Anglicare SA Ltd.
ABN 69 187 578 153
ACN 169 715 762
159 Port Road
Hindmarsh SA 5007
P: 08 8305 9200
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admin@anglicaresa.com.au
www.anglicaresa.com.au

Dear Applicant,

Thank you for your enquiry regarding Anglicare Aged Care Services. Please find enclosed the required application forms for you to complete. Before returning your application, please check that you have included the following:

FORMS REQUIRED:

- ☐ **Part A** Applicant Details
- ☐ **Part B** Appointed Representatives
- ☐ **Part C** Care Facilities Required
- ☐ **Part D** Medical Information (*to be completed by Medical Practitioner)*

  (A medical report from your Doctor's computer system can be provided as an alternative)
- ☐ **Part E** Income Declaration
- ☐ **Part F** Asset Declaration and where applicable a copy of Centrelink or Department Of Veterans Affairs (DVA) Asset Assessment Letter
- ☐ Current Aged Care Assessment – ACAT (*complete copy*)

Important

We cannot process your application until all forms have been fully completed and submitted. If any financial information is incomplete your entry into residential aged care will initially be based on the maximum accommodation payment applicable to your level of care. Please retain a copy of all forms submitted for your records.

If you require a Centrelink or DVA Asset Assessment your Aged Care Assessment Team (ACAT) assessor should have provided this booklet to you. If not, one can be sent out to you by contacting either humanservices.gov.au/agedcare or phoning 1800 227 475 or **DVA** 133 254.

FEES & CHARGES

A "Residential Care Financial Arrangements'' Booklet is enclosed.

If you are urgently seeking accommodation, we encourage you to apply to as many residential facilities as possible. Information on residential care facilities and bed vacancies can be obtained by contacting the My Aged Care on 1800 200 422or at www.myagedcare.gov.au

Once your application forms have been received, we ask that you make contact every 4-6 weeks. If this does not happen it will be assumed you no longer wish to remain on our waiting list and accordingly, your details will be removed. You can renew your interest via email or phone the contact number below. If there is no answer, please leave a message. Remember to leave your name (applicant) and phone number on the message bank so that you can be tracked on our waiting list.

Please feel free to contact us with any questions you may have regarding your application.

Kind regards

Karen Haylock
Vicki Radosav
Dawn Williams
Paula Murphy

Admissions Office – Seniors Living
Telephone: (08) 8305 9279
Fax: (08) 8305 9211
Website: www.anglicaresa.com.au
Email: resiadmissions@anglicaresa.com.au

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APPLICATION TO RESIDENTIAL AGED CARE

Please note that this is an application for inclusion on your selected residential care facility waiting list. It does not ensure that a vacancy will be offered, however, all applicants have an equal chance.

PART A: APPLICANT DETAILS

Title: (Mr, Mrs, Miss, etc)

Family Name:

Given Names:

Preferred Name:

Date of Birth: / / Gender: ☐ Male ☐ Female

First Language Spoken
(if not English)

Marital Status:

Usual Home Address:

Postcode

Telephone: ( )

Current Location:
(if not usual home address)

Contact Person Name:

Contact Person Telephone: ( )

Are you currently receiving: ☐ Yes ☐ No
services from Anglicare?

Date of Application: / /

Office Use Only: St Laurence's Court All Hallows Court Canterbury Close
Dutton Court Grandview Court Ian George Court

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APPLICATION TO RESIDENTIAL AGED CARE

PART B: APPOINTED REPRESENTATIVES

Primary Contact:

Name:	
Relationship to Applicant:	
Type of Legal Authority: *(eg. Enduring Power of Attorney)*	
Address:	
	Postcode
Contact Numbers:	Daytime telephone: ( )
	Evening telephone: ( )
	Mobile telephone:
	Email address:

Secondary Contact:

Name:	
Relationship to Applicant:	
Type of Legal Authority: *(eg. Enduring Power of Attorney)*	
Address:	
	Postcode
Contact Numbers:	Daytime telephone: ( )
	Evening telephone: ( )
	Mobile telephone:
	Email address:

Financial correspondence to be sent to:

(Please only choose 1)

☐ Applicant ☐ Primary Contact

☐ Secondary Contact

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APPLICATION TO RESIDENTIAL AGED CARE

CARE FACILITIES REQUIRED

PART C:

Preferred Facility:

If choosing more than one facility please number in order of preference.

☐	**St Laurence's Court**	56 High St, Grange, SA 5022
☐	**All Hallows Court**	56 Monmouth Rd, Westbourne Pk, SA 5041
☐	**Canterbury Close**	Halsey Rd, Elizabeth East, SA 5112
☐	**Dutton Court**	33 Catalina Road, Elizabeth East, SA 5112
☐	**Grandview Court**	4 Kangaroo Thorn Rd, Trott Park, SA 5158

Any Other Specific Needs:

eg. Cultural or Religious requirements

Pension Status ☐ Full Pensioner ☐ Part Pensioner ☐ Non Pensioner

Pension Number:

Medicare Number:

Safety Net Number:

Ambulance Number:

Health Fund Name:

Health Fund Number:

Access Cab Number:

Are you a Housing Trust Tenant: ☐ Yes ☐ No

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APPLICATION TO RESIDENTIAL AGED CARE

PART D: MEDICAL FORM
(To Be Completed By a Medical Practitioner)

Applicant's Full Name:	
Address:	
	Postcode
Date of Birth:	/ /
Are you the Applicant's usual doctor?	☐ Yes ☐ No
How Long Have You Known the Applicant?	

