

Application for Residential Care

Perspective 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?				

Medicare

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

Legal and Financial Management

Has anyone been appointed on your behalf as an:		
Enduring Power of Attorney	Power of Attorney (Financial)	Power of Attorney (Medical Treatment)
Power of Attorney (Guardianship)		
<i>Please note: A copy of each document will be required prior to admission</i>		
Who should we send your monthly statements to?		
Client	Representative (as completed on page 3)	Other (provide details below):
Name:	Telephone:	
Address:		
E-mail:		
<i>Please note: Monthly statements will be sent to the nominated recipient via email</i>		

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 complete total assets & income at 50% of the total.

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 two 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	