Application for Residential Care

Prospective Resident Information

Title (please tick) ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other	
First name:	Middle name:
Last Name:	Chosen Name:
Date of Birth:	Gender Identity:
Address:	
Suburb:	Postcode:
Telephone:	Mobile:
E-mail:	
Country of birth:	Languages:
Are you ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander	
Relationship Status: ☐ Single ☐ Partner/s ☐ Married ☐ Widowed ☐ Divorced ☐ Separated	

Pension and Benefits

Do you hold an Australian Pension Concession Card? ☐ Yes ☐ No	
If yes, please indicate the type of pension: ☐ Age ☐ Disability ☐ Widow ☐ DVA ☐ Blind ☐ Overseas	
Other (please specify):	
What is your pension number?	
Expiry date:	What type of pension do you receive? ☐ Full ☐ Part
If you hold a DVA card, what type is it? ☐ Gold ☐ White ☐ Orange	
What is your DVA number?	
Are you an NDIS Participant? ☐ Yes ☐ No	If so, what is your Participant Number?

My Aged Care Details

Account Number:	
Referral Code (Respite):	Referral Code (Permanent Care)

Medicare

Name on Medicare Card:	
What is your Medicare Card number?	
Expiry date:	No. on card:

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Legal and Financial Management

Name:	Telephone:
Address:	
E-mail: *Please note: Monthly statements will be sent to the nominated recipient via email*	
Appointed on behalf as an: ☐ Enduring Power of Attorney ☐ Power of Attorney (Financial) ☐ Power of Attorney (Medical Treatment) ☐ Enduring Guardian ☐ Other (provide details - i.e NCAT/QCAT etc) *Please note: A copy of each document will be required prior to admission*	

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Who should we send your monthly statements to?

☐ Client ☐ Representative (as completed on page 3) ☐ Other (provide details below):	
Name:	Telephone:
Address:	
E-mail: *Please note: Monthly statements will be sent to the nominated recipient via email*	

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Asset and Income Details

The following information is required to enable aged care residences to determine whether the resident will be required to pay an Accommodation Payment or Accommodation Contribution. ***Whiddon suggests you seek independent legal and financial advice.***

If part of a couple, please advise the total combined assets & income.

Do you own, or part own, the house, unit or flat in which you normally live? ☐ Yes ☐ No	
If yes, please provide the following information, in regards to the property:	
Address of property:	
Current market value of the property: $	Share of property value (%)

To determine if your home can be excluded from your assets assessment, please answer the following questions:

Do you have a spouse or dependant child living in your home? ☐ Yes ☐ No	
If yes, please indicate: ☐ Spouse ☐ Dependant Child	
Have you had a carer, who is eligible for a pension or other support payment, living in your home for at least the past two years? ☐ Yes ☐ No	
Have you had a close relative, who is eligible for a pension or other income support, living in your home for at least the past five years? ☐ Yes ☐ No	
Have you disposed of any property, in which you were living, in the past five years? ☐ Yes ☐ No	
Do you own, part own, any other residential or commercial property? ☐ Yes ☐ No	
Have you any loans to repay? ☐ Yes ☐ No	If yes, please give value details: $
Other assets: Cash (Term Deposits, Savings, Cheque Accounts, Shares & Other Assets): $	

Do you receive a pension, superannuation or annuity of any type? Amount received per fortnight

Centrelink/DVA pension: $	Overseas pension: $	Disability pension: $
Superannuation: $	Annuity: $	Other: $

Previous Aged Care Experience

Have you previously received a Home Care Package? ☐ Yes ☐ No	If yes, commencement date:
Have you paid an Accommodation Bond or Accommodation Payment Contribution to another residence? ☐ Yes ☐ No	
Paid as: ☐ Lump sum ☐ Daily fee	
Have you used any Residential Respite this Financial Year? ☐ Yes ☐ No	If yes, how long?

Client's Representative

First name:	Last name:	
Address:		
Suburb:	Postcode:	
Telephone:	Mobile:	Email:
Relationship to client:		☐ EPOA ☐ Guardian
Who would you like us to contact regarding this application:		☐ Client ☐ Representative

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