

<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/residents, 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: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Email: _____

Do you manage your own financial affairs? Yes No **If no, who manages your financial affairs?**

Name: _____ Relationship: _____

Address: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Email: _____

1st NOMINATED NEXT OF KIN CONTACT DETAILS

2nd NOMINATED NEXT OF KIN CONTACT DETAILS

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Work Phone: _____ Home Phone _____ Work Phone: _____

Mobile No. _____ Mobile No: _____

Email: _____ Email: _____

Relationship: _____ Relationship: _____

Do you hold Enduring Power of Attorney (EPA)? Do you hold Enduring Power of Attorney (EPA)?

Do you hold Enduring Power of Guardianship (EPG)? Do you hold Enduring Power of Guardianship (EPG)?

**** Please attach copies of any Guardianship or Administration Order. (EPA, EPG)**

NB Resident specific information will only be communicated with the Guardian or Primary 1st Nominated Next of Kin (NOK1).

General Information (e.g., Newsletters, organizational updates etc.) can be communicated in a number of ways.

Please advise the preferred method of communication: Email Mail

Who is your current Doctor? _____

Name: _____ Phone No: _____

Address: _____ Post Code: _____

Please attach a copy of your Advanced Health Directive.

Have you considered your option of accessing Voluntary Assisted Dying support in the future? Yes No

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

Medicare No:

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 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: _____

Covid Vaccination Dates: 1st Dose: _____ 2nd Dose: _____ 1st Booster _____ 2nd Booster _____

Influenza Vaccination Date: _____

Covid Supporting Evidence Attached: Yes No Influenza Supporting Evidence Attached: Yes No

Where do you currently live? Own Home In Hospital Care Awaiting Placement Other _____

Previous Aged Care (if applicable): YES/NO Date Entered Aged Care (including HomeCare): _____

Previous Income Tested/Means Tested Fees Paid: _____

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

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: _____ Expiry Date _____

Veterans Affairs Number: _____ Expiry Date _____

Other (please specify): _____ Expiry Date _____

Do you receive funding, or services, under the National Disability Insurance Scheme? Yes No

If Yes, please supply details of current service provider: _____

For Office use only

EPA/EPG checked for validity and filed in administration file

Advanced Health Directive – AC updated and directive scanned onto AC

APPLICATION FOR ACCOMMODATION

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 (e.g., 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 Liaison Coordinator on 9309 7000 prior to this date.