



Thank you for your interest in admission into Murroona Gardens Aged Care Residence.
To be considered for admission and/or added to the waitlist, we require you to submit the following:

- Murroona Gardens Application for Admission (this form)
(Please ensure all fields are completed to the best of your knowledge and the name of the applicant is written at the top of each page; and the declaration on page 6 must be signed for the application to be accepted and processed.)
- A copy of the ACAT Support Plan or provide referral codes and Aged Care ID number.
(Please ensure you have the correct approvals for the service you are applying for, i.e. Residential Respite or Residential Permanent Care).
- Fee determination letter form Centrelink / DVA – your reply letter from your Combined Assets and Income Assessment (all pages)
- If transferring from another Aged Care Facility: a copy of your Bond/RAD Statement.
- Photocopy of Pension and Medicare Cards
- If in place; **certified** copies of
- Power of Attorney and/or the Enduring Power of Attorney
 - Advanced Health Directive
 - Guardianship or Administration orders.

All information provided will be treated as highly confidential and accessible only to Murroona Gardens.

If you are completing this form by hand, please use a **Black Pen, BLOCK LETTERS**, and, where indicated tick the box or write a comment

What type of Care are you applying for?

Date of ACAT Approval: (Please attach a **legible copy**)

Permanent Care High Level Care (Nursing Home) Low Level Care (Hostel) Dementia Specific

Respite Care Date of Respite: to *(if applicable)*

Following Respite, do you have intentions of staying for permanent care? Yes No

Applicant Details *(Person requiring residential care)*

Mr Mrs Ms Miss Other: Surname:

Given Name/s: Preferred Name:

Phone Number:

Date of Birth: Gender: Male Female Other/unspecified

Marital Status: Married De-facto/partner Single Widowed Separated Divorced

Home Address (not hospital or TCP)

Own Home Rental Retirement Village Other, please specify:

Name of Applicant: **Cultural Information**Are you an Australian Citizen Yes NoAre you of Aboriginal, Torres Strait Islander or Australian South Sea Islander descent? *(optional)* Aboriginal Torres Strait Islander Australian South Sea IslanderCountry of Birth: Language/s Spoken: Interpreter Required: Yes No**Pension & Benefit Details** *(Please provide a copy of your Pension Card)*Australian Pension Number: Expiry Date: Status: Full Pension Part Pension No PensionPension Type: Age Disability Other Received from: Centrelink DVA - **If DVA:** Red Blue Gold WhiteDo you receive an overseas pension? No Yes, Country: **Medicare and Health Fund Details** *(please provide a copy of your Medicare and Health Insurance Cards)*Medicare Number: Reference Number: Expiry Date: Do you have Private Health Insurance? No Yes Fund Name: Member Number: Level of Cover: Hospital Extras**Medical Details** *(Full medical details will be required on admission)*

Who is your current General Practitioner?

Name of Doctor: Practice Name: Phone Number: Email: Fax: Has your GP agreed to visit you at Murroona Gardens? Yes No**Advanced Health Directive**Do you have an Advanced Health Directive? Yes No



Name of Applicant:

Primary Contact

Surname: Given Name/s:

Address: Post Code:

Phone Number: Mobile Number:

Email: Relationship to applicant:

Enduring Power of Attorney (EPA) Enduring Power of Guardianship (EPG)

Secondary Contact

Surname: Given Name/s:

Address: Post Code:

Phone Number: Mobile Number:

Email: Relationship to applicant:

Enduring Power of Attorney (EPA) Enduring Power of Guardianship (EPG)

Other Contact (optional)

Surname: Given Name/s:

Address: Post Code:

Phone Number: Mobile Number:

Email: Relationship to applicant:

Contact Information

Who will be responsible for finances? (This person will receive all billing correspondence)

Primary Contact Secondary Contact Applicant Other Contact

Following admission where is mail received for the applicant to go?

Primary Contact Secondary Contact Applicant Other Contact

Who is to be contacted in relation to this application?

Primary Contact Secondary Contact Applicant Other Contact

Are any of the following in place?

State Administrative Tribunal (SAT) Order Public Trustee Public Guardian



Name of Applicant:

Will and Executor

Do you have a Will? No Yes - Name of Executor:

Please provide the name and address of person/organization holding the will

Name of person/company:

Address:

Postcode:

Phone:

Funeral Arrangements

Has a decision been made in respect to the preferred Funeral Service? Yes No

Funeral Service Provider (if known):

Phone No:

Please indicate your wishes (if known) Cremation Yes No

Burial Yes No

Any other arrangements:

It is important for potential residents and/or families to discuss this topic and provide a response. Further "end of life" wishes and/or instructions will be sought following admission in conjunction with development of the Plan of care.

Electoral Role Status

Are you on the Electoral Roll? Yes No

If applying for permanent care, do you wish to continue to vote once in care? Yes No

Present Living Situation

Living with Family Rented Accommodation Own House/ Unit Hospital Other

Comments:

Name of Applicant: **APPENDIX 1****Property Assets**

The following information is required to enable Aged Care Facilities to determine whether the applicant will be requested to pay an Accommodation Bond or Charge.

