

**Admission Application – Permanent/Respite Care**

**Applicant Information**

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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?**

Aged Care Assessment Team  Internet – Web search  
 Internet – Website  Healthcare professional  
 Internet – My Aged Care  Recommended by a friend, relative or staff member  
 Internet – Aged Care Online  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

## Admission Application – Permanent/Respite Care

## Assets Declaration

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

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	