



# APPLICATION FOR ADMISSION TO ST PAUL DE CHARTRES RESIDENTIAL AGED

Date form completed: ..... / ..... / .....

Please use a Black Biro, **BLOCK LETTERS** and, where indicated, tick the box or write a comment.

## Admission Details

**Applicant** (person requiring residential care)

Surname: ..... Given Name: ..... D.O.B: ..../..../.....

Preferred Name: ..... Gender: M  F  Marital status: .....

Phone No: ..... Mobile: .....

Level of Care: Permanent Care  Respite  High Care  Low Care

Representative: Yes  No  (if **Yes**, please provide details bellow)

## Person completing the application Details

Surname: ..... Given Name: .....

Address: ..... Home Phone No: .....

Suburb: ..... Work No: .....

State: ..... Postcode: ..... Mobile No: .....

Email address: .....

Relationship to the applicant: .....



# ST PAUL DE CHARTRES RESIDENTIAL AGED CARE APPLICATION FOR ADMISSION

## Contact Details (Whom do you wish to name as contact (s) for you?)

### First Contact:

If this is the same person who is completing this application form, please tick:  & proceed to second contact. If not, please provide the details here:

Surname: ..... Given Name: .....

Address: ..... Home Phone No: .....

Suburb: ..... Work No: .....

State: ..... Postcode: ..... Mobile No: .....

Email address: .....

Relationship to the applicant: .....

### Second Contact:

Surname: ..... Given Name: .....

Address: ..... Home Phone No: .....

Suburb: ..... Work No: .....

State: ..... Postcode: ..... Mobile No: .....

Email address: .....

Relationship to the applicant: .....

## Fees - Statement sent to (Correspondence)

If this is the same person who is completing this application form, please tick:

If not, please provide the details here:

Surname: ..... Given Name: .....

Address: ..... Home Phone No: .....

Suburb: ..... Work No: .....

State: ..... Postcode: ..... Mobile No: .....

Email address: .....



# ST PAUL DE CHARTRES RESIDENTIAL AGED CARE

## APPLICATION FOR ADMISSION

### Medical Details

Who is your current General Practitioner?

Surname:.....Given Name:.....

Address:..... Suburb:.....

State:..... Postcode:..... Phone:.....

❖ If you have a current, detailed summary of your health – Please attach a copy

Have you completed an Advance Health Directive? Yes  No

❖ Full medical details will be required on admission.

Do you have Private Health Insurance? (e.g. MBF, Medibank Private) Yes  No

Name of Fund:..... Level of Cover:.....

Membership Number:.....

Medicare Number:..... Expiry date:...../...../.....

Medicare Conc. No:..... Medicare card reference No:.....

Seniors health care No:..... Expiry date:...../...../.....

Fire/ emergency rating: Mobile  Mobile with assistance

Bedfast  Wheelchair/assist

Dementia: Yes  No

### Other Details

Current address:.....

Religion:..... Country of Birth:..... Main language:.....

### Funeral arrangements

Have you made funeral arrangements?

Please provide the name and address of the Funeral Director to be notified

Name:..... Phone:.....

Address:.....

Please indicate your wishes: **Cremation:** Yes  No  **Burial:** Yes  No

Any other arrangements:.....



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### Legal and Financial Management Details

<b>Payment status:</b>	<b>OFFICE USE ONLY</b>
The Resident is a fully supported Resident: Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Payment type:</b>	Bond <input type="checkbox"/> Charge <input type="checkbox"/> Neither <input type="checkbox"/>

**Pension type:** DSS.Full  DSS.Part  DVA.Full  DVA.Part  No Pension

**Pension No:** ..... **Pension Expiry date:** ...../...../.....

**DVA status:** Gold  White  Other  No DVA card  N/A

Have any of the following people been appointed on your behalf? Guardian  Administrator

Enduring Power of Attorney (Financial)  Enduring Power of Attorney (Personal & Health)

Power of Attorney (Financial only)  **Certified Copies will be required on admission**

If **yes**, please provide the names and addresses of persons/organisations appointed

Surname: ..... Given Name: .....

