

Thank you for your Interest in admission into an Aegis Aged Care residence.
To be considered for admission and/or added to the waitlist at your desired Aegis Aged Care residence(s) we require you to submit the following:

- Aegis Application for Admission (this form).
Please note all fields must be completed to the best of knowledge and the declaration on page 5 must be signed for the application to be accepted and processed.
- A copy of the ACAT/Support Plan or Residential Referral Code.
Please make sure you have the correct approvals for the service you are applying for (Residential Respite or Residential Permanent Care)
- If in place; copies of the Enduring Power of Attorney, Guardianship or Administration orders.

All information provided will be treated as highly confidential and accessible only to Aegis.

Which Aegis residence(s) would you like to apply for? 1)

2) 3)

What type of care are you applying for?

- Permanent Care Respite Care Dementia Specific Waitlisting for future needs

Date of Respite: to (if applicable)

Following Respite do you have intentions of staying for permanent care? Yes No

Applicants Details

Mr Mrs Ms Miss Other: Surname:

Given Name(s): Preferred Name:

Phone Number:

Date of Birth: / / Gender: Male Female Other/unspecified

Marital Status: Married De-facto/partner Single Widowed Separated Divorced

Home address (not hospital or TCP):

Own Home Rental Retirement Village Other, please specify:

Cultural Information

Country of Birth: Indigenous Torres Strait Islander
Language(s) Spoken: Interpreter Required: Yes No

Pension Details

Australian Pension Number:
Status: Full Pension Part Pension No Pension Type: Aged Disability Other
Received From: Centrelink DVA, if DVA: Red Blue Gold White
Do you receive an overseas pension? No Yes, Country:

Medicare and Health Fund Details

Medicare Number:
Reference Number: Expiry Date:
Do you have private health insurance? No Yes, Fund Name:
Member Number: Cover: Hospital Extras Ambulance

Current General Practitioner Details

Please provide the details of your current GP. When entering an Aegis Residence as a permanent resident, you will have the choice to be under the care of one of the visiting GP's that service the residents living there.

Practice Name: Name of Doctor:
Phone Number: Email:
Fax: Has your GP agreed to visit you at Aegis? Yes No

Electoral Roll Status

Are you on the electoral roll? Yes No

Where did you hear about us?

Hospital/social worker Aegis Website Word of mouth My aged care
 Aged Care Guide Signage Placement Consultant GP/Medical Practice
 Financial Planner Newspaper Other, please specify:

Primary Contact

Surname: Given Name(s):

Address: Post Code:

Phone Number: 2nd Phone Number (if applicable):

Email: Relationship to applicant:

Enduring Power of Attorney (EPA) Enduring Power of Guardianship (EPG)

Secondary Contact

Surname: Given Name(s):

Address: Post Code:

Phone Number: 2nd Phone Number (if applicable):

Email: Relationship to applicant:

Enduring Power of Attorney (EPA) Enduring Power of Guardianship (EPG)

Other Contact (optional)

Surname: Given Name(s):

Address: Post Code:

Phone Number: 2nd Phone Number (if applicable):

Email:

Relationship to applicant:

Contact Information

Who will be responsible for finances? (This person will receive all billing correspondence)

Primary Contact Secondary Contact Applicant Other Contact

Following admission where is mail received for the applicant to go?

Primary Contact Secondary Contact Applicant Other Contact

Who Is to be contacted in relation to this application?

Primary Contact Secondary Contact Applicant Other Contact

Are any of the following in place?

State Administrative Tribunal (SAT) Order Public Trustee Public Guardian

Income, Assets, Debts

Important: If you have a spouse, partner or you are in a de-facto relationship the following information provided **must be the combined total of both individuals** even if held in separate accounts or solely owned.

Please provide the following information to the best of your knowledge.

Type Of Income	Annual Amount
Income support from the Australian Government e.g. Aged Pension	\$
War Widow/Widower Pension or Disability Pension	\$
Overseas Pension(s)	\$
Superannuation Income Stream **	\$
Income from Rental Properties (show property value under other assets)	\$
Income from Business(s)	\$
Income from Family Trust	\$
Dividends from Private Company Shares	\$
Other Income (do not include bank interest) Source: <input type="text"/>	\$
Total Income Per Annum	\$

Assets	
Principal Home (estimated market value)	\$

Financial Assets	
Cash at Bank	\$
Term Deposits	\$
Stocks / Shares	\$
Managed Investments (superannuation balance if not commenced income stream)	\$
Gifting Assets (if you have gifted assets above \$10,000 in the last financial year or \$30,000 in the last five financial years include the amount above these limits as a financial asset)	\$
Total Amount	\$

Other Assets	
Household Contents (typically \$10k) e.g. Car, Caravan etc.	\$
Superannuation Balance ** (if commenced income stream)	\$
Investment/additional Properties	\$
Refundable Accommodation Deposits/Contributions	\$
Other Assets Please provide detail: <input type="text"/>	\$
Total Amount	\$

Debts	
Loan, mortgage, or encumbrance held over "Other Assets"	\$
Mortgage over Principal Home	\$

** If you or your partner are below the qualifying age for the Age Pension, do not include the superannuation account balance as an asset.

Notes:

Funding Questions

Please provide the following details, this information allows Aegis to accurately advise you what fees may be applicable to you for permanent and/or respite care.

1. Do you have ACAT approval for the service you are applying for? (Residential respite or permanent care)

Yes, referral code: (or attach copy) No, I wish to enter un-funded

2. Do you have a NDIS Plan? No Yes, plan number:

3. Are you seeking a transfer from another Aged Care Facility, where you have been a permanent resident?

No Yes, date of admission: RAD/Bond Paid:

4. Have you had any respite care this financial year (since 1st of July)?

No Yes, Dates: to or days.

5. Do you have a friend or family member that has been living with you as your carer and receiving a carers pension for the past 2 years?

No Yes, Name: Relationship:

6. Have you owned a house or property in the past 5 years?

Yes No

7. Have you submitted your Centrelink/DVA income and assets assessment? (Permanent care only)

Yes, please attach a copy of the outcome letter to this application. No

If not do you intend to do so? Yes

No, I have been advised by the Department of Human Services I do not require to submit one as I am on a means tested pension and do not own a home or other property.

No, I do not wish to disclose my means - I acknowledge I may be charged the maximum means tested care fee (\$259+ per day). Initial:

Disclaimer

If the information provided to us to calculate your Means Tested Amount is incorrect or altered and it is subsequently determined, by us, that you should pay an Accommodation Payment instead of an Accommodation Contribution, your payments will be reclassified and recalculated, with effect from your date of entry, based on the maximum charges notified at the date of entry and the Method of Calculation. Where a change is notified, this Agreement will be applied accordingly with an appropriate adjustment to be made to your payments within 7 days of our notification in the form of an additional payment to us.

This application was completed by: Applicant Applicant's Representative

I declare that the information contained in this Application is to my knowledge true and correct.

Name: Date:

Relationship to Applicant: Signature: