... NO ..... EXPIRY .....

ACAT APPROVAL NO: ..... PERMANENT..... RESPITE .....

DATE: .....

**ASSETS:** ..... **VALUE:** ..... **INCOME p/fnt:** .....

<b>HOME</b>		<b>PENSION</b>	
<b>SUPERANNUATION</b>		<b>DISABILITY</b>	
<b>PROPERTY</b>		<b>OVERSEAS PENSION</b>	
<b>BANK MONEY &amp; TERM DEPOSITS</b>		<b>VETERANS</b>	
<b>SHARES</b>		<b>RENTAL</b>	
<b>HOME CONTENTS</b>		<b>DIVIDENDS</b>	
<b>CAR</b>		<b>TAXABLE INCOME</b>	
<b>TRUSTS</b>		<b>EMPLOYMENT</b>	
<b>FUNERAL BOND</b>	<b>X</b>		
<b>GIFTS</b>	<b>X</b>		

Does the prospective resident have a home in their name? **YES** / **NO**

What is the estimated value of this property? .....

Is anyone still living in the house? **YES** / **NO**

If so, who? .....

If you have not already done so, we recommend that you complete the attached Permanent Residential Aged Care – Request for an Assets Assessment document before you leave today so that we can place the prospective resident on our waiting list.

Thank you for taking the time to complete this important information.