

Application for admission



Please complete form and return to Amaroo Aged Care Service
or alternatively email amarooacs@cofcqld.com.au

Personal Information

Full name of applicant (person/resident)

First _____ Middle _____
Surname _____ Preferred Name _____

Applicant's current home address

Suburb _____
State _____ P/Code _____

Date of Birth _____

Female Male Other

Marital Status _____

Country of Birth _____

Religion _____

Applicant's contact details

Telephone _____
Mobile _____
Email _____

Pension/DVA number _____

Full Pension Part Pension

Medicare Number _____

Health Fund _____

Applicant's present living arrangements

Hospital Own house/unit
 Other Aged Rented accommodation
Care Service Living with family
 Other _____

Type of accommodation sought

Permanent Care Respite Care Dementia Care
Urgent? Yes No

If yes, please provide brief detail: _____

Does the applicant have an Aged Care Assessment (ACAT)?

Yes No

My Aged Care Referral number: Permanent _____ Respite _____

Has the applicant completed a Residential Aged Care Centrelink / DVA Combined Asset and Income Assessment?

Yes No

Amaroo Aged Care Service

28 Logan Street, Gatton Qld 4343

Call us on **07 5462 3311** or visit CareAgedCare.com.au

Representatives Information

Have you nominated a representative to act on your behalf? Yes No

Full name of nominated representative

First _____ Surname _____

Representative's contact details

Telephone _____

Mobile _____

Email _____

Representative's relationship to applicant

Is this person your EPOA? Yes No

Is this person your Emergency Contact? Yes No

Financial Information

Your Assets and Income Summary

Note: If you have a spouse or partner (Married/De facto) then you need to declare **100%** of the asset and income values in this schedule.

Do you own your own home? Yes No

If yes, do you share your home with:

- a spouse or dependent child? Yes No
- a carer (for more than 2 years) or a close relative (for more than 5 years)? Yes No

Assets	Value
Your home	\$
Any other Real Estate or Business Interests	\$
Financial Accounts (e.g. bank accounts, term deposits, bonds, debentures, money on loan)	\$
Shares, Managed Investments (e.g. listed and unlisted shares, securities, investment trusts and plans, superannuation investments in accumulation phase)	\$
Assessable Income Streams (e.g. asset value of allocated pensions, annuities and some superannuation pensions)	\$
Foreign Assets (all overseas assets including investments, business interests and real estate)	\$
Private Trusts and Private Companies (the value of your interest in private trust or private company)	\$
Gifts / Deprivation (any money or assets gifted in the last 5 years)	\$
Other Assets (e.g. household furniture, personal effects, motor vehicles, boats, caravans, trailers)	\$
Debts	-\$
Total Assets	\$
Income	Value
Total Annual Income (including all pensions)	\$

Applicant or Representative's Declaration

I declare that the information supplied on this form is true and correct to the best of my knowledge and (if completing this form electronically) I certify that the typed signature below is intended to be my signature.

Signature _____ Date _____

Amaroo Aged Care Service

28 Logan Street, Gatton Qld 4343

Call us on **07 5462 3311** or visit **CareAgedCare.com.au**

