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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | AC-FORM-08-01  APPLICATION FOR ADMISSION | | | | | | | | | | | | | | | | | | |
| **Applicant’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | Preferred Name | | | | | | | | | | |  | | | | | | | |
| First Name |  | | | | | | Middle Name | | | | | | | | | | |  | | | | | | | |
| Date of Birth |  | | | | | | Gender | | | | | | ⬜ Male ⬜ Female ⬜ Unspecified | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | State | | | | | |  | | | | | | Post Code | | | | |  | |
| Home Phone |  | | | | | | Mobile Phone | | | | | | | | | | |  | | | | | | | |
| Email |  | | | | | | Country of Birth | | | | | | | | | | |  | | | | | | | |
| Indigenous Type | ⬜ Aboriginal  ⬜ Torres Strait Islander | | | | | | | | | ⬜ Aboriginal or Torres Strait Islander  ⬜ Neither | | | | | | | | | | | | | | | |
| Relationship Status: | ⬜ DeFacto/Partner  ⬜ Divorced  ⬜ Married | | | | | ⬜ Never Married  ⬜ Separated | | | | | | | | | | | | | | ⬜ Single  ⬜ Widowed | | | | | |
| Religion |  | | | | | Primary Language | | | | | | | | | | | | | |  | | | | | |
| English Ability | ⬜ English is first/second language  ⬜ Impaired by medical condition  ⬜ May need interpreter for medical issues  ⬜ Needs interpreter | | | | | | | | | | | | | | Other Languages | | | | | | | |  | | |
| Care Type Requested | | | ⬜ Permanent ⬜ Respite | | | | | | | | If respite, how many weeks | | | | | | | | | | | | | |  |
| **Cards** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | Number | | | Expiry | | | Type | | | | | | | | Number | | | | | | | | | Expiry |
| Ambulance Fund | |  | | |  | | | Medicare | | | | | | | |  | | | | | | | | |  |
| DVA (Gold) | |  | | |  | | | Pension Card | | | | | | | |  | | | | | | | | |  |
| DVA (White) | |  | | |  | | | Private Health | | | | | | | |  | | | | | | | | |  |
| Health Care Card | |  | | |  | | | Seniors Card | | | | | | | |  | | | | | | | | |  |
| **Medical Practitioner** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | | First Name | | | | | | | | |  | | | | | | | | |
| Practice Name |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | State | | | | | |  | | | | | | Post Code | | | | |  | |
| Work Phone |  | | | | | | Email | | | | |  | | | | | | | | | | | | | |
| Is your Medical Practitioner aware of this application? | | | | | | | | | | | | | | | | | | | | | ⬜ Yes ⬜ No | | | | |
| Will your Medical Practitioner continue to care for you in the home? | | | | | | | | | | | | | | | | | | | | | ⬜ Yes ⬜ No | | | | |
| **Contacts** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Contact** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | First Name | | | | | | | | | | |  | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | State | | | | | |  | | | | | | Post Code | | | | |  | |
| Home Phone | |  | | | | | Mobile Phone | | | | | | | | | | |  | | | | | | | |
| Email | |  | | | | | | | Relationship to You | | | | | | | | | | | | |  | | | |
| Contact Type | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⬜ Administrator  ⬜ Appointed Guardian\*\*  ⬜ Billing Contact  ⬜ Mailing | | | | ⬜ Next of Kin  ⬜ Person Responsible  ⬜ Power of Attorney\*\*  ⬜ Power of Attorney (Financial)\*\* | | | | | | | | | | ⬜ Power of Attorney (Medical)\*\*  ⬜ Primary Contact  ⬜ Public Trustee  ⬜ Substitute Decision Maker\*\* | | | | | | | | | | | |
| *\*\*Documentary evidence to support these types will be required with this application* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Second Contact** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | First Name | | | | | | | | | | |  | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | State | | | | | |  | | | | | | Post Code | | | | |  | |
| Home Phone | |  | | | | | Mobile Phone | | | | | | | | | | |  | | | | | | | |
| Email | |  | | | | | | | Relationship to You | | | | | | | | | | | | |  | | | |
| Contact Type | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⬜ Administrator  ⬜ Appointed Guardian\*\*  ⬜ Billing Contact  ⬜ Mailing | | | | ⬜ Next of Kin  ⬜ Person Responsible  ⬜ Power of Attorney\*\*  ⬜ Power of Attorney (Financial)\*\* | | | | | | | | | | ⬜ Power of Attorney (Medical)\*\*  ⬜ Primary Contact  ⬜ Public Trustee  ⬜ Substitute Decision Maker\*\* | | | | | | | | | | | |
| *\*\*Documentary evidence to support these types will be required with this application* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Third Contact** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | First Name | | | | | | | | | | |  | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | State | | | | | |  | | | | | | Post Code | | | | |  | |
| Home Phone | |  | | | | | Mobile Phone | | | | | | | | | | |  | | | | | | | |
| Email | |  | | | | | | | Relationship to You | | | | | | | | | | | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Information (not required for respite admission)** | | | | | | | | | |
| Please note that an application for permanent admission will not be accepted until this section is completed in full. | | | | | | | | | |
