



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 ☐ No

Are 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 ExecutorDo 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 ArrangementsHas 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 ☐ NoBurial ☐ 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 StatusAre you on the Electoral Roll? ☐ Yes ☐ NoIf 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

\$

War Widow/Widower Pension or Disability Pension

\$

Overseas Pension(s)

\$

Superannuation Income Stream **

\$

Income from Rental Properties (show property value under other assets)

\$

Income from Business(s)

\$

Income from Family Trust

\$

Dividends from Private Company Shares

\$

Other Income (do not include bank interest) Source:

\$

Total Income Per Annum

\$

ASSETS

Principal Home (estimated market value)

\$

FINANCIAL ASSETS

Cash at Bank

\$

Term Deposits

\$

Stocks /Shares

\$

Managed Investments (superannuation balance if not commenced income stream)

\$

Gifting 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)

\$

Total Amount

\$

OTHER ASSETS

Household Contents (typically \$10K) e.g. car caravan etc

\$

Superannuation Balance **(if commenced income stream)

\$

Investment/additional Properties

\$

Refundable Accommodation Deposits / Contributions

\$

Other Assets Please provide detail:

\$

Total Amount

\$

DEBTS

Loan, mortgage, or encumbrance held over "Other Assets"

\$


Mortgage over Principal Home


\$

**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.