



Application for Admission Form

About this form

This form will help you, your carer, family member or friend to prepare the information that you need to apply for a place in our facility. All information provided will be treated sensitively.

The form has been broken down into 3 distinct areas:

PART A Application This section contains details about you and your care requirements.

PART B Financial Assessment This section allows you to enter your financial details (including Asset calculation).

PART C Sign Off, Statutory Declaration & Checklist This section should be signed off after including all details.

If you are applying for PERMANENT care (inc. Units) please complete parts **A** + **B** + **C**
 If you are applying for RESPITE care please complete parts **A** + **C**

What you need to do before applying

First, the person applying for a place must have a current Aged Care Assessment Team (ACAT) approval for residential aged care on the official ACAT form before an application can be considered for a Commonwealth-funded place in an aged care facility.

If you currently do not have this approval, contact the Commonwealth Carelink Centre on 1800 052 222. They can put you in touch with your local Aged Care Assessment Team.

Instructions for completing this form

This form may be filled in by someone other than yourself e.g. a carer/member of family or a friend. Uniting Aged Care Victoria and Tasmania acknowledges the privacy of individuals and will work proactively to protect the privacy of residents and their families – refer to our Privacy Policy for details.

In order to assist us to quickly process your application we ask that you follow some guidelines when completing this form:

- Use a **blue** or **black** pen to complete.
- Please print using **BLOCK LETTERS**.
- Where tick boxes () are shown, place a tick in the appropriate box(es).

What facility are you applying for?

Please indicate your preferred priorities if you were unable to be offered a placement at this facility.

Priority 1:

Priority 2:

Priority 3:

Office Use Only

Applicant Name:

Facility Waitlisted:

REQUIREMENTS

Type of Care Required:

High Care Low Care Units

Type of Residency Required:

Permanent Respite

Special Needs:

Secure Area Dementia Specific

Extra Services:

Yes No

Priority:

ASAP UAC Internal Transfer Later

ACAT ASSESSMENT

ACAT Care Assessment:

High Care Low Care

Date of ACAT Expiry:

/ /

FINANCIAL ASSESSMENT

Pensioner Status:

Pensioner Non-Pensioner

Resident Status:

Supported Full Supported Neither

Award/Settlement:

WC TP CL

BOND/CHARGE

Acc. Bond \$
Acc. Charge \$

RESPITE CONFIRMED DATE

/ /

OTHER NOTES

PART **A** Application Form

Date of this Application:
/ /20

1. Applicant Details

Details of the person applying for a place in an aged care home.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	First Name	Middle Name(s)	Last Name
<input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof			
Preferred Name			
Current Home Address		City/Suburb	Postcode State
Telephone ()	Mobile Phone	<input type="checkbox"/> Tick this box if this person is not to be contacted directly regarding this application.	

2. Further Personal Details

Marital Status	Gender	Date of Birth	Age
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	yrs
Country of Birth	Spoken Language	Interpreter Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
Religion	Have you ever been a minister of the Uniting Church <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled to Vote <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you have a spouse/de facto partner & they already live in an aged care home, please complete details below

Spouse/Partner Name	Name of Aged Care Facility (if applicable)
Please tick the following statement if correct <input type="checkbox"/> My spouse/partner and I are applying together for entry into this facility.	

3. Primary Representative Details

If you would like Uniting Aged Care to contact a representative (e.g. carer/family member/friend) on your behalf about this application or about your care after you enter the home, please provide details below. If you are nominating a person who has the legal authority to make decisions for you, please advise the type of authority that they have, such as Guardian / Administrator, and attach a photocopy of the authority to this application.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	First Name	Middle Name(s)	Last Name
<input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof			
Postal Address		City/Suburb	Postcode State
Telephone (H) ()	Telephone (W) ()	Mobile	Fax ()
Email Address			
Relationship of this person to you	If this person has authority to make decisions for you, please tick the box below to indicate the kind of authority they have		
	<input type="checkbox"/> Guardian / Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Next of Kin <input type="checkbox"/> Enduring Medical Attorney <input type="checkbox"/> Financial Attorney / POA / Enduring POA		

4. Secondary Representative Details

Complete this area if you would like to provide a second contact person or representative.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	First Name	Middle Name(s)	Last Name
<input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof			
Postal Address		City/Suburb	Postcode State
Telephone (H) ()	Telephone (W) ()	Mobile	Fax ()
Relationship of this person to you	If this person has authority to make decisions for you, please tick the box below to indicate the kind of authority they have		
	<input type="checkbox"/> Guardian / Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Next of Kin <input type="checkbox"/> Enduring Medical Attorney <input type="checkbox"/> Financial Attorney/POA/Enduring POA		

PART **A** Application Form

5. Responsibility for Paying Accounts

This is the person or representative who will be responsible for paying the accounts.

