



# APPLICATION FOR RESIDENTIAL AGED CARE ACCOMMODATION MENORA

Form  
RC\_06a

The information requested in this application will enable the RSL (WA) Retirement and Aged Care Association (Inc) – RSL Care WA - to assess your care and accommodation needs. Please fill in the underlined space or tick the appropriate box. If you would like assistance or further information on completing this application, please contact Administration on 9370 0200

Upon receipt of the completed Application form and ACAT assessment, you will be duly contacted by the Admissions Coordinator, who will arrange an appointment for you to visit and tour the facility. At this appointment it will be establish that the facility is able to provide the type and level of assistance that you may require and financial details will be discussed you.

Do you have an Aged Care Assessment Team (ACAT) form completed?     YES     NO

***To apply for entry to an Aged Care facility you MUST have a completed ACAT assessment form.  
A copy of the completed assessment form must be attached to this application form.***

All RSL Care WA facilities are smoke free. Residents and staff are not permitted to smoke inside our buildings.

## A. PERSONAL DETAILS

Title (Mr, Mrs, Ms, Miss) Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

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

Marital Status:     Married     Widowed     Divorced     Single

Nationality: \_\_\_\_\_ Preferred Language (Please specify) \_\_\_\_\_

Religion: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

### ***Next of Kin (if possible, please list two)***

**1.** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

  

**2.** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

**Do you manage your own financial affairs?**     YES     NO

**If not, who manages your financial affairs?**

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

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

Post Code: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

**Have you given anyone Power of Attorney (PA)?**     YES     NO

**Have you given anyone Enduring Power of Attorney (EPA)?**     YES     NO

**If so, Who?**

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

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

Post Code: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

**\*\* Please Attached Copy**

**Do you have private health insurance?**     YES     NO

Name of insurance company: \_\_\_\_\_

**Medicare No:** (Ref No: 1 or 2 ) \_\_\_\_\_ **Card No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**St John Ambulance No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Centrelink or Dept Veterans Affairs Pension No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Overseas Pension No.** (if applicable): \_\_\_\_\_

**PBS Safety Net Card:** \_\_\_\_\_

**Do you have a will?**     YES     NO

**Held by?** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

- Where do you currently live?:**
- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Own home     | <input type="checkbox"/> Hostel                  |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> In hospital             |
| <input type="checkbox"/> Other        | <input type="checkbox"/> waiting for a placement |

If other please describe:

**If Aged Care facility** (ie: hostel): Name of facility: \_\_\_\_\_

**Type of Accommodation Required:**     Secure     Non Secure

An applicant requires secure accommodation if they wander or exhibit behaviour that will impinge on the quality of life of others.

**TERMINAL CARE WISHES**

We know this is a sensitive subject but we would like to make sure we meet your needs. Please describe your end of life requests below:

- 1.  I would like to stay at RSL WA for palliative care, if my care needs can be met by the service.
- 2.  I would like to be transferred to a hospital for active treatment.
- 3.  I would like my family to be present.

Are there any special arrangements you would like to be made (eg: special clothes, jewellery, music, flowers etc. Please state if jewellery to remain with you.)

**Special Arrangements:** \_\_\_\_\_

Please detail spiritual needs: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

