



Mercy Health

Care first

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 Place Mordialloc

Mercy Place Ave Maria

Mercy Place Newport

Mercy Place Ballarat

Mercy Place Nixon

Mercy Health Bethlehem Home for the Aged

Mercy Place Northcliffe

Mercy Place Boronia

Mercy Place Parkville

Mercy Place Colac

Mercy Place Rice Village

Mercy Place Corben

Mercy Place Rosebud

Mercy Place Dandenong

Mercy Place Shepparton

Mercy Place East Melbourne

Mercy Place Springvale

Mercy Place Fernhill

Mercy Place Templestowe

Mercy Place Keon Park

Mercy Place Wyndham

Mercy Place Lynbrook

Mercy Place Warrnambool

Mercy Place Montrose

Western Australia

Mercy Place Lathlain

Edgewater Mercy Hostel

Mercy Place Mandurah

Mercyville Hostel

Mercy Place Mont Clare

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)*
- *Copy of Medicare Card*
- *Copy of Centrelink/DVA Income and Asset Assessment*
- *If you are seeking to transfer from another Aged Care facility, your most recent invoice and Bond/RAD statement (if applicable)*
- *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 8 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 _____%

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Do you have any other forms of income: **Superannuation Pension:** Gross Income Received _____ & Deductible Amount _____ (Per Annum)

Yes **No** **Overseas Pension:** Gross Income (before Tax) _____ (Per Annum)

(if yes, please indicate the type of additional income). **Employment Income:** Gross Income (before Tax) _____ (Per Annum)

Other income: Amount _____ (Per Annum)

Property Information

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