

Resident Application Form



Surname		Given Names	
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Thank you for your application concerning possible residency at our **Home**:

- Ashburn House**
20-34 Ashburn Place, Gladesville NSW 2111
Ph: (02) 8876 9200
- Casa Mia**
28 Alma Road, Padstow NSW 2211
Ph: (02) 8707 6010
- Chamberlain Gardens**
53-67 Chamberlain Road, Wyoming NSW 2250
Ph: (02) 4329 8000
- Courtlands**
15 Gloucester Ave, North Parramatta NSW 2151
Ph: (02) 9683 8000
- Maranatha**
1582 Anzac Ave, Kallangur QLD 4503
Ph: (07) 3482 5333
- Northcourt**
7 Saunders St, North Parramatta NSW 2151
Ph: (02) 9683 8000
- Southhaven Treetops**
11 Queensbury Road, Padstow Heights NSW 2211
Ph: (02) 9782 6010
- Southhaven Riverside**
11 Queensbury Road, Padstow Heights NSW 2211
Ph: (02) 9782 6010

This document must be completed by persons seeking permanent residential aged care with Christadelphian Aged Care, or their enduring power of attorney or legal guardian.

This resident application does not imply an offer of residency and we will contact you if there is a prospect of entry. In addition, we will require a copy of your ACCR assessment completed by the ACAT team, as well as, enduring power of attorney, enduring guardianship documents and your Assets Assessment (Department of Social Services).

To knowingly give false information in this document is an offense under the Act and will lead to the termination of your Resident Agreement.

RESIDENT APPLICATION FORM

STATEMENT OF APPLICANT'S ASSETS AND INCOME

We require the following information to understand you have the financial capacity to pay for the accommodation being sought. You will also be required to complete a Combined Assets and Income Assessment Form (SA457) and submit this form to Centrelink (or the Department of Veterans' Affairs). This form is not compulsory to complete, **but if you choose not to you will be charged the maximum Means-Tested Care Fee.** You are encouraged to complete this in advance so the information is available when you come into care.

1. INCOME

Do you have a partner? Yes No (Please tick) if so, please enter combined numbers below

a. Payments from Centrelink or the Department of Veteran Affairs

Type of pension / payment	Amount per fortnight \$

b. Other Income

Type of payment	Amount per year \$
Interest from banks, building societies, credit unions	
Dividends and other investments	
Any other income	
Total gross income per year	

2. ASSETS

Do you own, or are you paying off, your home? Yes No (Please tick)

Will a protected person live in the family home? Yes No (Please tick)

Type of asset	Market value or balance \$
Real estate (Home) – Address:	
Real estate (Other) – Address:	
Financial assets - money in banks, building societies, credit unions	
Financial assets - shares, debentures, investments, life insurance policies	
Other assets - including vehicles, household goods, village contributions, RADs	
Total assets	

3. DEBTS

Type of debt	Balance \$
Mortgage or overdraft debts	
Credit cards and other debts	
Total liabilities	

To be signed by, or on behalf of, the applicant

I declare that the above information shown in the Statement of Assets and Income is correct.

Name _____ Legal Capacity _____

Signature _____ Date _____

RESIDENT APPLICATION FORM

4. PERSONAL INFORMATION OF APPLICANT

Surname _____	Given Names _____
Date of Birth / / _____	Marital Status: Single / Married / Defacto / Divorced / Widowed _____
Home Address _____ Postcode _____	
Currently located:	
Home _____ (as above)	
Hospital _____ (name)	
Contact details _____ (phone number)	
Aged Care Facility _____ (name)	
Contact details _____ (phone number)	
Date entered Aged Care Facility / / Permanent Respite _____ (weeks)	
Religion: _____ Aboriginal: Yes <input type="checkbox"/> No <input type="checkbox"/> Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Country of Birth: _____ Languages Spoken: English <input type="checkbox"/> Other _____	
Type of Pension received	Aged Veteran Disability None
Pension Number: _____	Full <input type="checkbox"/> Part <input type="checkbox"/>
DVA <input type="checkbox"/> DVA No: _____	
Medicare Number: _____	Exp Date: _____ Ref No on Card: _____
Please tell us how you heard of our Home? Hospital / Social Worker / Doctor / Friend / Website/ Other _____	
Details of your nominated representative:	
Primary contact: _____	
Contact numbers _____	Mobile _____
Address _____	
Email address _____	
Relationship to applicant _____	
Secondary contact: _____	
Contact numbers _____	Mobile _____
Address _____	
Email address _____	
Relationship to applicant _____	
Is the primary contact the person who receives correspondence from our Home, including accounts, newsletters, and resident updates? YES <input type="checkbox"/> NO <input type="checkbox"/>	

RESIDENT APPLICATION FORM

If not, please notify name and contact details of person responsible

Name _____

Contact details _____

Relationship to applicant _____

Signature of person filling in this request _____ Date _____

Required Admission Date: _____

1. Enduring Power of Attorney: Yes No *copy attached to Application Form*

Person responsible _____ Relationship _____

Address: _____

_____ Postcode: _____

Phone: _____ Email: _____

2. Enduring Guardianship: Yes No *copy attached to Application Form*

Person responsible _____ Relationship _____

Address: _____

_____ Postcode: _____

Phone: _____ Email: _____

3. Guarantor

Person responsible _____ Relationship _____

Address: _____

_____ Postcode: _____

Phone: _____ Email: _____

4. General Practitioner

Doctor: _____

Address: _____

_____ Phone: _____

6. Previous Pharmacy:

Name: _____

Address: _____

_____ Phone: _____

7. Other Health Professional details:

Address: _____

_____ Phone: _____

RESIDENT APPLICATION FORM

Smoker: Yes No If yes, how many daily: _____

Allergies: _____

Do you drink alcohol regularly? Yes No If yes, how often? Daily Weekly

Are you presently in a Residential Aged Care Facility? Yes No Facility _____

Have you ever resided in a Residential Aged Care Facility? Yes No Facility _____

Do you have an Aged Care Assessment Team approval for admission? Yes No Date: _____

Is this Applicant ready for admission? – Now Soon Future Date _____

Reason _____

Are you presently receiving Home Care services? Yes No

Provider _____

Date commenced Home Care Services? Date / /