# *Ridleyton Greek Home for the Aged (RGHA)*
## Application for Residential

## Applicant Details

First Name: _____ Last Name:_____

Preferred Name: _____

Street Address: _____

Suburb: _____ Postcode: _____

Phone number: _____

Email address: _____

Date of birth (MM/DD/YYYY): ___/___/____

Country of birth: _____

Status: ☐ Single ☐ Married ☐ Partnership ☐ Divorced ☐ Widow

Preferred language for speaking: _____

Can speak in English: ☐ Yes ☐ No

## Care Needs

☐ Respite Care Only ☐ Respite in view of permanency

Date of Admission (MM/DD/YYYY): ____/____/_____

Permanent Care Referral Code: _____

Respite Care Referral Code: _____

Are you / the applicant seeking care within the Memory Support Unit (MSU)? ☐

Are you transferring from another aged care provider? ☐ Yes ☐ No

Name of the previous aged care provider:_____

Date entered (MM/DD/YYYY): ___/___/____

## Nominated representative

If you would like the aged care home to contact a representative on your behalf about this application or about your care after you enter your home, please provide their details below.

If you are nominating a person who has the legal authority to make decisions for you, please advise the type of authority that they have, such as Power of Attorney, and attach a photocopy of the authority to this application.

First Name: _____ Last Name: _____

Street Address: _____

Suburb: _____ Postcode: _____

Mobile: _____ Email: _____

Driver License: _____

## Type of authority

☐ Enduring Power of Attorney ☐ State Trustee ☐ Administrator

☐ Guarantor ☐ Guardian ☐ Financial Manager ☐ Billing Contact

☐ Resident representative ☐ Emergency Contact ☐ Primary Contact

☐ Power of Attorney (Medical) ☐ Other: _____

## Health Benefits

Pension status: ☐ Full pensioner ☐ Part pensioner ☐ Self-funded retiree

Medicare number: _____ No. on Card: ___ Expiry: ___/___(MM/YYYY)

Centrelink pension card number: _____ Expiry:__/___(MM/YYYY)

DVA pension card number: _____ ☐ Gold ☐ White ☐ Orange

Private health insurance: ☐ Yes ☐ No Fund name: _____
Membership no.: _____

Ambulance membership: ☐ Yes ☐ No ☐ N/A

Membership no.: _____

## General Practitioner

Name: _____ Surgery name: _____

Address: _____

Phone: _____ Email: _____

Will GP visit RGHA? ☐ Yes ☐ No

## Assets and Income Declaration

All applicants are advised to seek independent financial and legal advice to complete the following financial statement.

Information provided in the following financial statement will be used by Ridleyton Freek Home for the Aged to estimate the aged care fees and payments that you may be asked to pay.

Ridleyton Greek Home for the Aged respects your privacy and the information you provide will not be used for any other purpose except to provide an estimate.

Information provided will be used by RGHA to estimate aged care fees.

Do you own or partly own the house, unit or flat in which you normally live? ☐ Yes ☐ No

If yes, state the market value of the property? $ _____
Share of property value (%) _____

Will your spouse or dependent child continue to live in your home?

☐ Yes ☐ No

## INCOME

**Income includes:**

- Income support payments from the Australian Government such as the aged pension or service pension.
- Net income from rental property.
- War widow/widower pension and some disability pensions.
- Overseas pensions income.
- Property and managed trusts.
- Income from your superannuation.

DO NOT include interest from your bank account or financial investments.

*Your financial assets will be deemed to earn a certain rate of income.*

**Estimated Income per Annum:** **$_____**

## ASSETS

**Financial assets include:**

- Cash
- Term deposits
- Cheque Accounts
- Management Investments
- Assets gifted in the last 5 years

**Financial assets:** **$_____**

**Other assets include:**

- Household contents and personal effects (these are typically valued $10,000)
- Foreign assets
- Superannuation balances
- Net retirement village entry contributions
- Refundable accommodation deposits

**Other assets:** **$_____**

## DEBTS

A debt is any loan, mortgage, reverse mortgage, charge or encumbrance held over an asset which has been included as a financial asset or other asset.

- DO NOT include the value of the mortgage over the family home (if there is one).
- DO NOT include credit card debt or personal loan.

**Estimated Amount of Debt:** **$_____**

Estimate Financial Status for interim fee charge if Aged Care Fee letter is not yet received.

| | |
|---|---|
| Fully Supported | ☐ $20 per month interim fee charge |
| Partially Supported | ☐ $40 per month interim fee charge |
| Non- Supported | ☐ $70 per month interim fee charge |
| | ☐ Charged DAP from permanent admission |

Given your circumstances you are required to pay an Interim Care Fee (this is an amount that you may be asked to pay your care and services until such time as your income and assets have been assessed by Services Australia and we have received notice of the outcome of that assessment) of [ INSERT AMOUNT]. If, after the Entry Date, it is determined that the Interim Care Fee was different to the Means Tested Care Fee determined by Services Australia or that the Standard Resident Contribution or Means Tested Care Fee should be different that the fee charged by us:

(a) You will pay any amount you have underpaid us within one month of your current amount being known;
Or
(b) If you have overpaid us, we will reduce the amount payable by you in the month after Services Australia informs us of the correct Standard Resident Contribution or Means Tested Care Fee.

Signed: _____ Date: _____

**(Resident or Representative)**

*Information obtained from MyAgedCare website:*

https://www.myagedcare.gov.au/how-much-will-i-pay

## Required Documents (Office Use Only)

Summary ACAT Assessment (MyAgedCare): ☐ Yes ☐ No

Medical Health Summary (GP): ☐ Yes ☐ No

Medication List: ☐ Yes ☐ No

Residential Care Fees - Services Australia Letter: ☐ Yes ☐ No

Enduring/Power of Attorney/Guardianship Orders: ☐ Yes ☐ No

Advance Care Directives: ☐ Yes ☐ No

Immunisation Records: ☐ Yes ☐ No

Funeral Home Details: ☐ Yes ☐ No

My Aged Care Calculator: ☐ Yes ☐ No