| Pensioner Status | ⬜ Full  ⬜ Part  ⬜ None | | Pensioner Type | | ⬜ Department of Social Security ⬜ Overseas  ⬜ Department of Veterans Affairs ⬜ None | | | | |
| **Income & Asset Prediction** | | | | | | | | | |
| Are you married/de facto? | | ⬜ Yes  ⬜ No | | Answer ‘yes’ if you are legally married or in a de facto relationship, even if you live apart for health reasons. Only tick yes if your partner is still living. | | | | | |
| Do you currently own (or paying off) the home you are living in? | | ⬜ Yes  ⬜ No | | You can have only one family home. It can include a house, unit, caravan, mobile home or interest in a retirement village owned by either you or your partner. A granny flat is not considered to be a home or an asset under the aged care asset test. | | | | | |
| If yes, is there a protected person living in your home? | | ⬜ Yes  ⬜ No | | Your home will be included as an asset unless it is occupied by a protected person. A protected person is:   * your partner or dependent child * your carer who has lived with you in the home for the past two years and is eligible for an income support payment * a close relation, such as a sister, brother, parentd, child or grandchild who has lived with you in the home for the past five years and is eligible for an income support payment   Please note your contribution to care costs will vary depending on whether you are living with your partner or are permanently separated for health related reasons, so:   * you should answer ‘no’ here if you are permanently living apart from your partner for health related reasons, for example, if your partner is in an aged care home * you should answer ‘yes’ if you and your partner are only temporarily separated, for example, if your partner is visiting relatives interstate | | | | | |
| A. Annual Income | | $ | | You should include:   * income support payments from the Australian Government such as the age pension or service pension * net income from rental property * war widow/widower pensions and some disability pensions * net income from business, including farms * income from superannuation income streams such as annuities and allocated pensions * overseas pension income * family trust distributions * dividends from private company shares   Do not include interest from your bank accounts or financial investments | | | | | |
| B. Your Financial Assets | | $ | | You should include:   * bank, building society and credit union accounts * cash * term deposits * cheque accounts * friendly society bonds * managed investments * listed shares and securities * loans and debentures * shares in unlisted public companies * gold and other bullion * gifted assets - if you have gifted amounts above $10,000 in the last year or $30,000 in the last five years, include the amount above these limits as a financial asset.   If you have a partner, enter your combined financial assets. Do not include your family home here. | | | | | |
| C. Superannuation and Other Assets | | $ | | Other assets include:   * household contents and personal effects (these are typically valued at $10,000) * foreign assets including investments, business interests and real estate * investment property * special collections such as stamps, art works or antiques * superannuation balances * private trusts, family trusts and private companies * refundable accommodation deposits | | | | | |
| D. Total | | $ | | Income + Assets + Superannuation/Other Assets | | | | | |
| E. Total Debts | | $ | | A debt is any loan, mortgage, change or encumbrance held over an asset which has been included as a financial asset or other asset:   * do not include the value of the mortgage over the family home (if there is one) * do not include credit card debt or personal loans | | | | | |
| **Sign Off By Person Completing Application** | | | | | | | | | |
| I certify that the information provided in this Application for Admission is true and accurate. | | | | | | | | | |
| Signature | |  | | | | Printed Name |  | | |
| Relationship to Applicant | |  | | | | Date |  | | |
| **Aged Care Support Officer Sign Off** | | | | | | | | | |
| Accommodation Status | | ⬜ Assisted  ⬜ Bond  ⬜ Concessional | | | ⬜ Concessional (Hardship)  ⬜ Low Means  ⬜ Low Means (Hardship) | | | ⬜ Supported (Fully)  ⬜ Supported (Partial)  ⬜ Supported (Hardship) | |
| Financial Information Provided | | ⬜ Yes ⬜ No | | | | Means Tested Assessment | | | ⬜ Completed  ⬜ Declined  ⬜ Pending |
| All of the above data is to be entered into MANAD upon receipt of the application. | | | | | | | | | |
| Signature | |  | | | | Printed Name |  | | |
| Position | |  | | | | Date |  | | |

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| --- | --- |
| Document Title: | Application For Admission |
| Developed By: | Aged Care Director |
| Authorised By: | Aged Care Director |
| Endorsed By: | Aged Care Quality and Safety Review Committee |
| Date Developed: | 7 January 2020 |
| Date Reviewed: | 7 April 2020,19 May 2021 |
| Next Review Due: | 19 May 2023 |