

APPLICATION FOR ACCOMMODATION

<input type="checkbox"/> Dr Mary Surveyor Centre, 18 Hocking Road, Kingsley <input type="checkbox"/> Permanent <input type="checkbox"/> Respite <input type="checkbox"/> Secure <input type="checkbox"/> Non-Secure	<input type="checkbox"/> Michael Lee Centre, 80-82 Henley Street, Como <input type="checkbox"/> Permanent <input type="checkbox"/> Respite <input type="checkbox"/> Secure <input type="checkbox"/> Non-Secure
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To be eligible for entry to an Aged Care centre you MUST have an Aged Care Client Record (ACCR) and/or a My Aged Care Support Plan completed by the Aged Care Assessment Team (ACAT)

All Meath Care (Inc) centres are smoke free. Consumers, visitors and staff are not permitted to smoke on any Meath Care premises.

NB Information on this form may be shared with relevant members of the clinical care and allied health teams

PERSONAL DETAILS (*please print*) Mr Mrs Miss Ms Other.....

Surname: _____ Given Names: _____

Preferred Name: _____ Date of Birth: _____

Nationality: _____ Preferred Language: _____

Country of birth: _____ Religion: _____

Do you identify with any of the following? Heterosexual Bisexual Lesbian Gay Transgender
 Intersex Non Binary Asexual Other: _____ Prefer not to answer

Relationship Status: De Facto Married Widowed Divorced Separated Single

Are you of Aboriginal or Torres Strait Islander descent? Yes No

Current Address: _____

 _____ Postcode: _____

Telephone (home): _____ Mobile: _____

1st NOMINATED NEXT OF KIN CONTACT DETAILS

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____

2nd NEXT OF KIN CONTACT DETAILS

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____

Do you manage your own financial affairs? Yes No

If no, who manages your financial affairs? (*responsible for accounts*)

Name: _____ Relationship: _____

Address: _____

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Home Phone: _____ Work: _____ Mobile: _____

Have you given anyone Enduring Power of Attorney (EPA)? Yes No

Have you given anyone Enduring Power of Guardianship (EPG)? Yes No

Do you have an Advance Health Directive in place? Yes No

If yes for EPA or EPG, please complete the details below:

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

**** Please attach copies of any Guardianship or Administration Order, EPA, EPG or Advance Health Directive**

Who is your current Doctor?

Name: _____ Phone Number: _____

Address _____ Postcode: _____

Will your doctor continue to care for you if you move to a Meath Care (Inc) facility? Yes No

Medicare No: / Expiry: _____

Do you have private health insurance: Yes No

If yes, please advise name of company: _____

St John Ambulance No (if applicable) _____ Expiry: _____

PBS Safety Net Card: Yes No Number: _____

Current Pharmacist Contact Details:

Name: _____ Phone No: _____

Address: _____

Where do you currently live? Own Home In Hospital
 Nursing Home/Hostel (Name) _____
 Care Awaiting Placement Other _____

Have you owned your own home within the last two years? Yes No

Is there a partner or a dependent child living in the home? Yes No

Is there a carer or close relation who has lived in the home continuously for the past five years who is eligible to receive a pension? Yes No

Do you hold a Pension or Repatriation Health Benefits Entitlement Card? Yes No

Do you receive a Pension? Yes No Type: Full Part

Centrelink: Number: _____ Other (please specify): _____

Veterans Affairs: Number: _____

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Do you have or are you willing to obtain an Asset and Income Statement from Centrelink? Yes No
If you are not including a copy of your Centrelink Assets and Income Assessment please complete Estimate of Asset and Income below.

ESTIMATE OF ASSET AND INCOME			
Bank/Building Society	Branch	Account No	Amount
			\$
			\$
			\$
			\$
Value of own home, if currently owned or disposed of in the last two years (address of property below:			\$
(Number) (Street)			
(Suburb) (State) (Postcode)			
Other investments (eg bonds and/or debentures, shares, superannuation, insurance, equity, property bonds, mortgages, other):			\$
Any other assets, including car:			\$
List any debts, including mortgages:			LESS \$
TOTAL ASSETS			\$
TOTAL INCOME Fortnightly / Annual (please circle)			\$

NB: If you do not provide a Centrelink Assets and Income Assessment you may be required to pay a maximum residential accommodation payment and full means tested care fee until we receive your asset and income assessment.

1. I have enclosed my ACCR form and/or consent to Meath Care (Inc) accessing my ACCR.
- OR**
2. I have enclosed the My Aged Care Support Plan or give consent for Meath Care to access this information and this is the referral code _____
 3. I have included / applied for (*please circle*) an Asset and Income Assessment from Centrelink.
 4. I have enclosed a copy of Enduring Power of Attorney, Enduring Power of Guardianship, Guardianship and/or Administration Order (if applicable).

Applicant's Signature: _____ Date: _____

Name and relationship of the person who completed this form (*if different from applicant*)

Name (*please print*): _____ Relationship to Applicant: _____

Please Note: Applications will expire 6 months from the date of application. If you wish to remain on the waitlist, please contact the Admissions Coordinator on 9309 7000 prior to this date.