Who is responsible: Applicant (Self) Primary Rep Secondary Rep Other (Please complete below)

Mr Mrs Ms Miss Dr Prof

First Name Middle Names Last Name

Organisation (if applicable) Position in Organisation (if applicable)

Postal Address City/Suburb Postcode State

Telephone (H) Telephone (W) Mobile Fax
() () () ()

Email Address

Relationship of this person to you If this person has authority to make decisions for you, please tick the box below to indicate the kind of authority they have

Guardian / Administrator Executor Next of Kin
 Enduring Medical Attorney Financial Attorney / POA / Enduring POA

6. Resident Requirements & General Info

Resident Care Type Residency Required
 High Care Low Care Units Permanent Respite

Special Needs? Extra Services Required? (if available)
 Secure Area Dementia Specific Yes No

The four boxes below are only of relevance for those applying for Respite Care. There is no need to complete this for Permanent Care applications.

Preferred Date From / /	Preferred Date To / /	Have you had respite care this financial year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide number of days (if unsure, please leave blank)
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7. Pension/Department of Veteran's Affairs (DVA) Details

If you have a Pensioner Concession Card (PCC) from Centrelink or the Department of Veterans' Affairs, write the details in spaces provided below. If you wish to confirm details of your pension, contact the Department of Veteran's Affairs on 133 254 or Centrelink on 13 23 00.

Are you a Pensioner? Type Category
 Yes No Full Part Age Disability Widows
 Blind Overseas Income Support

Pension / Income Support Supp. Number Pension Expiry Date
/ /

Are you a DVA? Is this a Disability DVA? Type Card Type
 Yes No Yes No Pensioner Non-Pensioner Gold White Orange

DVA Number DVA Expiry Date
/ /

8. Membership Details

Medicare Number Medicare Expiry Date Number to the left of your name
/ /

Health Insurance Fund Name Membership No. Ambulance Fund Member? Membership No.
 Yes No

9. Transfer Information (Permanent Applicants Only)

If you are a current/previous resident of an aged care home (excluding respite care) complete these details.

Type of Facility Transferring From Facility Name Phone
 High Care Low Care Units ()

Postal Address City/Suburb Postcode State

Original Date entered Residential Aged Care Date of Departure (if applicable) Department ID
/ / / /

PART **A** Application Form

10. Primary Doctor Details

Please provide the details below of those that provide your health care:

Name of General Practitioner

Address City/Suburb Postcode State

Telephone () Mobile Fax ()

11. Will/Funeral Arrangements

If you have made a will, please provide details of the organisation holding your will. If necessary, the aged care home may use this information to help finalise business matters e.g. refunding money owing.

WILL HOLDER First Name Last Names Business Names (if applicable)

Address City/Suburb Postcode State

Telephone () Mobile Fax ()

If you already have an arrangement with a funeral home, please provide details. If you have preferences you would like to have followed, you can record them here.

Have you made funeral arrangements? FUNERAL HOME Name

Yes No

Address City/Suburb Postcode State

Telephone () Preferences to be followed (if applicable) Other Preferences
 Cremation Burial

12. Other Contacts

Please provide details of any further contacts, including their relationship to you and indicating any special decision role they may provide for you on your behalf. This list may include emergency contacts (other than primary and secondary) or legal/financial contacts not previously listed.

Mr Mrs Ms Miss Dr Prof First Name Middle Name(s) Last Name

Address City/Suburb Postcode State

Telephone (H) Telephone (W) Mobile Fax ()

Email Address

Relationship of this person to you Please indicate any special decision making role this contact may provide

Guardian / Administrator Executor Next of Kin
 Enduring Medical Attorney Financial Attorney/POA/Enduring POA

Mr Mrs Ms Miss Dr Prof First Name Middle Name(s) Last Name

Address City/Suburb Postcode State

Telephone (H) Telephone (W) Mobile Fax ()

Email Address

Relationship of this person to you Please indicate any special decision making role this contact may provide

Guardian / Administrator Executor Next of Kin
 Enduring Medical Attorney Financial Attorney/POA/Enduring POA

PART **B** Financial Assessment

Financial Assessment information is used to determine whether you may be eligible to pay an Entry Contribution, Accommodation Bond or Accommodation Charge, or if the aged care home is eligible to receive an additional subsidy on your behalf. The information you provide must be accurate.

If you choose not to disclose your assessable financial assets you will be asked to pay the maximum Daily Care Fee, Accommodation Charge, Accommodation Bond or Entry Contribution.

