



Residential Care Application

Thank you for considering placement with Amana Living.

Please complete the following pages and return to the Amana Living Customer Service Centre at the address below, or email your form to info@amanaliving.com.au along with the documents listed on page 6.

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 RESIDENT CONTACT DETAILS

| | | | | | | |
|---|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title: | Mr | Mrs | Miss | Ms | Dr | Other |
| Surname: | <input type="text"/> | | | | | |
| Given Names: | <input type="text"/> | | | | | |
| Address: | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| State: | <input type="text"/> | | | | | |
| Telephone: | <input type="text"/> | | | | Postcode: | <input type="text"/> |
| Date of Birth: | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | | |
| Marital Status: | <input type="text"/> | | | | | |
| Name of spouse/partner (if applicable) | <input type="text"/> | | | | | |
| Gender: | Male | Female | Other | <input type="text"/> | | |
| Are you an existing home care client with us? | Yes | No | | | | |
| Are you an existing village resident with us? | Yes | No | | | | |
| Are you of Aboriginal and/or Torres Strait Islander | Yes | No | | | | |
| Nationality: | <input type="text"/> | | | | | |
| Country of birth: | <input type="text"/> | | | | | |
| Languages spoken: | <input type="text"/> | | | | | |
| Interpreter required? | Yes | No | | | | |
| COVID Vaccination: | Yes | No | | | | |
| COVID Vaccination date: | 1 st dose | <input type="text"/> | 2 nd dose | <input type="text"/> | 3 rd dose | <input type="text"/> |
| If currently in hospital or transition care, please state name of facility: | <input type="text"/> | | | | | |

1. Personal Details (cont.)

1.2 NEXT OF KIN / NOMINATE REPRESENTATIVE

Title: Mr Mrs Miss Ms Dr Other _____

Surname: _____

Given Names: _____

State: _____ Postcode: _____

Phone: _____

Email: _____

Relationship: _____

Yes No

If NO, please advise name of PRIMARY CONTACT _____

1.3 ENDURING POWER OF ATTORNEY

Same as above

Title: Mr Mrs Miss Ms Dr Other _____

Surname: _____

Given Names: _____

Address: _____

State: _____ Postcode: _____

Phone: _____

Email: _____

Relationship: _____

1.4 ENDURING POWER OF GUARDIANSHIP

Same as above

Title: Mr Mrs Miss Ms Dr Other _____

Surname: _____

Given Names: _____

Address: _____

State: _____ Postcode: _____

Phone: _____

Email: _____

Relationship: _____

2. Accommodation Requirements

What type of accommodation do you require? (Please tick one)

High Care

Dementia Secure

Low Care

Please indicate your preferred Amana Living hostel or nursing home:
(refer to Residential Aged Care list enclosed in information pack)

Preference 1: _____

Preference 2: _____

Would you consider a shared room?

Yes

No

Timeline for considering moving into a Care Home (Please tick one)

Immediately

Within 6 Months

Within 3 Months

12+ Months

3. Centrelink & Health Fund Details

Residential Permanent Referral Code: _____

Centrelink No: _____

Veterans Affairs No: _____

Medicare No: _____

Ref No: _____ Expiry: _____

Diabetic No: _____

Health Fund: _____ Policy No: _____

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

Yes

No

Date of submission: ____ / ____ / ____

Confirmation number: _____ Copy attached? Yes No

Note - Your Application will not progress with Amana Living until an application has been submitted.

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

Is it intended to sell the home on entry to residential aged care (please tick) Yes No

Address of primary residence : _____

State: _____ Postcode: _____

If it is not intended 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

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 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 to disclose this information, you will 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.

I wish to opt out of receiving this information

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