

APPLICATION FOR ACCOMMODATION FORM

Location Residential Aged Care ☐

Location Retirement Living ☐ Tanunda ☐ Nuriootpa ☐ Angaston ☐

Surname: Mr / Mrs / Ms / Miss _____
(person requiring Residential Care)

First Name: _____ **Preferred Name:** _____

Address: _____ **Postcode:** _____

Phone No: _____ **Preferred language(s):** _____

Date of Birth: _____ **Married** ☐ **Single** ☐ **Widowed** ☐ **Divorced** ☐ **Gender Identity:** _____

Care Level Request for: Respite (max. 2 weeks) ☐ Permanent Residency ☐

myAgedCare ID: _____

Recommended Service Referral Code: Permanent: _____ - _____ Respite: _____ - _____

Medicare No: _____ **Line No:** _____ **Exp. Date:** _____

Pension No: _____ **Exp Date:** _____ **NDSS:** _____

DVA Card No: _____ **Card Colour:** _____ **Exp Date:** _____

Ambulance No: _____ **Private Health Name & No:** _____

Contact Person : 1. _____ **Relationship:** _____

Address: _____ **Post Code:** _____

Phone No: _____ **Mobile:** _____ **Preferred Method Contact** _____

Email: _____ **Power of Attorney:** Yes ☐ No ☐

Medical POA Yes ☐ No ☐ **Enduring POA:** Yes ☐ No ☐

Financial Correspondence Yes ☐ No ☐ **Emergency Contact:** Yes ☐ No ☐

Contact Person : 2. _____ **Relationship:** _____

Address: _____ **Post Code:** _____

Phone No: _____ **Mobile:** _____ **Preferred Method Contact** _____

Email: _____ **Power of Attorney:** Yes ☐ No ☐

Medical POA Yes ☐ No ☐ **Enduring POA:** Yes ☐ No ☐

Financial Correspondence Yes ☐ No ☐ **Emergency Contact:** Yes ☐ No ☐

Current Treating Doctor

Name: _____ **Medical Centre:** _____

Phone No: _____ **Address:** _____

Are you currently registered with NDIS (National Disability Insurance Scheme) Yes ☐ No ☐

How did you hear about us? _____



Required documents to be provided prior to admission:

(office use only)

Summary ACAT Assessment (myAgedCare)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Health Summary (GP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medication List	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residential Care Fees Letter Services Australia (if available)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asset and income declaration completed (over page)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enduring / Power of Attorney / Guardianship orders (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Advanced Care Directive (if available)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Immunisation record	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Funeral Home Details	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ASSET AND INCOME DECLARATION

Where the resident is a member of a couple, please show all assets held by both partners.

IMPORTANT: for all permanent residents whom are non-pensioners, soon after admission you are required to lodge the Services Australia Residential Aged Care Calculation of your cost of care form (SA457) so that your aged care fees can be determined by Services Australia as soon as possible. If this is not completed, the maximum Means Tested Care fee of \$400.08 (current rate) per day will be applicable.

This form is available on the Services Australia website www.servicesaustralia.gov.au

The person entering care:

Do you have a partner? Yes ☐ No ☐ (If yes, enter your *combined* income)

INCOME

Income includes:

- Income support payments from the Australian Government such as the aged 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 pensions income
- Family trust distributions
- Dividends from private company shares

DO NOT include interest from your bank account or financial investments.

Your financial assets will be deemed to earn a certain rate of income.

Estimated Income per Annum: \$ _____

HOME OWNER STATUS

Do you / or your partner own, or are paying off the home you live in? Yes ☐ No ☐

Your home will be included as an asset unless it is occupied by a protected person. A protected person is:

- Your partner
- 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, parent, child or grandchildren who has lived with you in the home for the past five years and is eligible for an income support payment.

Will a protected person live in the family home? Yes ☐ No ☐

The net market value of your home is the value of the house less any outstanding mortgages.

Net market value of the home: \$ _____



ASSETS

Financial assets 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 bullions
- Gifted assets – if you have gifted amounts above \$10,000 in the last year or \$30,000 in the last 5 years, include the amount above these limits as a financial asset.

Financial 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
- Net retirement village entry contributions
- Refundable accommodation deposits

Other assets \$ _____

DEBTS

A debt is any loan, mortgage, reverse mortgage, charge 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*

Estimated debts: \$ _____

Signed: _____ Date: _____
(Resident or representative)

Information obtained from myAgedCare website: <https://www.myagedcare.gov.au/how-much-will-i-pay>