1. Am I Required to Complete the Financial Assessment?

Please tick the following statements if correct:

Is this application for Respite Care? Yes No

Were you living in a nursing home on 30 September 1997? Yes No

Are you transferring from another Aged Care Facility where: Yes No

- you previously paid an accommodation bond/charge; AND
- you will receive the same level of care with UAC – i.e. Previously in low care and require low care with UAC; AND
- you will move to our facility within 28 days of departure from your current (last) aged care home

2. Disclosing Your Assets

Please choose Option 1 or Option 2 and sign. If Option 1 is selected, move to Part C, otherwise continue.

Option 1 – Not disclosing your assets. I choose not to disclose the net value of my assets. I am able to pay the maximum accommodation charge or the maximum accommodation bond and am able to pay the fees and charges.

Option 2 – Disclosing your assets. I choose to disclose the net value of my assets.

Name	Signature	Date / /
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3. Compensation Award or Settlement

If you have claimed and received a compensation award or settlement under one of the following, tick the appropriate box(es).

Workers compensation Third party insurance Common law settlement

4. Financial Assessment - Declaration – Current Home Asset

This section is to determine whether your home is counted as an asset for aged care purposes.

When completing the following sections, enter "N/A" to indicate that an asset or debt is not applicable to you.

Do you own or part-own the house, unit or flat in which you normally live? Yes No

Address	City/Suburb	Postcode	State
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Are/have any of the following individuals residing/have been residing in your home?

- 1a Do you have a spouse or dependant child living in your home? Yes No
- 1b If Yes, please indicate: Spouse Dependent Child
- 2 Have you had a carer who is eligible for a pension or other support payment living in your home for at least 2 years? Yes No
- 3 Have you had a close relative who is eligible for a pension or other income support living in your home for at least 5 years? Yes No

If you answered Yes in 1a or 2 or 3 for the above questions your home will not be counted as an asset for aged care purposes. Enter in \$0.00 into the space labelled 4c and move to Section 5 on next page.

Otherwise if all answers are No please complete calculation below.

Calculate your home asset value.

Current market value of property:	Enter the Value here →	4a	\$
Share of the property owned by you (eg 100%, 75%, 50%, 25%):		4b	%
Your share of the current market value of the home	MULTIPLY 4a BY 4b & ENTER HERE →	4c	\$

PART **B** Financial Assessment

5. Financial Assessment - Declaration – Other Property Assets

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

From the previous section enter the figure you wrote in 4c here

5a \$

Have you disposed of any property in which you were living in the past two years?

Yes No

City/Suburb

Date Disposed of

/ /

Enter the Value here →

5b \$

Have you owned or do you own, or part-own any other residential or commercial property?

Yes No

City/Suburb

Date Disposed of

/ /

Enter the Value here →

5c \$

TOTAL OF 5a + 5b + 5c → 5d \$

6. Financial Assessment - Declaration – Money/Investments

If you have money and/or investments please indicate balances at the date of this declaration.

Important Note: If the money/investments are in a joint account name then **divide the figures by 2.**

Rollover Funds	6a	\$
Savings Banks Accounts	6b	\$
Cheque Accounts	6c	\$
Fixed or Term Deposits	6d	\$
Government or Semi-Government Bonds	6e	\$
Building Society/Friendly Society/Credit Unions	6f	\$
Shares	6g	\$
Debenture Stocks	6h	\$
Property Trusts	6i	\$
Managed Trusts	6j	\$
Loans including Family Loans	6k	\$
Other investments (Please detail on a separate sheet and attach)	6l	\$
Building Society/Friendly Society/Credit Unions	6m	\$
Annuity – Pre 1 July 04 – Non qualifying annuity capital value	6n	\$
Annuity – Post 1 July 04 – Capital value of annuity divided by 2	6o	\$
TOTAL OF 6a to 6o →		6p \$

7. Financial Assessment - Declaration – Other Assets

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

What figures do I use? Please enter "saleable" or "market" value not replacement value for all assets such as motor vehicles and household items. For Life Insurance Policy please enter surrender value. If joint assets divide figures by 2.

Estimated sale value on any owned car, boat or caravan?	7a	\$
Estimated value of your other personal possessions, including household items?	7b	\$
Surrender value of your Life Insurance Policy?	7c	\$
Value of Superannuation from which lump sum amounts can be withdrawn?	7d	\$
Value of Accommodation Bond paid to another facility?	\$	
Current value of the Accommodation Bond? (i.e. refund due at present)	7e	\$
Value of Entry Contribution paid to another facility/unit/village?	\$	
Current value of Entry Contribution?	7f	\$
TOTAL OF 7a to 7f →		7g \$
TOTAL VALUE OF ALL ASSETS (Total of 5d + 6p + 7g) →		7h \$

