



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](mailto:general@alhvillage.com.au) – Website: [www.alhvillage.com.au](http://www.alhvillage.com.au)

## Allambie Heights Village Residential Aged Care Facility Application for Admission – Permanent Care/Respite Care

FIRST NAME: \_\_\_\_\_ 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

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

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

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

Telephone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**General Practitioner:** \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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 Residential Aged Care Facility.

In order for residents to receive government assistance with their care and accommodation costs they are required to complete a current *Permanent Residential Aged Care Request for a Combined Assets & Income Assessment Form* and return to the Department of Human Services or the Department of Veterans Affairs. A statement will then be provided to the resident to share with us.

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 Veteran 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**

I wish to apply for placement in the Residential 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 Facility Manager.

Aged Care ID:	
Residential Respite Referral Code	
Residential Permanent Referral Code	

## **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

Department of Human Resources, Centrelink, Combined Assets & Income Assessment Form (SA457):

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

**Please return to the Facility Manager, Allambie Heights Village Ltd.**