**Have you made funeral arrangements?**     YES     NO

**If so, Who?**

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

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

Post Code: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

**Type of Funeral:**     Burial     Cremation

**Who is your current Doctor?:**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

**Is your Doctor prepared to continue to care for you is you move to the RSL Retirement & Aged Care Facility?**

YES     NO

**Allergies:**

\_\_\_\_\_

**Can you manage your own medications?**     YES     NO

**Any comment:** \_\_\_\_\_

\_\_\_\_\_

<b>B. PERSONAL CARE NEEDS</b> (Please tick appropriate box)				
<b>WALKING</b>	<input type="checkbox"/> Independent	<input type="checkbox"/> With Aid	<input type="checkbox"/> assisted/supervised	<input type="checkbox"/> Full assistance
<b>DRESSING/UNDRESSING</b>	<input type="checkbox"/> Independent	<input type="checkbox"/> assisted/supervised	<input type="checkbox"/> Full assistance	
<b>EATING/DRINKING</b>	<input type="checkbox"/> Independent	<input type="checkbox"/> Supervised	<input type="checkbox"/> assisted/encouraged	<input type="checkbox"/> Full assistance
	<input type="checkbox"/> Other			
<b>Special dietary requirements?</b>	<input type="checkbox"/> Medical	<input type="checkbox"/> Cultural	<input type="checkbox"/> Religious	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Details:</b>				
<b>Do you have difficulty swallowing?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Details:</b>				

<b>SHOWERING/WASHING</b>	<input type="checkbox"/> Independent	<input type="checkbox"/> Partly Assisted	<input type="checkbox"/> Assisted/Encouraged	<input type="checkbox"/> Full Assistance
	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Daily	<input type="checkbox"/> Alternate Days
<b>Additional Information:</b>				
<b>TOILETING</b>	<input type="checkbox"/> Independent	<input type="checkbox"/> Partly Assisted	<input type="checkbox"/> Supervised	<input type="checkbox"/> Full Assistance
	<input type="checkbox"/> Equipment Required			
	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Daily	<input type="checkbox"/> Alternate Days
<b>Additional Information:</b>				
<b>Do you experience incontinence?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Do you have problems with?</b>				
<b>Bladder Control:</b>	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
<b>Bowel Control:</b>	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
<b>Do you use incontinent aids? (ie pads)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> During the day	<input type="checkbox"/> At Night	
<b>Catheter:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>PERSONAL SUPPORT NEEDS</b> (please tick appropriate box)			
<b>Do you experience:</b>	<b>YES</b>	<b>NO</b>	<b>How do you deal with these problems?</b>
Poor vision	<input type="checkbox"/>	<input type="checkbox"/>	
Poor hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Communication difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Poor memory	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Fear	<input type="checkbox"/>	<input type="checkbox"/>	
Frustration/anger	<input type="checkbox"/>	<input type="checkbox"/>	
Sadness	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Lost	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other:(describe)</b>			
<hr/>			
<hr/>			
<hr/>			
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<b>C. YOUR PERSONAL SOCIAL HISTORY</b>
<b>What activities / interests do you enjoy?</b>
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**Checklist:**

1.  Have you enclosed your ACAT form?
2.  Have you completed all sections of this form that are relevant to you?
3.  Have you enclosed your Financial details?
4.  Have you enclosed your copy of Power of Attorney / Enduring Power of Attorney?

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Name and signature of the person who completed this form (*IF DIFFERENT FROM APPLICANT*)**

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

Relationship to Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

***Thank you***

***Office Use Only:***

Name:

Date sent:

Date received:



## **Explanatory notes relating to the Statutory Declaration of income and assets.**

The 1997 Aged Care Act and consequent structural reform of the industry dramatically changed the way by which potential new residents are classified (financially speaking).

One of the main aims of the new legislation is to ensure that those people, who have the capacity to do so, partly contribute to the cost of their own care when living in a residential aged care facility.

Most residents attract a daily care subsidy from the Commonwealth Government which is paid directly to the facility in which the resident lives. This subsidy is used by the facility to offset the cost of providing the aforementioned care.

All relevant Government departments are now linked together and “speak” to each other on a daily basis, thereby ensuring that each new resident’s financial affairs are properly assessed. When a resident is assessed as possessing assets over a specified amount and/or earning more than the full basic pension, that resident is required to pay an accommodation bond and/or variable ongoing fortnightly fees. (The amount of accommodation bond and ongoing required varies according to that resident’s capacity to pay). To ensure that the Residential Care Facility complies with this directive, each care subsidy paid to the facility is regularly assessed and reduced accordingly, if appropriate.