PART **B** Financial Assessment

8. Financial Assessment - Declaration – Debts

This section captures details regarding loans and other liabilities and will be used in assessing the requirement for payment of an Accommodation Bond or Accommodation Charge

Do you have outstanding amounts to repay for the following

Home mortgage?	8a	\$
Other real estate mortgage?	8b	\$
Business loan?	8c	\$
Farm loan?	8d	\$
Motor vehicle, boat or caravan loan?	8e	\$
Credit cards?	8f	\$
Other debts or loans?	8g	\$
TOTAL VALUE OF ALL DEBTS (Total of 8a to 8g) →		8h \$

9. Financial Assessment - Declaration – Assets/Debts Total

Total Value of Assets?	Enter value in 7h →	9a	\$
Total Value of Liabilities?	Enter value in 8h →	9b	\$
TOTAL VALUE OF NET ASSETS – ASSETS MINUS DEBTS (9a less 9b) →		9c	\$

10. Financial Assessment – Income Pension

There is no obligation to declare this information, however, persons who do not, will be charged the maximum fee according to Government guidelines.

Do you receive a pension, superannuation or annuity of any type? Yes No

If yes, please complete the following details

	Preset fortnightly amount received	+	Amount of supplementary allowance	
Age Pension:	\$		\$	Total Here → 10a
Blind Pension:	\$		\$	Total Here → 10b
Overseas Pension:	\$		\$	Total Here → 10c
Service Pension:	\$		\$	Total Here → 10d
Disability Pension:	\$		\$	Total Here → 10e
War Widows Pension:	\$		\$	Total Here → 10f
Superannuation:	\$		\$	Total Here → 10g
Annuity:	\$		\$	Total Here → 10h
Other Income:	\$		\$	Total Here → 10i
TOTAL VALUE OF PENSION AMOUNTS →				10j \$

Are you an Australian ex-prisoner of War? Yes No

11. Centrelink Assessment

Do you have a Centrelink Assessment? Yes No

If yes, please attach a copy to this application.

PART **C**

Sign-Off, Stat Declaration & Checklist

The following sections are to be completed by the applicant or completed on behalf of Applicant.

1. PART A Sign-off (Respite Care and Permanent)

This section is to be completed for Respite and Permanent applications and confirms that the information supplied in Part A is true and complete.

Signature of (or on behalf of) person applying for care _____ Date _____ / ____ / ____

2. PART B Statutory Declaration (Permanent Care)

The Statutory Declaration section (below) is only to be completed for Permanent Care applications where the Financial Assessment in Part B has been completed with the exception of Statement 2 (i.e. where you have chosen Option 1 – Not disclosing your assets).

Please note: A Statutory Declaration is a serious legal document regarding of the accuracy of the information provided by you for this application.

If completing on behalf of Applicant please repeat full name here: _____ **Applicant Full Name**

I, _____ **First Name** _____ **Middle Name(s)** _____ **Last Name** _____ **Occupation** _____
Of address: _____ **Street Address** _____ **City/Suburb** _____ **Postcode** _____ **State** _____

solemnly and sincerely declare that the answers to all the questions in regard to the Financial Details of myself, or on behalf of the applicant,
 have been completed to the best of my belief;
 are true and correct in every particular; and
 are in no way false, inaccurate, incomplete, misleading or deceptive.

I agree that to allow the accurate determination of my financial status, I will provide further information or proof upon request.

I make this solemn declaration conscientiously believing that same to be true and by virtue of an Act of Parliament of Victoria rendering persons making a false declaration punishable for wilful and corrupt perjury.

Signature of or on behalf of applicant _____ Before me _____ **Print Name** _____
Declared at _____ **(Place)** _____ **Signature** _____
This _____ **(Day)** day of _____ **(Month)** _____ **(Year)** _____ 20 _____
(To be signed by a Justice of the Peace or such other person – having power to take a declaration within Victoria)

3. Checklist for Applications

Please tick each of the checklist boxes below before submitting this application.

- For PERMANENT APPLICATIONS**
- Complete Part A - Application
 - Complete Part B – Financial Assessment
 - Complete Part C – Sign Off and Statutory Declaration (except for non-disclosure)
 - Attach copy of Centrelink Assessment (if applicable)
 - Attach copy of ACAT Assessment Form
 - Attach copy of Power of Attorney (Medical and Financial) documentation (if applicable)

- For RESPITE APPLICATIONS**
- Complete Part A - Application
 - Complete Part C – Sign Off (you do not have to complete Statutory Declaration)
 - Attach copy of ACAT Assessment Form
 - Attach copy of Power of Attorney (Medical and Financial) documentation (if applicable)

Note for all Applications: If an authorised representative is signing this application on your behalf, please attach copy of documentation authorising the representative to act on your behalf, e.g. Power of Attorney.