MEATH CARE (INCORPORATED)

APPLICATION FOR ACCOMMODATION

OP - 010

☐ Dr Mary Surveyor Centre, 18 Hocking Road, Kingsley ☐ Permanent ☐ Respite ☐ Secure ☐ Non-Secure	☐ Michael Lee Centre, 80-82 Henley Street, Como ☐ Permanent ☐ Respite ☐ Secure ☐ Non-Secure

To be eligible for entry to an Aged Care Centre you MUST have a My Aged Care Support Plan completed by the Aged Care Assessment Team (ACAT)

NB All Centres are smoke free. Smoking is not permitted on any Meath Care (Inc) premises.

INFORMATION ON THIS FORM MAY BE SHARED WITH RELEVANT MEMEBERS OF THE CLINICAL CARE AND ALLIED HEALTH TEAMS.

PERSONAL DETAILS *(please print)*

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: _____ Preferred Pronouns: _____

Given Names: _____ Surname: _____

Preferred Name: _____ Date of Birth: ____/____/____

Current Address: _____ Post Code: _____

Home Telephone: _____ Mobile: _____ Email: _____

Nationality: _____ Preferred Language: _____

Country of birth: _____ Religion: _____

Sex: ☐ Female ☐ Male ☐ Prefer not to answer

Relationship Status: ☐ De Facto ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single

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

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: _____ Mobile: _____	Home Phone: _____ Mobile: _____
Email: _____	Email: _____
Relationship: _____	Relationship: _____
Enduring Power of Attorney (EPA) ☐ Y ☐ N	Enduring Power of Attorney (EPA) ☐ Y ☐ N
Enduring Power of Guardianship (EPG) ☐ Y ☐ N	Enduring Power of Guardianship (EPG) ☐ Y ☐ N

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

Resident specific information will only be communicated with the Guardian or Primary 1st Nominated Next of Kin (NOK1). General Information (e.g., Newsletters, organisational updates etc.) is communicated via email.

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DETAILS OF CURRENT PHARMACIST

Name: _____ Phone No.: _____

Address: _____ Post Code: _____

DETAILS OF CURRENT DOCTOR

GP Name: _____ Phone No.: _____

Address: _____ Post Code: _____

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

Do you have an Advanced Care Plan? ☐ Yes ☐ No Advanced Health Directive? ☐ Yes ☐ No

**Please attach.

Medicare Number: ☐☐☐☐ ☐☐☐☐☐ ☐ Expiry: ☐ / ☐☐☐☐

Do you have private health insurance? ☐ Yes ☐ No If 'Yes', please advise name of company: _____

St John Ambulance Number. *(if applicable):* _____ Expiry: _____

PBS Safety Net Card: ☐ Yes ☐ No Number: _____

Date of last Covid booster: / / Supporting evidence attached: ☐ Yes ☐ No

Date of last Influenza vaccine: / / Supporting evidence attached: ☐ Yes ☐ No

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

I have previously received Home Care services ☐ I have previously lived in Residential Care ☐

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 Pension 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:

_____

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Do you have an Asset and Income Assessment from Centrelink ☐ Yes ☐ No

Are you willing to obtain one? ☐ Yes ☐ No

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.

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)			$

1. ☐ 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 _____
2. ☐ I have included / applied for (*please circle)* an Asset and Income Assessment from Centrelink.
3. ☐ 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: _____

NB Applications will expire six months from the date of application. If you wish to remain on the waitlist, please contact our Admissions Liaison Coordinator on 9309 7000 prior to this date.

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SUPPORTING DOCUMENT CHECKLIST

- ACAT ☐
- Covid-19 Vaccination Evidence ☐
- Influenza Vaccination Evidence ☐
- Copy of Medicare Card ☐
- Copy of Pension Card ☐
- Assets and Income Assessment ☐
- EPA/EPG ☐
- Current Medication List ☐
- Previous Home Care Details ☐

For Office use only

EPA/EPG checked for validity and filed in administration file

Advanced Health Directive – AC updated and directive scanned onto AC