

# Residential Aged Care

## Application for Admission

*Thank you for your interest for admission into an Aegis Aged Care residence. Your completion of this form will ensure you are included on the waiting list at your chosen Aegis residence or other desirable residence. All information provided will be treated as highly confidential and accessible only to Aegis.*

**We request you supply a copy of a current ACCR with this Application for Admission.**

Which Aegis residence(s) would you like to apply for: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

What type of care are you applying for:

Respite Care  Standard Care  Dementia Specific  Extra Services

Date of Respite: \_\_\_\_\_ to \_\_\_\_\_ (if applicable)

Are you looking for permanent care now or in the future: Now  Future

Applicants Details	
Surname	Given Names
Title	Preferred Name
Date of Birth	Married <input type="checkbox"/> De-facto <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>
Gender _____	Language(s) spoken _____
Country of Birth	Interpreter Required Yes <input type="checkbox"/> No <input type="checkbox"/>
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	On electoral roll Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an Advanced Health Directive	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Guardianship order in place	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Executor of Will (Details):	
Applicant's Current Address	Phone Number
Own Home <input type="checkbox"/>	Retirement Village <input type="checkbox"/>
Aged Care <input type="checkbox"/>	TCP <input type="checkbox"/>
Hospital <input type="checkbox"/>	
If you are seeking a <b>transfer</b> from another Aged Care Facility:	
Name of Aged Care Facility _____	
What date did you enter aged care? _____	
Did you agree a Bond or a RAD? Yes <input type="checkbox"/> No <input type="checkbox"/> Bond/RAD Amount? _____	
<b>If yes, please include a Bond/RAD Statement with this Application</b>	

**If possible, please supply copies of any Enduring Power of Attorney, Enduring Power of Guardianship/Administration or Advanced Health Directive with this Application**

<b>Next of Kin / Contact Person - 1<sup>st</sup> Contact</b>		
Surname	Given Names	
Address		
Relationship to Applicant	Mobile	
Phone	Email	
Is this person:		
Enduring Power of Attorney <input type="checkbox"/>	Guardian <input type="checkbox"/>	Administrator <input type="checkbox"/>

<b>Next of Kin / Contact Person - 2<sup>nd</sup> Contact</b>		
Surname	Given Names	
Address		
Relationship to Applicant	Mobile	
Phone	Email	
Is this person:		
Enduring Power of Attorney <input type="checkbox"/>	Guardian <input type="checkbox"/>	Administrator <input type="checkbox"/>

Who will be responsible for finances?
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<b>Treating Medical Practitioner (GP)</b>		
Name of Doctor	Practice Name	
Address		
Phone	Fax	Email
Has GP agreed to visit facility? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Private Health Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Company _____
Type _____	Membership Number _____	

<b>Pension / Medicare</b> Please provide annual pension statement (if applicable)		
Medicare Number <small>(please include Reference Number)</small>	Expiry Date	
Ambulance Fund YES <input type="checkbox"/> NO <input type="checkbox"/>	Number	
Pension Card Number	Centrelink Number	Expiry Date
DVA Number:	DVA (please circle) Gold / White	
Do you receive an Australian Pension?		
Full Pension <input type="checkbox"/>	Part Pension <input type="checkbox"/>	No Pension <input type="checkbox"/>
Aged <input type="checkbox"/> Disability <input type="checkbox"/> Widow <input type="checkbox"/> Blind <input type="checkbox"/> Overseas <input type="checkbox"/> Country _____		

**Income, Assets, Debts**

Have you completed the Centrelink or the Department of Veteran's Affairs (DVA) Income and Assets Assessment?

Yes  No  *If yes, please attach a copy to this Application.*

*If you have a partner, please supply combined income & assets details.*

**If you have not yet received the Income and Assets test, please complete the following to the best of your ability.**

Types of Income Per Annum	Annual Amount
Income support payment from the Australian Government e.g. Age Pension	\$
War widow or widower pension / Disability Pension / Carer	\$
Overseas Pension(s)	\$
Superannuation	\$
Income from rental properties * Show property value under "Other Assets"	\$
Income from business(s)	\$
Income from family trust	\$
Other income (Please provide details) Do not include Bank Interest	\$
<b>Total Amount of your Income Per Annum</b>	<b>\$ A</b>

Assets	
Home (Estimated Net Market Value of Home if not Occupied by a Protected Person)	\$ B

Financial Assets	
Cash at Bank	\$
Stock / Shares	\$
Term Deposits	\$
Managed Investments (superannuation balance if not commenced income stream)	\$
Gifting	\$
<b>Total Amount</b>	<b>\$ C</b>

Other Assets	
Household Contents (Typically \$10k) Car, Caravan etc.	\$
Superannuation Balances (If commenced an income stream)	\$
Net Retirement Village Entry Contributions/Trust	\$
Investment Properties * must match Income from rental properties	\$
Other Assets (Please provide details)	\$
<b>Total Amount</b>	<b>\$ D</b>

Debts Estimate	
Loan or encumbrance or total debt if held over a financial asset listed above. Don't include credit card or mortgage over family home	\$ E

*I declare that the information contained in this Application is to my knowledge true and correct and I understand that if my Application is accepted, I will be required to enter into a written agreement with Aegis.*

This application was completed by Applicant / Applicant's Representative (please circle as appropriate)	
Name	
Signature	Application Date

**Aegis Office Use Only \* Use this sheet for My Aged Care \***

Calculation for My Aged Care Fee Estimator

A) Income \$ \_\_\_\_\_  
 B) Home \$ \_\_\_\_\_

C) Financial Assets less RAD and less (B) Home \$ \_\_\_\_\_  
 D) Other Assets plus RAD \$ \_\_\_\_\_  
 E) Debts \$ \_\_\_\_\_ } RAD area only

Total C,D,E \$ \_\_\_\_\_ / or total assets for RAC  
 Plus capped value of home \$ \_\_\_\_\_ DAC \$ \_\_\_\_\_  
 This amount equals Residential Care Fee Estimator \$ \_\_\_\_\_

**Total Assets**

- \* Non-supported (RAD or RAD/DAP) - if assets are above \$162,087.20
- \* Partially supported (RAC or RAC/DAC) - if assets are between \$47,500 and \$162,087.20
- \* Fully supported - if assets are below \$47,500 and income below \$26,072.80 (Single)

**Accommodation Costs**

**Non-supported (RAD/DAP)**

Room Price	\$
Refundable Accommodation Deposit (RAD) - Prefer minimum 25% deposit	\$
Balance Owing	\$

**Partially Supported (RAC/DAC) (Use spreadsheet excel calculator)**

	<b>F</b>	\$
Refundable Accommodation Contribution (RAC) Offset amount "	<b>H</b>	\$

**Daily Fees**

Daily Accommodation Payment (DAP) Only applicable to non-supported	\$
Daily Accommodation Contribution (DAC) Only applicable to partially supported "J"	\$
Basic Care Fee	\$
Means Tested Care Fee	\$
Aegis Advantage Fee	\$
<b>Total Daily Fees</b>	<b>\$</b>
Daily Income (per annum - divide by 365)	\$
Shortfall/Surplus	\$

**Check Assets re Residential Care Fee Estimator**

**\* Ensure RAD is entered in "Other Assets"**

Home (If capped at \$162,087.20)	Home
Resident to be left with assets of \$47,500	Total Assets

**Notes**
