

Residential Aged Care Application



Mercy Health
Care first

Thank you for choosing Mercy Health.

Return this application to us with the documents listed on page 2 prior to admission

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

New South Wales

- | | |
|---|--|
| <input type="checkbox"/> Mercy Place Albury | <input type="checkbox"/> Mercy Place Mount St Joseph's |
|---|--|

Victoria

- | | |
|---|---|
| <input type="checkbox"/> Mercy Place Abbotsford | <input type="checkbox"/> Mercy Place Montrose |
| <input type="checkbox"/> Mercy Place Ave Maria | <input type="checkbox"/> Mercy Place Mordialloc |
| <input type="checkbox"/> Mercy Place Ballarat | <input type="checkbox"/> Mercy Place Nixon |
| <input type="checkbox"/> Mercy Health Bethlehem Home for the Aged | <input type="checkbox"/> Mercy Place Northcliffe |
| <input type="checkbox"/> Mercy Place Boronia | <input type="checkbox"/> Mercy Place Parkville |
| <input type="checkbox"/> Mercy Place Colac | <input type="checkbox"/> Mercy Place Rice Village |
| <input type="checkbox"/> Mercy Place Corben | <input type="checkbox"/> Mercy Place Rosebud |
| <input type="checkbox"/> Mercy Place Dandenong | <input type="checkbox"/> Mercy Place Shepparton |
| <input type="checkbox"/> Mercy Place East Melbourne | <input type="checkbox"/> Mercy Place Springvale |
| <input type="checkbox"/> Mercy Place Fernhill | <input type="checkbox"/> Mercy Place Templestowe |
| <input type="checkbox"/> Mercy Place Keon Park | <input type="checkbox"/> Mercy Place Wyndham |
| <input type="checkbox"/> Mercy Place Lynbrook | <input type="checkbox"/> Mercy Place Warrnambool |

Western Australia

- | | |
|---|---|
| <input type="checkbox"/> Mercy Place Lathlain | <input type="checkbox"/> Edgewater Mercy Hostel |
| <input type="checkbox"/> Mercy Place Mandurah | <input type="checkbox"/> Mercyville Hostel |
| <input type="checkbox"/> Mercy Place Mont Clare | <input type="checkbox"/> Villa Maria Hostel |

Queensland

- | | |
|--|--|
| <input type="checkbox"/> Mercy Place Westcourt | <input type="checkbox"/> Mercy Place Woree |
|--|--|

Please return this application to us with the documents listed on page 2 prior to admission

Important documents you need to attach to this application

Please tick the documents that are relevant to your circumstances and attach them to this application.

- Certified copy of any Power of Attorney, Guardianship/Administration document
- Residential Aged Care fees letter from Department of Human Services, if received
- Your most recent invoice and Bond/RAD statement (if applicable), if you are seeking to transfer from another Aged Care home

Care Needs

- Permanent Dementia specific Respite high Respite low

If Respite Care: Date Commencing...../...../..... Date Discharging:...../...../.....

Admission Timeframe

Urgent Discharge from hospital/TCP Future Planning

Proposed discharge date __/__/__

Are you transferring from another Aged Care home? Yes No Date entered:...../...../.....

Applicant Details

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other			
Given Names			
Family name		Preferred Name	
Address Street			
Address Suburb		Postcode	
Phone Numbers			
Email Address			
Date of Birth		Country of Birth	
Preferred Language for Speaking		Preferred Language for Reading	
Religion		Nationality	
Pension Status <input type="checkbox"/> Full pensioner <input type="checkbox"/> Part Pensioner <input type="checkbox"/> Self-funded retiree			

Communication

Who should we contact in relation to this application? Applicant

Contact Person Name: _____ (if different to Primary Contact or Authorised Representative below): Relationship to Applicant _____

Phone Number: _____ Email: _____

Health Benefits

Medicare number _____ Expiry: ____/____ No. on Card: 1 2 3 4

Centrelink or DVA pension card number _____

If you hold a DVA Health 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: _____

Personal Contacts

Primary / Emergency Contact	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
	Given Names		
	Family Name		
	Relationship		
	Address Street		
	Suburb		Postcode
	Email		
	Phone Numbers		
Second Contact	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
	Given Names		
	Family Name		
	Relationship		
	Address Street		
	Suburb		Postcode
	Email		
	Phone Numbers		
Authorised Representative(s) (if any) e.g. enduring power of attorney, medical or financial power of attorney, guardian, administrator, financial manager.	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
	Given Names		
	Family Name		
	Relationship		
	Address Street		
	Suburb		Postcode
	Email		
	Phone Numbers		
Type of Legal Authority			

2 nd Representative	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other		
	Given Names			
	Family Name			
	Relationship			
	Address Street			
	Suburb		Postcode	
	Email			
	Phone Numbers			
	Type of Legal Authority			
Billing Contact	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other		
	Given Names			
	Family Name			
	Relationship			
	Address Street			
	Suburb		Postcode	
	Phone Numbers			
	Email			

Guarantor (if applicable)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other		
	Given Names			
	Family Name			
	Relationship			
	Address Street			
	Suburb		Postcode	
	Phone Numbers			
	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 at Mercy Health? Yes No Unknown

National Screening Assessment Form (NSAF) / Aged Care Client Record (ACCR) / Support Plan

Do you have an NSAF or ACAR approval for entry to residential aged care? Yes No

ACCR/Support Plan date _____/_____/_____

Permanent Care Referral Code _____

Respite Care Referral Code _____

***If this application is for Respite Care, please sign the Acknowledgement section below. If not, please continue.*

Financial section

Important Information

All applicants for permanent care are required to complete a Combined Income and Asset Assessment (available at <https://www.humanservices.gov.au/customer/forms/sa457>), and submit it to Centrelink or Department of Veteran's Affairs, if they wish to receive government assistance with their care and accommodation costs.

The 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 choose not to disclose their assets and income and pay the maximum service fees.

Have you attached your Department of Human Services fees advice letter? Yes No

- If yes, please proceed directly to the Acknowledgement and sign.
- If no, please continue

Have you chosen not to disclose your assets and income and to pay the maximum service fees? Yes No

If yes, please proceed directly to the Acknowledgement section below 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 aged care fees and payments that you may be asked to pay.

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 your enquiry pack.

Financial statement of assets and income

- Do you own or partly own the house unit or flat in which you normally live? Yes No
If yes, state the market value of the property \$ _____ Share of property value (%) _____
- Will your spouse or dependent child continue to live in your home? Yes No
- Will your carer, who is eligible for a carer's pension, continue to live in your home? Yes No
- Has a close relative, who is eligible for a pension or income support payment, been living in your home for at least five years and continue to do so? Yes No
- Do you own or part own any other residential or commercial property? Yes No

Please list the \$ value of your assets:

Financial (cash, term deposits, bank accounts)	\$ _____
Shares and debentures	\$ _____
Property and managed trusts	\$ _____
Assets gifted in the last 3 years	\$ _____
Other assets	\$ _____

Please list the \$ value of your debts: \$ _____

Please list the amount received per fortnight of any pension superannuation or annuity

Centrelink/DVA Pension	\$ _____
Overseas pension	\$ _____
Disability pension	\$ _____
Annuity	\$ _____

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 them with accurate information and I agree to promptly notify them 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 they reasonably require to verify any of the information provided by me (or on my behalf) in this document

Signed by the Applicant Applicant's Representative Date: _____/_____/_____

Signature: _____ Print full name: _____

Authority Type _____