Current Medical Records:
Hospital Records: Public: UR Private:

Current Problems / Allergies:	**Medications / Treatments**
1.	•
2.	•
3.	•
4.	•
5.	•
6.	•

Current Treating Specialists / Physicians	
Name:	**Specialty:**
Name:	**Specialty:**
Name:	**Specialty:**

Any Other Significant Information:

Doctor's Name & Address:			
Doctor's Signature		**Date:**	/ /

Reviewed: Jan 2015

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APPLICATION TO RESIDENTIAL AGED CARE

INCOME DECLARATION

PART E:

Applicant's Full Name: _____

As part of your admission process, Anglicare needs to know your level of income. This information is required to enable a more accurate assessment of any applicable basic daily care and income tested fees.

Income Statement:

Are you in receipt of a pension? ☐ Yes ☐ No

If Yes:

Type of Pension:
(Aged, Service, TPI etc) _____

Pension Number _____

Pension Income $ _____ Per Fortnight

Any Other Income* (Before Tax) $ _____ Per Fortnight

Total Fortnightly Income $ _____

**Please include any pensions, superannuation, interest, or any other income from other sources*

Please refer to the Residential Care Financial Arrangements Booklet enclosed for more detailed information on fees & charges.

I declare that the above income information is a true and accurate record of my income. This information has been given to enable Anglicare SA to estimate any applicable basic daily and income tested fees on entry into residential aged care. I understand that any incorrect or misleading information provided may result in a change to any fees and charges payable.

Applicant / Agent Signature _____ **Date:** / /

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APPLICATION TO RESIDENTIAL AGED CARE

PART F: INCOME AND ASSET DECLARATION

Applicant Full Name: _____

As part of your admission process, Anglicare needs to know your level of assets. This information is required to enable a more accurate assessment of any applicable accommodation payments.

Note: Where the applicant is part of a couple, under the Aged Care Act your assets are deemed to be 50% of the total assets of the couple, regardless of whose name the assets are vested in.

You have 2 options as to how you can provide information regarding your Assets. Indicate which option you prefer by signing and dating the relevant box below. **Please note only Sign one option**.

OPTION 1:
I have completed and lodged a Centrelink or Department of Veterans' Affairs (DVA) "Permanent Residential Aged Care – Request for an Income and Assets Assessment" Form. Copies are available from Department of Human Services / www.humanservices.gov.au/customer/forms/sa457

When you receive the Income and Assets Assessment Letter from either Centrelink or DVA, please forward a copy to the Anglicare Client Liaison Manager **and** complete the below asset declaration. If you have already received the letter please attach a copy to this application.

Note: Accommodation cannot be offered until Anglicare has received the income and Asset Assessment Letter.

Applicant / Agent Signature _____ **Date:** / /

OPTION 2:
I choose not to undertake Option 1

I agree to pay the following:

- Maximum accommodation payment based on the maximum room price and
- Maximum daily means tested care fee

Applicant / Agent Signature _____ **Date:** / /

* All figures shown on this form are correct at the date of printing and are subject to change by Anglicare and /or the Federal Government.

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APPLICATION TO RESIDENTIAL AGED CARE

PART F: ASSET DECLARATION CONTINUED

Regardless of which option you have chosen above, you will need to complete the following:

Have you or your partner owned a home in the last 2 Years?	☐ Yes	☐ No
Is your partner or a dependent child living in this home?	☐ Yes	☐ No
Has a carer eligible for an income support payment *(other than your partner or dependent child)* resided in this home for the last 2 years?	☐ Yes	☐ No
Has a close relative, eligible for an income support payment *(other than your partner or dependent child)* resided in this home for the last 5 years respectively?	☐ Yes	☐ No

If you have chosen option 1 and a Centrelink or DVA Asset Assessment Letter has not been received:

I declare my total assets are as follows:

Current Council Valuation of private residence	$
Value of Household Contents, Personal Effects & Furnishing	$
Value of Motor Vehicles / Boats / Caravan	$
Value of all Financial Instruments including bank accounts, shares, trusts etc	$
Value of Personal Interest in other real estate, businesses, family trusts etc	$
Surrender Value of any Life Insurance Policies	$
Allowable lump sum of superannuation	$
Value of Special Collections such as Art, Stamps or Antiques	$
Value of Loans to Third Parties including any Interest Free Loans	$
Surrender value of any previously paid Accommodation Bond or Licence Fee paid to an Aged Care or Retirement Village Provider	$
Value of any Debts or Outstanding Loans relating to real estate and personal assets	$( )

Total Value of Net Assets **$**

I declare that the above asset information is a true and accurate record of the value of my net assets. This information has been given to enable Anglicare SA to determine the amount of an Accommodation Bond (low care) or Accommodation Charge (high care) on entry into residential aged care. I understand that the Centrelink or DVA Asset Assessment overrides any information given and any incorrect or misleading information provided may result in a change to amounts payable.

Applicant / Agent Signature _____ **Date:** / /

Note: Please refer to the Residential Care Financial Arrangements Booklet enclosed for more detailed information on fees & charges.