



APPLICATION FOR ADMISSION TO A RESIDENTIAL CARE SERVICE

Mercy Health and Aged Care
Central Queensland Limited
Caring for you for life
ACN 096 724033
ABN 34 096 724 033

DATE FORM COMPLETED: / /

- ❖ This form is a **Common Form** for use with **Residential Care Services throughout Queensland**. Please complete and photocopy for presenting to each service to which you are applying for admission.
- ❖ As pages of this application may be detached for photocopying, please write Applicant's Name at the top of each page
- ❖ The information you provide in this form is information that a Residential Care Service would normally require to assess and meet your needs and to meet Government requirements for calculating amounts that you would pay. It also could affect subsidies the Government would pay.
- ❖ You should consult the aged care service directly for information about how your privacy is protected.
- ❖ Please use a Black Biro, **BLOCK LETTERS** and, where indicated, tick the box or write a comment.

Date of Last ACAT Approval: / / 20__ (Please attach **a legible copy** of Form 2624 - including Sections A, B & C).

Permanent Care Respite Care High Level Care (Nursing Home) Low Level Care (Hostel)

Urgent Semi Urgent Non Urgent Dementia Unit Non Dementia Unit

PLEASE ATTACH COPY OF CENTRELINK / DVA ASSET ASSESSMENT

Person requiring residential care: (applicant)

Surname:Given Names:

Current Location:

Postcode:Telephone:

Person completing the application. (applicant or representative)

Surname:Given Name:

Address:

Postcode: Telephone (Day):

Telephone (A/hours):

Mobile:

Email address (if applicable):

Relationship to the applicant:



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Residential Care Service - Application for Admission

Name of Applicant:

Correspondence relating to this application should be sent to:

If this is the same person who is **completing** this application form, please circle: **AS ABOVE**

Surname: Given Names:

Address:

Postcode: Telephone (Day):

Telephone (A/hours):

Mobile:

Email address (if applicable):

Personal details

Preferred name: Male Female

Date of Birth: / /19 . Age:years.

Marital status: Married DeFacto Single Widowed Divorced Separated

Religion / organizational affiliations (optional):

Do you have any specific cultural requirements? Yes No

If **yes**, please attach details:.....

.....

Country of birth:

Preferred language(s):

Do you intend to remain on the electoral roll? Yes No

Pension and benefit details

Do you hold an Australian Pensioner Concession Card: Yes No

If **yes**, indicate type of pension: Age Disability Widow Blind Overseas DVA Other

What is your Pension Number:..... Full Pension Part Pension

Are you an Australian Ex-Prisoner of War? Yes No



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Name of Applicant:

Family and other contacts (Whom do you wish to name as contact(s) for you?)

FIRST CONTACT

Surname: Given Name:

Address:Postcode:

Telephone (Day):Telephone (Mobile):

Telephone (A/Hours):Relationship to applicant:

=====

SECOND CONTACT (if none of the above numbers answer)

Surname: Given Name:

Address:Postcode:

Telephone (Day):Telephone (Mobile):

Telephone (A/Hours):Relationship to applicant:

Health Insurance and Medicare details

Do you have Private Health Insurance? (e.g. MBF, Medibank Private) Yes No

Name of Fund: Level of Cover:

Ambulance Cover: Yes No Membership Number:.....

What is your Medicare Number?:.....

Medical details:

Who is your current General Practitioner?

Name:.....

Address:.....Postcode:.....

Telephone:.....

❖ If you have a current, detailed summary of your health – Please attach a copy

Have you completed an Advance Health Directive? Yes No

❖ **Full medical details will be required on admission.**



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Name of Applicant:

Legal and financial management details

Have any of the following people been appointed on your behalf? Guardian Administrator

Enduring Power of Attorney (Financial) Enduring Power of Attorney (Personal & Health)

Power of Attorney (Financial only)

Certified Copies will be required on admission

If **yes**, please provide the names and addresses of persons/organizations appointed

Surname:Given names:

Address:

Postcode:Telephone:

Other Relevant Details:

=====

Surname:Given names:

Address:

Postcode:Telephone:

Other Relevant Details:

=====

Have you made a will? Yes No

Please provide the name and address of person/organization holding the will

Name:

Address:Postcode:

Telephone:

Funeral arrangements

Have you made funeral arrangements? Yes No

Please provide the name and address of the Funeral Director to be notified

Name:

Address:Postcode:Telephone:

Please indicate your wishes: Cremation Yes No

Burial Yes No

Any other arrangements:

Appendix 1 of this document provides you with a personal worksheet to establish your level of assets. If you do not meet the criteria for concessional or assisted status you will be required to advise the aged care facility of these details.



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Name of Applicant:

Statutory Declaration

I, Name

Of Address

.....Postcode.....

In the state of Queensland (Occupation)

sincerely declare that the answers to all the questions in regard to the Financial Details of myself, or on behalf of the applicant, and other information therein is to the best of my belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. I agree that to allow the accurate determination of financial status of the applicant, I will provide further information or proof upon request.

AND I make this solemn declaration conscientiously believing that same to be true and by virtue of an Act of the Parliament of Queensland rendering persons making a false declaration punishable for wilful and corrupt perjury.

Signature of or on behalf of applicant:.....

Before me:.....

(To be signed by a Justice of the Peace or such other person - having power to take a declaration within Queensland)

Declared at.....Queensland

this.....day of20.....

APPENDIX 1



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Name of Applicant:

Property assets

The following information is required to enable Aged Care Facilities to determine whether the applicant will be requested to pay an Accommodation Bond or Charge.

Do you own or part own the house, unit or flat in which you normally live? Yes No

If **Yes**, please provide the following information in regard to the property:

Address:

.....Postcode.....

Current Market Value of Property: \$.....

Your home may be excluded! Please answer the following questions

Do you have a spouse or dependent child living in your home? Yes No

If **Yes**, please indicate: Spouse Dependent

Have you had a carer who is eligible for a pension or other support payment living in your home for at least the past two years?

Yes No

Have you had a close relative who is eligible for a pension or other income support living in your home for at least five years?

Yes No

Have you disposed of any property in which you were living in the past two years?

Yes No

Do you own, or part own any other residential or commercial property?

Yes No

Have you any loans to repay? Yes No

If **Yes**, please give details \$.....

Previous Aged Care Residential Accommodation details:

Have you paid an entry contribution or accommodation bond/charge to another facility? Yes No

If **Yes**, please provide the following details:

Name of Facility:

Address.....Postcode:.....

Telephone.....Date of Admission to first facility / /



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APPENDIX 1

Name of Applicant:

ASSETS	YOURS	YOUR PARTNER'S	JOINT
Bank Accounts			
Building Society & Credit Union Accounts			
Interest Bearing Deposits & Fixed Deposits			
Bonds; Debentures & Shares			
Investments in Property Trusts; Friendly Societies; Equity Trusts; Mortgage Trusts & Bond Trusts			
Superannuation Assets from which lump sums may be withdrawn			
Home – Market Value (refer Page 4 – Property Assets)			
Real Estate (net after any charges) includes properties you own outside Australia			
Businesses			
Farm Property (net after any charges)			
Loans to Others (including interest free loans & monies owed to you)			
Motor Vehicles; Boats and Caravans			
Investment Collections (including coins and stamps)			
Household Contents & Personal Items – taken as \$5,000 per household (unless stated otherwise)			
Surrender Value of Life Insurance Policies			
Any other Assets (including entry contribution / accommodation bond refunds due)			
TOTAL VALUE OF ASSETS			
LESS LOANS TO BE REPAYED			
NET ASSETS	\$		