

**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: \_\_\_\_\_ CARD COLOUR \_\_\_\_\_

MEDICARE NO: \_\_\_\_\_ Position No. on Card \_\_\_\_\_ 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: \_\_\_\_\_

**Have you received a Flu Vaccination?** ☐ Yes ☐ No

Date Flu Vaccination received: \_\_\_\_\_

**Number of Covid-19 Vaccination received** \_\_\_\_\_

# **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 ☐

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

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