



Care Centre Resident Waitlist Application

Please complete the following pages and return to the Amana Living Customer Service Centre at the above address, along with the documents listed below (if applicable). 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. 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 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. If you wish to opt out of receiving this information please tick the opt out box.

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

Opt out:

Please note that this application will expire after 6 months from date of receipt. After 6 months, if you wish to remain on the waitlist, please contact our Customer Service Centre on 1300 26 26 26.

Personal Details

RESIDENT CONTACT DETAILS		Mr	Mrs	Ms	Miss	Dr
Surname: _____	Given Names: _____					
Address: _____						
Postcode: _____	Telephone Number: _____					
DOB: _____	Marital Status: _____					
If currently in hospital or transition care, please state name of facility: _____						

NEXT OF KIN / NOMINATE REPRESENTATIVE		Mr	Mrs	Ms	Miss	Dr
Surname: _____	Given Names: _____					
Address: _____					Postcode: _____	
Contact Numbers: Home _____		Work _____		Mobile _____		
Email: _____	Relationship: _____					
Do you wish to be the PRIMARY CONTACT?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If NO, please advise name of PRIMARY CONTACT: _____						

ENDURING POWER OF ATTORNEY		Mr	Mrs	Ms	Miss	Dr
Surname: _____	Given Names: _____					
Address: _____					Postcode: _____	
Contact Numbers: Home _____		Work _____		Mobile _____		
Email: _____	Relationship: _____					

ENDURING POWER OF GUARDIANSHIP		Mr	Mrs	Ms	Miss	Dr
Surname: _____	Given Names: _____					
Address: _____					Postcode: _____	
Contact Numbers: Home _____		Work _____		Mobile _____		
Email: _____	Relationship: _____					

Accommodation Requirements

What type of accommodation do you require? <i>(please circle):</i>	HIGH CARE	LOW CARE	DEMENTIA SECURE
Please indicate your preferred Amana Living hostel or nursing home: <i>(refer to Residential Aged Care list enclosed in information pack)</i>			
Preference 1: _____ Preference 2: _____			

Centrelink & Health Fund Details

Centrelink No:		Veterans Affairs No:	
Medicare No:	<i>Ref No:</i> <i>Expiry:</i>	Diabetic No:	
Health Fund:	<i>Policy No:</i>		

Have you completed a Centrelink/DVA Asset Assessment application	YES	NO		
<i>If YES, please advise date assessment sent to Centrelink and attach copy of assessment outcome</i>				
<i>date / /</i>	<i>copy attached</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%; text-align: center; padding: 5px;">YES</td> <td style="width: 90%; text-align: center; padding: 5px;">NO</td> </tr> </table>	YES	NO
YES	NO			

Home Ownership Details

Have you owned your home for the last two years <i>(please circle)</i>	YES	NO
If YES, is your home occupied by your Carer/Spouse <i>(please circle)</i>	YES	NO
Is it intended to sell the home on entry to residential aged care	YES	NO
If it is not intended to sell the home, please advise expected weekly rental	\$	

Name of Applicant: _____

Assets <i>Approximate Value</i>	<i>(please tick whichever applicable)</i>	
	<input type="checkbox"/> individual: single OR <input type="checkbox"/> couple: combined	
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:	\$ _____

Gifting		
Have you gifted away any assets in the last 5 years?	\$ _____	Date: / /
	\$ _____	Date: / /
TOTAL GIFTING:	\$ _____	

Income			<i>Per Fortnight</i>
Australian Age Pension (<i>please circle</i>):	FULL	PART	\$ _____
Veteran Affairs Pension			\$ _____
Overseas Pension			\$ _____
Other Pensions			\$ _____
Income Support Supplement			\$ _____
Superannuation			\$ _____
Property Income (net)			\$ _____

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)