

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.
- Fee Advice Letter (Complete income and means assessment) provided by Services Australia. If not started yet, please commence the application. Refer to [myagedcare.gov.au/income-and-means-assessments](http://myagedcare.gov.au/income-and-means-assessments)

All information provided will be treated as highly confidential and accessible only to Aegis.  
Please email completed documents to [admissions@aegiscare.com.au](mailto:admissions@aegiscare.com.au)

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  Secure 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):  Postcode:

Own Home  Rental  Retirement Village  Other, please specify:

### Cultural Information

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

### Pension Details

Australian Pension Number:   
Pension card expiry:   
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

### Primary Contact

Surname:  Given Name(s):

Address:  Post Code:

Phone Number:  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:  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:  2<sup>nd</sup> Phone Number (if applicable):

Email:  Relationship to applicant:

### Executor of the Will:

Surname:  Given Name(s):

Address:  Post Code:

Phone Number:  Email:

### 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

**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"/> | \$            |
| <b>Total Income Per Annum</b>  | <b>\$</b>     |

| Assets                                  |    |
|---|----|
| Principal Home (estimated market value) | \$ |

| Financial Assets   |           |
|--|-----------|
| Cash at Bank   | \$        |
| Term Deposits  | \$        |
| Stocks / Shares  | \$        |
| Managed Investments (superannuation balance if <b>not</b> 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) | \$        |
| <b>Total Amount</b>  | <b>\$</b> |

| 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"/>    | \$        |
| <b>Total Amount</b>   | <b>\$</b> |

| 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/Support Plan 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. Have you had a Home Care Package approved before 12/09/2024: No  Yes

If yes, what date?

4. 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:

5. Have you had any respite care this financial year (since 1<sup>st</sup> of July)?

No  Yes, Dates:   or  days.

6. Do you currently own or partly own a house or property? Yes  No

7. Have you sold a house or property in the past 5 years? Yes  No

8. 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:

9. Have you submitted your Centrelink/DVA income and means assessment? SA457/SA485(Permanent care only)

Yes, please attach a copy of the outcome letter to this application.

Yes, I have submitted but have not received the outcome letter yet.

No – Please note if you are not disclosing your means to Services Australia you may be subject to pay the maximum means-tested fees and accommodation cost. No government subsidies will apply, regardless of your financial status.

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.

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:

For assistance please contact: Aegis Admissions: 08 6254 8211 or [admissions@aegiscare.com.au](mailto:admissions@aegiscare.com.au)