Some potential residents of course, do not have the capacity to pay an accommodation bond, or higher than normal ongoing fees. These persons are deemed CONCESSIONAL residents and each facility reserves appropriate numbers of spaces for them. A concessional resident will not be required to pay an Accommodation Bond, or variable fees, and will receive exactly the same care and services as all other residents.

To qualify as a concessional resident, the applicant **must**:

1. Be in receipt of an income support payment (this includes a pensioner benefit)  
and
2. Not have owned a house, property, unit etc. for the past 2 years (or if owning a house, the applicants spouse or dependent child would be remaining in the house when applicant moves to Residential Care)  
and
3. Have **total** assets **not exceeding** 2.5 times the annual rate of the full single aged pension. (\$38,500.00 as at 20<sup>th</sup> September 10)

**NB:** Some exception to the above do apply, if unsure please check with management before completing declaration.

This form is a Statutory Declaration, and a Justice of the Peace or Commissioner for Declarations must witness your signature. As such it is a legal document.

**It is therefore essential that each applicant complete the following declaration truthfully and as accurately as possible.**

The forms will be kept in strict confidence and only accessed by managers and administrative staff with a need to use the information. However, people who do not wish to provide this information will not be required to do so if they agree to pay the maximum charges permitted.

## The Evidence Act, 1906 (WA)

### Statutory Declaration of Income and Assets

I (insert full name) \_\_\_\_\_

of (insert current address) \_\_\_\_\_

do solemnly and sincerely declare that every statement and item of information in this Statutory Declaration is in no way false, inaccurate, incomplete, misleading or deceptive, or likely so to be or have been. I agree that to enable RSL Care WA to accurately determine my financial status I will provide further information or the expansion or proof of the following information at the request RSL Care WA.

I acknowledge and accept that any breach of this warranty and representation may result in the termination of an offer to me, or of my residency. I understand that if my application is accepted I will be required to enter into a written agreement.

#### 1. INCOME & ASSET

<b>Are you</b>	Full Pensioner <input type="checkbox"/>	Part Pensioner <input type="checkbox"/>	Non Pensioner (Superannuation) <input type="checkbox"/>
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INCOME SOURCE	Income \$ per f/night
• Centrelink	
• DVA - Pension	
• - Disability	
• Overseas pension	
• Superannuation	
• Interest (on investments, bank accounts, dividends etc)	
• Property (Rent or lease paid to you)	
• Home (see part 2 - Rent or lease paid to you)	
• Other (please specify)	
TOTAL (per f/night)	\$

ASSET TYPE	ASSET VALUE
• Cash on hand	
• Investments (bank & investment accounts, stocks etc)	
• Home (see Part 2 below before answering this question)	
• Other property (eg: land, rental house or unit)	
• Any other assets (for example, car, furniture, collectibles etc.) <b>NB. Minimum</b> deemed value of personal effects, furniture and fittings is \$5,000.00	
TOTAL	\$

**2. Home ownership and tenure**

Write Yes Or No against each of the statements below

I currently own or have in the last two years owned my own home. \_\_\_\_\_

My partner or a dependent child is currently living in my home. \_\_\_\_\_

A carer or close relative who is eligible to receive a pension has lived continuously in the home for the past two years. \_\_\_\_\_

The value of the home (or if disposed of in the last two years sale price) \$ \_\_\_\_\_

(Note: this amount should be the same as that recorded in the table on page one against the Home, or if the home has been sold the proceeds should appear against investments.)

Address of the home if still owned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And I make this solemn declaration conscientiously believing the same to be true and by virtue of section 106 of 'the Evidence Act 1906'.

Declared at \_\_\_\_\_

in the State of Western Australia on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By the said *(insert full name)* \_\_\_\_\_

Signature of person making declaration \_\_\_\_\_

Before me \_\_\_\_\_

# Justice of the Peace  
# Commissioner for Declarations  
(# Strike out whichever is inapplicable)