Have you completed the Centrelink / DVA Asset Assessment Form? Yes No

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 regard to the property:

Address: Postcode: Current Market Value of Property: \$ **Please answer the following questions**

Do you have a spouse or dependent child living in your home? Yes No

If **Yes**, please indicate: Spouse Dependent

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 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, or part own any other residential or commercial property? Yes No

Have you any loans to repay? Yes No If yes, please give details \$

Previous Aged Care Residential Accommodation details

Are you currently a resident of a Commonwealth Funded Aged Care Facility? Yes No

If so, did you pay an Accommodation Bond/Charge to the facility? Yes No

If **Yes**, please provide the following details: Name of the Facility:

Address: Postcode: Phone: Date of Admission to first facility? / / Amount of Accommodation Bond Paid: \$

During the last 12 months, have you had Residential Respite (in an Aged Care Facility)? Yes No

If **Yes**, how many days respite have you had?



Name of Applicant:

INCOME, ASSETS, DEBTS

Important: If you have a spouse, partner or you are in a de-facto relationship the following information provided **must be the combined total of both individuals** even if held in separate accounts or solely owned.

Please provide the following information to the best of your knowledge.

TYPE OF INCOME	Annual Amount
Income support from the Australian Government e.g. Aged Pension	\$ <input style="width: 100px;" type="text"/>
War Widow/Widower Pension or Disability Pension	\$ <input style="width: 100px;" type="text"/>
Overseas Pension(s)	\$ <input style="width: 100px;" type="text"/>
Superannuation Income Stream **	\$ <input style="width: 100px;" type="text"/>
Income from Rental Properties (show property value under other assets)	\$ <input style="width: 100px;" type="text"/>
Income from Business(s)	\$ <input style="width: 100px;" type="text"/>
Income from Family Trust	\$ <input style="width: 100px;" type="text"/>
Dividends from Private Company Shares	\$ <input style="width: 100px;" type="text"/>
Other Income (do not include bank interest) Source:	\$ <input style="width: 100px;" type="text"/>
Total Income Per Annum	\$ <input style="width: 100px;" type="text"/>

ASSETS	
Principal Home (estimated market value)	\$ <input style="width: 100px;" type="text"/>

FINANCIAL ASSETS	
Cash at Bank	\$ <input style="width: 100px;" type="text"/>
Term Deposits	\$ <input style="width: 100px;" type="text"/>
Stocks /Shares	\$ <input style="width: 100px;" type="text"/>
Managed Investments (superannuation balance if not commenced income stream)	\$ <input style="width: 100px;" type="text"/>
Gifted Assets (if you have gifted assets above \$10,000 in the last financial year or \$30,000 in the last five financial years include the amount above these limits as a financial asset)	\$ <input style="width: 100px;" type="text"/>
Total Amount	\$ <input style="width: 100px;" type="text"/>

OTHER ASSETS	
Household Contents (typically \$10K) e.g. car caravan etc	\$ <input style="width: 100px;" type="text"/>
Superannuation Balance **(if commenced income stream)	\$ <input style="width: 100px;" type="text"/>
Investment/additional Properties	\$ <input style="width: 100px;" type="text"/>
Refundable Accommodation Deposits / Contributions	\$ <input style="width: 100px;" type="text"/>
Other Assets Please provide detail:	\$ <input style="width: 100px;" type="text"/>
Total Amount	\$ <input style="width: 100px;" type="text"/>

DEBTS	
Loan, mortgage, or encumbrance held over "Other Assets"	\$ <input style="width: 100px;" type="text"/>
Mortgage over Principal Home	\$ <input style="width: 100px;" type="text"/>

**If you or your partner are below the qualifying age for the Age Pension, do not include the superannuation account balance as an asset.



Name of Applicant:

APPLICATION FOR RESIDENTIAL CARE SERVICES CHECKLIST

Please ensure you have completed all sections of the Application Form.

Place a ✓ of in the boxes on the right-hand side indicating that you have completed the sections of the form and included relevant documents.

	✓
Details of the person requiring residential care.	
Details of the person completing the form, including contact details	
Health Insurance and Medicare details	
Legal and Financial Management details	
Attached photocopy of Applicant’s Centrelink or DVA Pension Card and/or Medicare Card	
Attached a copy of Applicant’s current Aged Care Client Record Assessment (ACCR) approval (ACAT Assessments)	
Completed and forwarded a “Request for and Assets Assessment” Form to the relevant Agency (Centrelink or DVA)	
Attached copy of Centrelink or DVA Assessment if available	
Attached Certified copies of current Enduring Power of Attorney and/or Advanced Health Directive (if these documents exist)	
Other: <input type="text"/>	

Please note: failure to complete this application document and supply required information may delay the processing of your application.