



ALLAMBIE HEIGHTS

Village

Retirement Village & Aged Care Facility

ABN 37 137 083 964

3 Martin Luther Place, Allambie Heights NSW 2100

Phone: (02) 9975 5800 – Fax: (02) 9451 2017

E-mail: general@alhvillage.com.au – Website: www.alhvillage.com.au

Aged Care Facility
Application for Admission – Permanent Care/Respite Care

FIRST NAME (s): _____ SURNAME: _____

ADDRESS: _____

STATE: _____ POSTCODE: _____

TELEPHONE: () _____ MOBILE: _____ EMAIL: _____

DATE OF BIRTH: ___/___/___ COUNTRY OF BIRTH: . _____

FAMILY STATUS: single married widowed divorced/separated

RELIGION: _____

LANGUAGES SPOKEN: _____

CENTRELINK NO: _____ EXPIRY DATE: _____

DEPT. OF VETERAN AFFAIRS NO: _____ EXPIRY DATE: _____

MEDICARE NO: _____ EXPIRY DATE: _____

PRIVATE HEALTH CARE FUND NO.: _____

FULL PENSION	YES		PART PENSION	YES		NO PENSION	YES	
	NO			NO			NO	

First Contact Details: Power of Attorney Enduring Guardian

First Name: _____ Surname: _____

Address: _____

State: _____ Postcode: _____

Relationship: _____

Telephone: () _____ Mobile: _____ Email: _____

Additional Contact Details: Power of Attorney Enduring Guardian

First Name: _____ Surname: _____

Address: _____

State: _____ Postcode: _____

Telephone: () _____ Mobile: _____ Email: _____

General Practitioner: _____ Telephone number: () _____

Address: _____

ASSET & INCOME ASSESSMENT FORM (Permanent resident only)

Policy

It is the policy of Allambie Heights Village Ltd. that we request you to provide details regarding your assets and income if you are applying for placement in the Aged Care Facility

Residents seeking accommodation on a supported basis need to provide a current *Permanent Residential Aged Care Request for a Combined Assets & Income Assessment* statement provided to you by the Department of Human Services or the Department of Veterans Affairs.

Value of Home \$ _____
(Include Retirement Village Unit or Mobile Home)

Does a partner, dependent child or eligible carer, determined by the Department of Human Services or Department of Veterans Affairs live in this house Yes / No (please circle)

Bank Deposits and Cash \$ _____

Value of Investment property \$ _____

Estimated value of all other assets (Shares etc.) \$ _____

Total Value of Assets \$ _____

Liabilities, (Loans etc) \$ _____

Total Annual Income \$ _____

Declaration - Permanent Aged Care Facility Care

I wish to apply for placement in the Aged Care Facility at Allambie Heights Village Ltd. I understand that a place will only be made available after I have been assessed and approved by the Aged Care Assessment Team and have had an interview with the Chief Executive Officer or Director of Care.

Resident's Information Pack: (Documents and information provided to the Resident)

I, the undersigned, acknowledge receipt of the following: - (to be initialled by the Resident)

Residents Handbook including Privacy Statement

Asset & Income Assessment Form

Signature of Applicant or Guardian:.....Date:

**Please return to the Director of Care or Chief Executive Officer,
Allambie Heights Village Ltd**