



# *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, 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: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of spouse/partner (if applicable) \_\_\_\_\_

Gender:  Male  Female  Other \_\_\_\_\_

Are you of Aboriginal and/or Torres Strait Islander origin?  Yes  No

Nationality: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Interpreter required?  Yes  No

COVID Vaccination:  No First dose date \_\_\_\_\_ Second dose date \_\_\_\_\_

If currently in hospital or transition care, please state name of facility: \_\_\_\_\_

# 1. Personal Details (cont.)

## 1.2 NEXT OF KIN / NOMINATE REPRESENTATIVE

Title:  Mr  Mrs  Miss  Ms  Dr  Other \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you wish to be the PRIMARY CONTACT?  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 Centrelink/DVA Asset Assessment application? (please tick)

Yes  No

If YES, please advise date assessment sent to Centrelink and attach copy of assessment outcome.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Copy attached?  Yes  No

## 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)*

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Home (excluding contents) \$

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Home Contents \$

---

Other Properties (including vacant land) \$

---

Shares/Managed Funds \$

---

Term Deposits/Bonds/Debentures etc. \$

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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

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Mortgage \$

---

Other debts/commitments owed \$

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**TOTAL DEBTS** \$



## 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 waitlist 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 waitlist application.

## 3. Centrelink Assets & Income Assessment

- It is a government requirement that every resident that enters residential care completes a Centrelink Assets and Income Assessment.

The application form can be obtained from the Department of Human Resources.

Contact number: **1800 227 475**

Website: **<http://www.servicesaustralia.gov.au/individuals/services/aged-care-means-tests/how-get-help-residential-aged-care>**

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 waitlist application to Amana Living. You can forward Amana Living the assessment when you receive it from Centrelink.

## 4. COVID vaccination

- Vaccination is voluntary and strongly encouraged to safeguard all residents living in Residential Aged Care.

Include a copy of the Covid vaccination certificate with this application.

Most residents living in an Amana Living Residential Care Centre have already received two Covid vaccinations. We encourage applicants to prepare for their vaccines prior to entry into Residential Care however, if this is not possible we will work with the family to ensure all our residents are safe in their new environment.

## 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.