Residential Aged Care Application

Please tick ✓the Mercy Health home/s that you are making application for:

New South Wales

☐ Mercy Place Albury
☐ Mercy Place Mount St Joseph's

Victoria

☐ Mercy Place Abbotsford
☐ Mercy Health Bethlehem Home for the Aged
☐ Mercy Place Boronia
☐ Mercy Place Colac
☐ Mercy Place East Melbourne
☐ Mercy Place Fernhill
☐ Mercy Place Montrose
☐ Mercy Place Parkville
☐ Mercy Place Rice Village
☐ Mercy Place Shepparton
☐ Mercy Place Wyndham
☐ Mercy Place Warrnambool

Western Australia

☐ Mercy Place Lathlain
☐ Mercy Place Mandurah
☐ Mercy Place Mont Clare
☐ Edgewater Mercy Hostel
☐ Mercyville Hostel
☐ Villa Maria Hostel

Queensland

☐ Mercy Place Westcourt
☐ Mercy Place Woree

Office Use

Applicant name:	
Date Application Received:	/ /
Notes:	

The following documents must be attached to this application:

- *My Aged Care ' My Support Plan" OR Aged Care Client Record (ACCR)* ☐
- *If you are seeking to transfer from another Aged Care facility, your most recent invoice and Bond/RAD statement (if applicable)* ☐
- *Copy of Centrelink/DVA Income and Asset Assessment* ☐
- *Certified copy of Power of Attorney, Guardianship/Administration document/s* ☐

Care Needs:

Permanent ☐ Dementia specific ☐ Respite high ☐ Respite low ☐

Are you seeking to transfer from another Aged Care home? ☐ **Yes** ☐ **No**

Applicant Personal Details:

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ____________________ Gender _____________

First Name: ____________________ Surname: ______________________________________

Preferred name: ____

Current Address: ____Postcode______

Phone number ___________________________

Marital status: ☐ Single ☐ Married ☐ Widowed ☐ Other

Date of birth: ____/_______/______ Country of Birth: __________________________________

Are you: ☐ Aboriginal ☐ Torres Strait Islander

Language spoken: ________________________________ Interpreter required: ☐ **Yes** ☐ **No**

Religion: __________________________

Pension Status: ☐ Full pensioner ☐ Part Pensioner ☐ Self-funded retiree

Who should we contact in relation to this application? ☐ Applicant ☐ Contact Person Name:

________________________________ Relationship to Applicant _________________________

Phone Number: _________________________ Email: _______________________________________

Source:

How did you hear about our Mercy Place home? ____

☐ Family ☐ Friend ☐ Hospital ☐ Doctor ☐Social Worker ☐ Other ________________

☐ Advertising (state where you heard about us) ____

Applicant Personal Contacts:

Emergency Contacts	Name		
	Address		
			Postcode
	Phone Number		
	Email		
	Full Name		
	Address		
			Postcode
	Phone Number		
	Email		
Authorised Representative(s) (if any) e.g. enduring power of attorney, guardian, administrator, financial manager	Authority Type		
	Full Name		
	Address		
			Postcode
	Phone Number		
	Email		
	Authority Type		
	Full Name		
	Address		
			Postcode
	Phone Number		
	Email		
Billing Contact	Full Name		
	Address		
			Postcode
	Phone Number		
	Email:		
Guarantor (if applicable)	Full Name		
	Address		
			Postcode
	Phone Number		
	Email:		

If there are additional contacts, please attach a separate sheet.

General Practitioner:

Name: ____

Surgery name: ____

Address: ____

Phone: ________________________ AH: _____________________ Mobile: ___________________

Email: ____

Will your GP be visiting you ? ☐ **Yes** ☐ **No**

Health Benefits :

Medicare card number _________________________ Expiry: ___/__/___No. on Card:**1** ☐ **2** ☐ **3**☐ **4** ☐

Do you hold a Pension card? ☐ **Yes** ☐ **No**

Card no: _________________________ Expiry date ___/___/___

If you hold a DVA Health Benefits Card, what type is it ☐ **Gold** ☐ **White** ☐ **Orange**

Do you have private health insurance? ☐ **Yes** ☐ **No**

If yes, what is the name of the fund? ____

Membership no: ____

Do you have ambulance membership? ☐ **Yes** ☐ **No** ☐ **N/A**

Membership no: ____

Aged Care Client Record (ACCR)/Support Plan :

Have you been assessed by an ACAS or ACAT team for your care requirements and eligibility to enter residential aged care ☐ **Yes** ☐ **No**

Permanent Care Referral Code ________________________

Expiry Date ________________________

Respite Care Referral Code ________________________

Expiry Date ________________________

****If this application is for Respite Care, please proceed directly to the Acknowledgement section on page 5 and sign. If not, please continue.**

Financial Section:

Important Information

All applicants are required to complete a Combined Asset and Income Assessment (available at https://www.humanservices.gov.au/customer/forms/sa457), if they wish to receive government assistance with their care and accommodation costs.

