



AF34 APPLICATION FOR ADMISSION

Date of Last ACAT Approval	/ /	Date Form Completed	/ /
<input type="checkbox"/> Permanent Care	<input type="checkbox"/> Respite Care	<input type="checkbox"/> High Level Care Approval	<input type="checkbox"/> Low Level Care Approval
<input type="checkbox"/> Urgent	<input type="checkbox"/> Semi Urgent	<input type="checkbox"/> Future Planning	<input type="checkbox"/> Dementia Unit (Secure)
<input type="checkbox"/> Non-Secure Unit			

❖ A COPY OF THE AGED CARE ASSESSMENT IS REQUIRED TO BE INCLUDED WITH THIS APPLICATION

Person requiring residential care: (applicant)			
Surname		Given Names	
Current Location (full address)			
Contact Numbers	(H)	(M)	

Person completing the application: (applicant or representative)			
Surname		Given Names	
Address			
Contact Numbers	(Day)	(A/H)	
	(M)		
Email Address (if applicable)			
Relationship to applicant			

Correspondence relating to this application should be sent to:			
If this is the same person who is completing this application form, please circle:			AS ABOVE
Surname		Given Names	
Address			
Contact Numbers	(Day)	(A/H)	
	(M)		
Email Address (if applicable)			

Personal Details

Preferred Name		Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Date of Birth		/ /		Age: _____ years	
Marital status	Married <input type="checkbox"/>	Defacto <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>
Religion / organisational affiliations (optional)					
Do you have any specific cultural requirements?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, please provide/attach details					
Country of birth					
Preferred language/s					
Do you intend to remain on the electoral roll?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Pension and Benefit Details

Do you hold an Australian Pensioner Concession Card		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, indicate type of pension	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Widow	<input type="checkbox"/> Blind	<input type="checkbox"/> Non-Pensioner
	<input type="checkbox"/> Overseas	<input type="checkbox"/> DVA	<input type="checkbox"/> Other, <i>please specify</i>		
What is your Pension Number?				<input type="checkbox"/> Full Pension	<input type="checkbox"/> Part Pension
What is your DVA Number?					
Are you an Australian Ex-Prisoner of War?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Family and other contacts

(Whom do you wish to name as contact(s) for you?)

FIRST CONTACT

Surname					
Given Names					
Address					
Contact Numbers	(Day)			(A/H)	
	(M)			Email	
Relationship to Applicant					

SECOND CONTACT

Surname					
Given Names					
Address					
Contact Numbers	(Day)			(A/H)	
	(M)			Email	
Relationship to Applicant					

Health Insurance and Medicare Details	
Do you have Private Health Insurance? (e.g. MBF, Medibank Private, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Fund	
Membership Number	
Level of Cover	
What is your Medicare Number	
Expiry Date	/ /

Medical Details	
Who is your current Medical Practitioner (MP)?	
Name	
Full Business Address	
Telephone	

❖ IF YOU HAVE A CURRENT, DETAILED SUMMARY OF YOUR HEALTH – PLEASE ATTACH A COPY

Have you completed an Advance Health Directive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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❖ FULL MEDICAL DETAILS WILL BE REQUIRED ON ADMISSION

Legal and Financial Management Details	
Have any of the following people been appointed on your behalf?	Guardian <input type="checkbox"/> Administrator <input type="checkbox"/>
Enduring Power of Attorney (Financial) <input type="checkbox"/>	Enduring Power of Attorney (Personal & Health) <input type="checkbox"/>

❖ COPIES OF THE POWER OF ATTORNEY WILL BE REQUIRED WITH THIS APPLICATION

Name	
Address	
Telephone	
Other Relevant Details	

Name	
Address	
Telephone	
Other Relevant Details	

If you have completed the income and asset assessment form from Centrelink or Department of Veterans Affairs and have received the Statement of Resident Status for Residential Aged care Providers please include this with your application.

Property Assets

The following information is required to enable us to determine whether the applicant will be requested to pay an Refundable Accommodation Deposit

Did you own or part own the house, unit or flat in which you normally live in the last two (2) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please provide the following information in regard to the property

Address	
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Current Market Value of Property	\$
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Your home may be excluded, please answer the following questions to assist

Do you have a spouse or dependent child living in your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please indicate	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>
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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 (2) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you had a close relative who is eligible for a pension or other income support living in your home for at least five (5) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you disposed of any property in which you were living in the past two (2) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you own, or part own any other residential or commercial property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you any loans to repay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please provide details	\$
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Previous Aged Care Residential Accommodation Details

Have you paid an entry contribution or accommodation bond/RAD to another facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please provide the following details:

Name of Facility	
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Address of Facility	
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Telephone	
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Date of Admission to first facility	/ /
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APPLICATION CHECKLIST	
A Copy of the most recent Aged Care Assessment is attached with this application form	Yes <input type="checkbox"/> No <input type="checkbox"/>
A copy of the applicants current Medicare and Pension Card (if applicable) has been included with this application	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Certified copy of the Power of Attorney has been included with the application	Yes <input type="checkbox"/> No <input type="checkbox"/>
A copy of the Assset and Income Assessment has been completed	Yes <input type="checkbox"/> No <input type="checkbox"/>
A copy of the Statement of Resident Status for residential aged care providers has been attached to this application. (This is received once Income and Asset assessment has been completed)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Person Completing Application: _____

Address: _____

_____ **Postcode:** _____

Signature: _____ **Date:** _____