



Residential Aged Care Application

Thank you for considering placement with Amana Living.

Please return the completed form by one of the following options:

Email: info@amanaliving.com.au or **Post:** Amana Living Inc.
PO Box 933
Subiaco WA 6904

Once we receive your completed application form we will send a confirmation email or letter. If you do not receive a letter or email within 14 days, or if you have further questions, please call **1300 26 26 26** or email **info@amanaliving.com.au**

1. Personal Details

1.1 Applicant Details - Person Requiring Aged Care Placement

Mr Mrs Miss Ms Dr Other _____ Date of Birth: _____

Family/Surname: _____

Given Names: _____

Preferred Name (if applicable): _____

Ph (Home): _____ Ph (Mobile): _____

Address: _____

Suburb: _____ Postcode: _____

Where are you currently?	Hospital	Independent Living Unit (ILU)	Home
	Other residence	Transition Care	Aged Care Home

Are you an existing client? Yes No

Primary Language: _____

Are you Aboriginal and/or Torres Strait Islander Yes No

1. Personal Details (cont.)

1.2 YOUR NOMINATED REPRESENTATIVES (choose options below)

PrimaryContact		SecondaryContact		Billing Contact		Enduring Power of Attorney	
Enduring Power of Guardianship		SAT Administrator		SAT Guardian			
Mr	Mrs	Miss	Ms	Dr			
Family/Surname: _____							
Given Names: _____							
Address: _____							

Suburb: _____				Postcode: _____			
Ph (Home): _____				Ph (Mobile): _____			
Email: _____							
Relationship: _____							

1.3 YOUR NOMINATED REPRESENTATIVES (choose options below)

PrimaryContact		SecondaryContact		Billing Contact		Enduring Power of Attorney	
Enduring Power of Guardianship		SAT Administrator		SAT Guardian			
Mr	Mrs	Miss	Ms	Dr			
Family/Surname: _____							
Given Names: _____							
Address: _____							

Suburb: _____				Postcode: _____			
Ph (Home): _____				Ph (Mobile): _____			
Email: _____							
Relationship: _____							

2. Accommodation Requirements

Accommodation Type	High Care	Low Care
Do you require dementia secure accommodation?	Yes	No
Are you a smoker?	Yes	No
Site Preference (refer to page 7):		
First Preference _____	Second Preference _____	
Would you consider a shared room?	Yes	No
How soon do you require accommodation?	_____	

3. Centrelink & Health Fund Details

Residential Permanent Referral Code: _____

Centrelink No: _____

Veterans Affairs No: _____

Medicare No: _____

Ref No: _____ Expiry: _____

Health Fund: _____

Have you completed a Residential Aged Care Means Assessment application? (please tick)

Yes No Date of submission: ____ / ____ / ____

Copy attached? Yes No

Note - You may be charged as a "means not disclosed" client if you do not disclose your finances to centrelink.

4. Home Ownership Details

Have you owned your home for the last two years? (please tick)	Yes	No
If YES, is your home occupied by your Carer/Spouse? (please tick)	Yes	No
Do you intend to sell the house upon entry? (please tick)	Yes	No
Address of primary residence: _____		
State: _____	Postcode: _____	

If there is no intention to sell the home, please advise expected weekly rental \$ _____

5. Financial Statement

ASSETS

individual: single	couple: combined	(please tick whichever applicable)
Home (excluding contents)		\$
Home Contents		\$
Other Properties (including vacant land)		\$
Shares/Managed Funds		\$
Term Deposits/Bonds/Debentures etc.		\$
Bank Accounts/Credit Unions/Building Services		\$
Superannuation Allocated Pension Balance		\$
Loans to Other Parties		\$
Antiques/works of Art etc.		\$
Motor Vehicles/Boat/Caravan		\$
Other Assets		\$
Funeral Bond		\$
TOTAL ASSETS		\$

DEBTS

Mortgage		\$
Other debts/commitments owed		\$
TOTAL DEBTS		\$

5. Financial Statement (cont.)

GIFTING

Have you gifted away any assets in the last 5 years?

