

Admission Application – Permanent/Respite Care

Applicant Information

Applicant information

Name

Address

State Postcode

Home No. Mobile No.

Email

DOB / / Gender: Male Female Non-binary

Marital status Place of birth

Country of origin Language(s) spoken

Religion

Nominated person responsible for applicant

Name

Address

State Postcode

Relationship to applicant Best Contact No.

Email

Does this person have: Guardianship: Yes No Power of attorney: Yes No **Copies of relevant documents required**

Second nominated contact person

Name

Address

State Postcode

Relationship to applicant Best Contact No.

Additional information required

Medicare number No. on Card Expiry /

Private health cover? Yes No If yes, member number

Name of Fund

Pension No. Fortnightly payment received \$

Do you receive payment from a superannuation fund? Yes No

Have you lodged a Centrelink Assets Form? Yes No

Do you have approval from an Aged Care Assessment Team (ACAT)? Yes No

Do you have a My Aged Care ID number? Yes No If yes, please provide

Do you have a solicitor? Yes No If yes, please provide name and contact number below

Do you have a funeral plan? Yes No

Name of elected funeral director Phone

Have you been in an aged care residence prior to this?

Yes No If yes, please specify: Permanent Respite

Medical updates

Has the applicant's mobility changed since the ACAT assessment? Yes No

Ambulant Non-ambulant Applicant's current weight (approx. if not known) kg

Does the applicant have any allergies? Yes No If yes, please list below

Current medications

Please attach medication schedule if space is insufficient

Is oxygen required? Yes No

I will provide a medical update from my GP prior to admission Yes

How did you hear about Minchinbury Manor?

- | | |
|--|--|
| <input type="checkbox"/> Aged Care Assessment Team | <input type="checkbox"/> Internet – Web search |
| <input type="checkbox"/> Internet – Website | <input type="checkbox"/> Healthcare professional |
| <input type="checkbox"/> Internet – My Aged Care | <input type="checkbox"/> Recommended by a friend, relative or staff member |
| <input type="checkbox"/> Internet – Aged Care Online | <input type="checkbox"/> Other – please supply details below: |

Do you have any specific concerns about entering care?

I confirm the information provided above is true and correct.

Signature of applicant or Power of Attorney

Date / / Please also print name

To be completed by applicant or their representative, signed and countersigned by a Justice of the Peace. Return to Minchinbury Manor Executive Manager: Lynn Mowbray.

All information gathered by Minchinbury Manor is strictly confidential

Personal information of Applicant

Name

Address

State Postcode

Home No. Mobile No.

DOB / / Gender: Male Female Non-binary

Marital status Pension status: Full pension Part pension Self-funded

Do you own, or have you owned, your own house? Yes No If yes, please state address below

State Postcode

Are you the sole owner of the property? Yes No

Does anyone else besides you reside in the property? Yes No

If yes, please advise the relationship of this person to you

Does this person receive a pension? Yes No If yes, what type?

What is the approximate value of the property? \$

Do you own or share ownership of any other properties? Yes No

If you answered yes to the above, please provide details including address(es) and estimated value:

Value \$

Value \$

In the last 5 years, have you sold or otherwise transferred ownership of a home of which you were the owner or part owner? Yes No

If yes, please complete the following:

Address of the property

Date sold or transferred Approximate value received from the sale \$

Other financial assets

Please list all **bank accounts** under your name:

| Institution | Type (savings/term/cheque/etc.) | Current balance |
|-------------|---------------------------------|-----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Do you have any **superannuation, shares, bonds, debentures, insurance policies** etc?

| Institution | Type | Value |
|-------------|------|-------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Have you **loaned any money** to family, friends or colleagues?

| To whom (optional) | Date | Amount |
|--------------------|------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Other assets (e.g. motor vehicles, boat, artworks – not necessary to include furniture)

| Item | Value |
|------|-------|
| | \$ |
| | \$ |
| | \$ |

Declaration:

i. **Disclosing my assets with statutory declaration**

I confirm that all information included in part B (pages 3 & 4) of this application is true to the best of my knowledge and in no way false, inaccurate or misleading.

ii. **I choose not to disclose my assets to Minchinbury Manor**

I am comfortable with the information supplied by Minchinbury Manor and am able to pay the RAD/DAP and all other fees described.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths Act 1990.

| | | | |
|-------------|---|----------------------|--|
| Declared at | | Signed | |
| Date | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Printed name | |
| Before me | | Justice of the Peace | |