

ONLINE



Residential Care Application



Thank you for considering placement with Amana Living.

Please complete the following pages and return to the Amana Living Customer Service Centre at the address below, along with the documents listed on page 6.

PO Box 933
Subiaco WA 6904

Once we receive your completed application form we will send a confirmation email or letter. If you do not receive a letter or email within 14 days, or if you have further questions, please call **1300 26 26 26** or email **info@amanaliving.com.au**

1. Personal Details

1.1 RESIDENT CONTACT DETAILS

Title: Mr Mrs Miss Ms Dr Other _____

Surname: _____

Given Names: _____

Address: _____

State: _____ Postcode: _____

Telephone: _____

Date of Birth: _____ / _____ / _____

Marital Status: _____

Name of spouse/partner (if applicable) _____

Gender: Male Female Other _____

Are you of Aboriginal and/or Torres Strait Islander origin? Yes No

Nationality: _____

Country of birth: _____

Languages spoken: _____

Interpreter required? Yes No

If currently in hospital or transition care, please state name of facility: _____

1. Personal Details (cont.)

1.2 NEXT OF KIN / NOMINATE REPRESENTATIVE

Title: Mr Mrs Miss Ms Dr Other _____

Surname: _____

Given Names: _____

Address: _____

State: _____ Postcode: _____

Phone: _____

Email: _____

Relationship: _____

Do you wish to be the PRIMARY CONTACT? Yes No

If NO, please advise name of PRIMARY CONTACT _____

1.3 ENDURING POWER OF ATTORNEY

Same as above

Title: Mr Mrs Miss Ms Dr Other _____

Surname: _____

Given Names: _____

Address: _____

State: _____ Postcode: _____

Phone: _____

Email: _____

Relationship: _____

1.4 ENDURING POWER OF GUARDIANSHIP

Same as above

Title: Mr Mrs Miss Ms Dr Other _____

Surname: _____

Given Names: _____

Address: _____

State: _____ Postcode: _____

Phone: _____

Email: _____

Relationship: _____

2. Accommodation Requirements

What type of accommodation do you require? (Please tick one) High Care Dementia Secure Low Care

Please indicate your preferred Amana Living hostel or nursing home:
(refer to Residential Aged Care list enclosed in information pack)

Preference 1: _____ Preference 2: _____

Would you consider a shared room? Yes No

Timeline for considering moving into a Care Home (Please tick one) Immediately Within 6 Months
 Within 3 Months 12+ Months

3. Centrelink & Health Fund Details

Centrelink No: _____

Veterans Affairs No: _____

Medicare No: _____

Ref No: _____ Expiry: _____

Diabetic No: _____

Health Fund: _____ Policy No: _____

Have you completed a Centrelink/DVA Asset Assessment application? (please tick)

Yes No

If YES, please advise date assessment sent to Centrelink and attach copy of assessment outcome.

Date _____ / _____ / _____ Copy attached? Yes No

4. Home Ownership Details

Have you owned your home for the last two years? (please tick) Yes No

If YES, is your home occupied by your Carer/Spouse? (please tick) Yes No

Is it intended to sell the home on entry to residential aged care (please tick) Yes No

Address of primary residence : _____

State: _____ Postcode: _____

If it is not intended to sell the home, please advise expected weekly rental \$ _____

5. Financial Statement

ASSETS

individual: single couple: combined *(please tick whichever applicable)*

Home (excluding contents) \$

Home Contents \$

Other Properties (including vacant land) \$

Shares/Managed Funds \$

Term Deposits/Bonds/Debentures etc. \$

Bank Accounts/Credit Unions/Building Services \$

Superannuation/Allocated Pension Balance \$

Loans to Other Parties \$

Antiques/Works of Art etc. \$

Motor Vehicles/Boat/Caravan \$

Other Assets \$

Funeral Bond \$

TOTAL ASSETS \$

DEBTS

Mortgage \$

Other debts/commitments owed \$

TOTAL DEBTS \$

5. Financial Statement (cont.)

GIFTING

Have you gifted away any assets in the last 5 years?

Date: / / \$

Date: / / \$

TOTAL GIFTS \$

INCOME

Per Fortnight

Australian Age Pension (please tick) Full Part \$

Veteran Affairs Pension \$

Overseas Pension \$

Other Pensions (War widow/blind etc) \$

Income Support Supplement \$

Superannuation \$

Property Income (net) \$

TOTAL INCOME (per fortnight) \$

I declare that all the information provided by me on this application is true and correct to my knowledge.

I understand that my Assets and Income Assessment processed by Centrelink may change the fees charged by Amana Living.

I understand that if I choose not to disclose my assets that I will be charged the maximum fees until my Assets and Income Assessment can be processed by Centrelink.

Signature of Client or Client Representative

Name

1. Letter from myagedcare, following your ACAT assessment

To enter a nursing home, you need to be approved for permanent residential care by an Aged Care Assessment Team (ACAT). Your doctor will arrange for the ACAT to assess you in your home (or hospital if applicable).

After the assessment, the Department of Health will send you a letter on myagedcare letterhead. The letter will include your Support Plan (Aged Care Client Record - ACCR) and service referral codes. A copy of this letter must be included with your waitlist application.

2. Enduring Power of Attorney and/or Guardianship

If any enduring power of attorney and/or guardianship are in place, please include a copy with this nursing home waitlist application.

3. Centrelink Assets & Income Assessment

It is a government requirement that every resident that enters residential care completes a Centrelink Assets and Income Assessment.

The application form can be obtained from the Department of Human Resources.

Contact number: **1800 227 475**

Website: **www.humanservices.gov.au/agedcare**

It can take 6 weeks from sending the Centrelink application to receive an assessment from Centrelink, so do not wait to receive the assessment before sending this nursing home waitlist application to Amana Living. You can forward Amana Living the assessment when you receive it from Centrelink.

4. Information

We like to keep you up-to-date with our services and from time to time, Amana Living may use the contact information in this form for direct marketing.

I wish to opt out of receiving this information

We value your information and do not release any information about our clients to any third parties.