Date: / / \$

Date: / / \$

TOTAL GIFTS \$

INCOME

individual: single

couple: combined

Per Fortnight

Australian Age Pension (please tick) Part \$

Veteran Affairs Pension \$

Overseas Pension \$

Other Pensions (War widow/blind etc) \$

Income Support Supplement \$

Superannuation \$

Property Income (net) \$

TOTAL INCOME (per fortnight) \$

I declare that all the information provided by me on this application is true and correct to my knowledge. I understand and will abide by Amana Livings COVID Vaccine Policy (see page 7).

I understand that my Assets and Income Assessment processed by Centrelink may change the fees charged by Amana Living.

I understand that if I choose not to disclose my assets that I will be charged the maximum fees until my Assets and Income Assessment can be processed by Centrelink.

Signature of Client or Client Representative

Name

1. Letter from myagedcare, following your ACAT assessment

To enter a nursing home, you need to be approved for permanent residential care by an Aged Care Assessment Team (ACAT). Your doctor will arrange for the ACAT to assess you in your home (or hospital if applicable).

After the assessment, the Department of Health will send you a letter on a myagedcare letterhead. The letter will include your Support Plan (Aged Care Client Record - ACCR) and service referral codes. A copy of this letter must be included with your application

2. Enduring Power of Attorney and/or Guardianship

If any enduring power of attorney and/or guardianship are in place, please include a copy with this nursing home application

3. Centrelink or DVA Means Assessment

It is a government requirement that every resident that enters residential care completes a Means Assessment. If you do not disclose this information, you may be considered a 'Means not disclosed' status and are required to pay your full cost of care.

The application form can be obtained from Services Australia or DVA.

Contact number: **1800 227 475**

Website: **<https://www.servicesaustralia.gov.au/how-to-apply-for-aged-care-calculation-your-cost-care?context=23296>**

It can take 6 weeks from sending the Centrelink application to receive an assessment from Centrelink, so do not wait to receive the assessment before sending this nursing home application to Amana Living.

4. COVID-19 Vaccination

To ensure the safety and well-being of our residents, clients, staff and visitors, Amana Living highly recommends that all residents and clients, who are residing in one of our care centres, be fully vaccinated against Influenza and COVID-19.

Amana Living is committed to ensuring all residents are vaccinated against COVID-19 as the primary method of prevention and control of infection. As such, residents are encouraged to commit to complete all future booster vaccinations within 2 months of becoming eligible to receive them.

5. Information

We like to keep you up-to-date with our services and from time to time, Amana Living may use the contact information in this form for direct marketing

We value your information and do not release any information about our clients to any third parties

Amana Living Locations Dementia Secure Care Available

The Lakehouse - Kinross

Dementia Secure

71 Kinross Dr, Kinross 6028

Lady McCusker Home - Duncraig

Dementia Secure

27 Beddi Rd, Duncraig 6023

Parry Care Centre - Lesmurdie

Dementia Secure

74 Warlingham Dr, Lesmurdie 6076

Peter Arney Home - Salter Point

Dementia Secure

1 Gentilli Way, Salter Point 6152

St Georges Care Centre - Bayswater

Dementia Secure

2 Essex St, Bayswater 6053

Amana Living Locations

Frederick Guest Hostel - Bull Creek

25 Gleddon Rd, Bull Creek 6149

Hale Hostel - Coolbellup

31 Waverley Rd, Coolbellup 6163

James Brown Care Centre - Osborne Park

171 Albert St, Osborne Park 6017

Moline House - Karrinyup

7 Deanmore Rd, Karrinyup 6018

Thomas Scott Hostel - Camillo

63 Ypres Rd, Camillo 6111

Wearne Home - Mandurah

7 Leslie St, Mandurah 6210