Address: ..... Suburb: .....

State: ..... Postcode: ..... Phone: .....

Email address: .....

Other Relevant Details: .....

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Surname: ..... Given Name: .....

Address: ..... Suburb: .....

State: ..... Postcode: ..... Phone: .....

Email address: .....

Other Relevant Details: .....

Have you made a will? Yes  No

Please provide the name and address of person/organisation holding the will

Surname: ..... Given Name: .....

Address: ..... Suburb: .....

State: ..... Postcode: ..... Phone: .....



# ST PAUL DE CHARTRES RESIDENTIAL AGED CARE

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*I understand that if I do not wish to disclose financial details I may be required to pay maximum fees and charges.*

*Respite Care: Financial Details are not required if this application is for respite care only.*

### Property Assets

The following information is required to enable Aged Care Facilities to determine whether the applicant will be requested to pay an Accommodation Bond or Charge.

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

If **Yes**, please provide the following information in regard to the property:

Address:-----Suburb:-----Postcode:-----

Current Market Value of Property:    \$ -----

#### **Your home may be excluded!**

Please answer the following questions:

Do you have a spouse or dependent child living in your home?      Yes       No

If **Yes**, please indicate:      Spouse       Dependent

Have you had a carer who is eligible for a pension or other support payment living in your home for at least the past two years?      Yes       No

Have you had a close relative who is eligible for a pension or other income support living in your home for at least five years?      Yes       No

Have you disposed of any property in which you were living in the past two years?      Yes       No

Do you own, or part own any other residential or commercial property?      Yes       No

Have you any loans to repay?      Yes       No

If **Yes**, please give details:      \$ -----



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<b>ASSETS</b>	<b>YOURS</b>	<b>YOUR PARTNER'S</b>	<b>JOINT</b>
Bank Accounts			
Building Society & Credit Union Accounts			
Interest Bearing Deposits & Fixed Deposits			
Bonds; Debentures & Shares			
Investments in Property Trusts; Friendly Societies; Equity Trusts; Mortgage Trusts & Bond Trusts			
Superannuation Assets from which lump sums may be withdrawn			
Home – Market Value (refer Page 4 – Property Assets)			
Real Estate (net after any charges) includes properties you own outside Australia			
Businesses			
Farm Property (net after any charges)			
Loans to Others (including interest free loans & monies owed to you)			
Motor Vehicles; Boats and Caravans			
Investment Collections (including coins and stamps)			
Household Contents & Personal Items – taken as \$5,000 per household (unless stated otherwise)			
Surrender Value of Life Insurance Policies			
Any other Assets (including entry contribution / accommodation bond refunds due)			
<b>TOTAL VALUE OF ASSETS</b>			
<b>LESS LOANS TO BE REPAYED</b>			
<b>NET ASSETS</b> <span style="float: right;">\$</span>			



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### Previous Aged Care Residential Accommodation details:

Have you paid an entry contribution or accommodation bond/charge to another facility? Yes  No

If Yes, please provide the following details:

Name of Facility: .....

Address: ..... Suburb: ..... Postcode: .....

Phone: ..... Date of Admission to first facility: ...../...../.....

### Statutory Declaration

I, Name .....

Of Address .....

..... Postcode .....

In the state of Queensland (Occupation) .....

sincerely declare that the answers to all the questions in regard to the Financial Details of myself, or on behalf of the applicant, and other information therein is to the best of my belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. I agree that to allow the accurate determination of financial status of the applicant, I will provide further information or proof upon request.

**AND I make this solemn declaration conscientiously believing that same to be true and by virtue of an Act of the Parliament of Queensland rendering persons making a false declaration punishable for willful and corrupt perjury.**

Signature of or on behalf of applicant: .....

Before me: .....

(To be signed by a Justice of the Peace or such other person - having power to take a declaration within Queensland)

Declared at ..... Queensland

this ..... day of ..... 20 .....