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 complete in the underlined space or tick the appropriate box.

Upon receipt of the completed Application form, ACAT Assessment and Assets Assessment, your application will be entered onto our waitlist and you will receive notification in the mail.

To maintain a position on the wait list please contact the Admissions Coordinator, during business hours on 9370 0204 regularly, this will confirm that the application remains current on our wait list.

If the care needs change in the future or if you find a placement elsewhere, please notify the Admissions Coordinator on the above number.

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

<table>
<thead>
<tr>
<th>Title (Mr, Mrs, Ms, Miss)</th>
<th>Surname: ________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Names:</td>
<td>________________________________________________________</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>________________________________________________________</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>□ Married □ Widowed □ Divorced □ Single</td>
</tr>
<tr>
<td>Nationality:</td>
<td>________________________________________________________</td>
</tr>
<tr>
<td>Preferred Language:</td>
<td>________________________________________________________</td>
</tr>
<tr>
<td>Religion:</td>
<td>________________________________________________________</td>
</tr>
<tr>
<td>Current Address:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Post Code:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Phone No.:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Next of Kin (if possible, please list two)</td>
<td></td>
</tr>
<tr>
<td>1. Name:</td>
<td>________________________________________________________</td>
</tr>
<tr>
<td>Relationship:</td>
<td>________________________________________________________</td>
</tr>
<tr>
<td>Address:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Post Code:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Home Phone No:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Work Phone No:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Mobile Phone No:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>2. Name:</td>
<td>________________________________________________________</td>
</tr>
<tr>
<td>Relationship:</td>
<td>________________________________________________________</td>
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<tr>
<td>Address:</td>
<td>________________________________________________________________</td>
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<tr>
<td>Post Code:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Home Phone No:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Work Phone No:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Mobile Phone No:</td>
<td>________________________________________________________________</td>
</tr>
</tbody>
</table>

** Do you manage your own financial affairs? □ YES □ NO 
If not, who manages your financial affairs?

<table>
<thead>
<tr>
<th>Name:</th>
<th>____________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>Address:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Post Code:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Home Phone No:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Work Phone No:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Mobile Phone No:</td>
<td>________________________________________________________________</td>
</tr>
</tbody>
</table>

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

If so, Who?

<table>
<thead>
<tr>
<th>Name:</th>
<th>____________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>Address:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Post Code:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Home Phone No:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Work Phone No:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Mobile Phone No:</td>
<td>________________________________________________________________</td>
</tr>
</tbody>
</table>

** Please Attach 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: ________________

Pension: □ Full Pension □ Part Pension □ Non Pensioner □ Dept Veterans Affairs

Pension Card 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? □ Own home □ Hostel

□ Nursing Home □ In hospital

□ Other □ 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 of 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:
____________________________________________________________
____________________________________________________________
____________________________________________________________

B. PERSONAL CARE NEEDS (Please tick appropriate box)

<table>
<thead>
<tr>
<th>WALKING</th>
<th>□ Independent</th>
<th>□ With Aid</th>
<th>□ assisted/supervised</th>
<th>□ Full assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRESSING/UNDRESSING</td>
<td>□ Independent</td>
<td>□ assisted/supervised</td>
<td>□Full assistance</td>
<td></td>
</tr>
<tr>
<td>EATING/DRINKING</td>
<td>□ Independent</td>
<td>□ Supervised</td>
<td>□ assisted/encouraged</td>
<td>□ Full assistance</td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Special dietary requirements?
□ Medical □ Cultural □ Religious
□ YES □ NO □ YES □ NO □ YES □ NO

Details:

Do you have difficulty swallowing?
□ YES □ NO
Details:
### SHOWERING/WASHING

- **Independent**
- **Partly Assisted**
- **Assisted/Encouraged**
- **Full Assistance**
- **AM**
- **PM**
- **Daily**
- **Alternate Days**

**Additional Information:**

### TOILETING

- **Independent**
- **Partly Assisted**
- **Supervised**
- **Full Assistance**
- **Equipment Required**
- **AM**
- **PM**
- **Daily**
- **Alternate Days**

**Additional Information:**

**Do you experience incontinence?**
- [ ] YES
- [ ] NO

**Do you have problems with?**

**Bladder Control:**
- [ ] Always
- [ ] Usually
- [ ] Occasionally
- [ ] Never

**Bowel Control:**
- [ ] Always
- [ ] Usually
- [ ] Occasionally
- [ ] Never

**Do you use incontinent aids?** (ie pads)
- [ ] YES
- [ ] NO
- [ ] During the day
- [ ] At Night

**Catheter:**
- [ ] YES
- [ ] NO

### PERSONAL SUPPORT NEEDS (please tick appropriate box)

<table>
<thead>
<tr>
<th>Do you experience:</th>
<th>YES</th>
<th>NO</th>
<th>How do you deal with these problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor hearing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication difficulties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor memory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frustration/anger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting Lost</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. YOUR PERSONAL SOCIAL HISTORY

What activities / interests do you enjoy?

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Application 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 / Assets Assessment if applicable?

4. □ Have you enclosed your copy of Power of Attorney / Enduring Power of Attorney?

5. □ Medicare Number and Expiry Date?

6. □ Pension Card Number and Expiry Date?

7. □ Private Health Provider and Membership Number?

Medicare, Pension (or DVA) cards are usually kept on the clinical file. If you wish to hold on to these cards please bring them in for copying or send a copy to us to be kept on the clinical file.
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: __________________________________________________________________

<table>
<thead>
<tr>
<th>Office Use Only:</th>
<th>Date sent:</th>
<th>Date received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date last updated: 08/10/2012
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 20th 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.
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**

<table>
<thead>
<tr>
<th>Are you</th>
<th>Full Pensioner □</th>
<th>Part Pensioner □</th>
<th>Non Pensioner (Superannuation) □</th>
</tr>
</thead>
</table>

**INCOME SOURCE**

- 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**

<table>
<thead>
<tr>
<th>ASSET TYPE</th>
<th>ASSET VALUE</th>
</tr>
</thead>
</table>

- 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.)

**NB. Minimum** 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 Oaths, Affidavits and Statutory Declarations Act 2005. This statement is true and I know that it is an offence to make a declaration knowing that it is false in a material particular

- 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)