This assessment will be used to determine the costs the applicant will be asked to pay and the amount of government assistance they may receive for their aged care costs and accommodation costs. Maximum service fees apply in the absence of this assessment.

Applicants may elect not to disclose their assets and income and pay the maximum service fees.

Have you attached a Combined Asset & Income Assessment from Centrelink or DVA?:☐ **Yes** ☐ **No**

If yes, please proceed directly to the Acknowledgement section on page 5 and sign. If **no**, please continue

Have you elected not to disclose the assets and income and pay the full service fees? ☐ **Yes** ☐ **No**

If yes, please proceed directly to the Acknowledgement section on page 5 and sign. If **no**, please continue to the following Financial Statement.

All applicants are advised to seek independent financial and legal advice to complete the following Financial Statement.

Information provided in the following Financial Statement will be used by Mercy Health to estimate the fees and payments you may be asked to pay for your aged care.

Mercy Health respects your privacy and the information you provide will not be used for any other purpose except to provide an estimate. Please refer to our Your Privacy brochure in this enquiry pack.

If you have a partner, you should record half of the value of you and your partner's combined income, assets and debts

This statement should be fully complete and accurate or it may affect the progress of your application.

Income information

Age Pension: ☐ **Yes** ☐ **No** Blind Pension: ☐ **Yes** ☐ **No** DVA Pensions: ☐ **Yes** ☐ **No** (if yes to DVA Pension, please indicate type.	**DVA Veteran's Affairs Service Pension**: ☐ **Yes** ☐ **No** **DVA War Widow Pension:** ☐ **Yes** ☐ **No** **DVA Veterans Affairs Disability Pension:** ☐ **Yes** ☐ **No** (if yes to Disability Pension, please circle type of Disability Pension below) • Special Rate (T&PI, Blinded, TTI) • Intermediate Rate • Extreme Disablement Adjustment (EDA) • General Rate: please indicate percentage ________%

Do you have any other forms of income: ☐ **Yes** ☐ **No** (if yes, please indicate the type of additional income).	**Superannuation Pension:** Gross Income Received __________ & Deductible Amount __________ (Per Annum) **Overseas Pension:** Gross Income (before Tax) _____________ (Per Annum) **Employment Income:** Gross Income (before Tax) _____________ (Per Annum) **Other income:** Amount __________ (Per Annum)

Property Information

Have you owned a home in the last 2 years? ☐ YES or ☐ NO If yes, please complete the details on the right.	Will anyone remain living in the family home? ☐ YES or ☐ NO If Yes, please indicate the living situation: • Partner or dependent child • Carer, eligible for income support payments who has resided there for over 2 years • Close relative, eligible for income support payments who has resided there for over 5 years • None of the above If No, please answer the following: What is the net market value of the family home? ________________________ (it is assumed it will be sold) If Yes, do you intend to rent the family home? ☐ Yes or ☐ NO. If No, nothing else required. If Yes, Gross Rental Income ________ & Net Rental Income ________ (Per Annum)
Investment Properties - do you own any other real estate other than the family home? ☐ **Yes** ☐ **No** If Yes, please complete the details on the right.	Market Value ___________________ Gross Rental Income ___________________ (Per Annum) Net Rental Income ____________________ (Per Annum) Will the property be KEPT or SOLD

Assets

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

If Yes, please list year and amount.

Year ______________ Amount ______________

Year ______________ Amount ______________

Year ______________ Amount ______________

Assets - Do you own any of the following assets – home contents, motor vehicles, boats, caravans, trailers or special collections such as stamps, artworks or antiques?

If Yes, please indicate type and amount.

Type ______________ Amount ______________

Type ______________ Amount ______________

Investments

Do you have any investments?

If yes, please complete the details on the right.

Bank Accounts, Building Societies, Credit Unions?

Name______________________________ Amount ________________________

Shares, options, rights, convertible notes in listed or unlisted companies?

Name______________________________ Amount ________________________

Managed Funds?

Name______________________________ Amount ________________________

Cash not kept in financial institutions?

Name______________________________ Amount ________________________

A Funeral Bond?

Name______________________________ Amount ________________________

A Prepaid Funeral?

Name______________________________ Amount ________________________

Life insurance that can be encashed?

Name______________________________ Amount ________________________

Insurance or Government Bonds?

Name______________________________ Amount ________________________

Total Assets

What is the total value of the assets above ______________________________

Debt

Do you have any debts that will be paid before your entry to aged care? If Yes, please indicate how much ________________________________

Net Assets

Assets minus debt ________________________________

Acknowledgement

1. I warrant that all information provided in this application is accurate to the best of my knowledge and not misleading (including by omission).
2. I acknowledge that Mercy Health relies on me to provide it with accurate information and I agree to promptly notify it if any information provided in this application is no longer current or is incorrect or misleading.
3. I agree to provide Mercy Health with any materials it reasonably requires to verify any of the information provided by me (or on my behalf) in this document.

Signed by the **Applicant /Applicant's Representative**

Signature: ____

Print full name: ____

Date: ____

Please return this application to us so we can consider your application