

Residential Care Facilities Application

Form

Are you applying for Permanent Entry or Respite Care

Applicant details

Title Mr Mrs Miss Ms Other (please specify):

Surname

First Names(s)

Preferred Name

Date of Birth

Address

Street

Suburb

Postcode

Home Phone

Mobile

Email

Medicare No.

Expiry Date

Centrelink Reference Number

DVA Card Number

Do you receive an income support payment from DVA or Centrelink?

 Yes, full pension Part, full pension No, I don't receive a pension

Southern Cross Care has a centralised waitlist. Please tick the facilities where you would like to be considered for placement and number in order of preference.

Facility	Tick	No.
Frank Prendergast House (Success)	<input type="checkbox"/>	
Germanus Kent (Broome)	<input type="checkbox"/>	
Jeremiah Donovan House (Forrestfield)	<input type="checkbox"/>	
Joseph Cooke House (Shelley)	<input type="checkbox"/>	
Margaret Hubery House (Rossmoyne)	<input type="checkbox"/>	
Victoria Park (Kalgoorlie)	<input type="checkbox"/>	
Villa Pelletier (West Leederville)	<input type="checkbox"/>	

Nominated Representative Details

Surname

First name/s

Preferred name

Date of Birth

Address

Suburb

Postcode

Home Phone

Mobile

Email

Relationship to applicant

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All information supplied is strictly confidential

Existing/Previous Resident of an Aged Care Home

Do you currently receive, or have you ever received, permanent care in a residential aged care home? If so, please complete the following details:

Yes No

Current, or previous, residential aged care home

Name

Date of admission

Date of departure (if applicable)

How did you hear about us?

Social Worker GP Online Someone I know is cared for by SCC

Newspaper/Magazine TV Radio Other (specify):

To ensure your application is processed, please attach the following:

Copy of Enduring Power of Attorney/Guardianship/Administrator if applicable

A copy of a current Aged Care Assessment

A current Asset Assessment from Department of Human Services

Signature of applicant
or representative

Date

All information supplied is strictly confidential

Applicant Name [Click here to enter text.](#) Does the Applicant have a partner? Yes No

Address [Click here to enter text.](#)

Has a Centrelink or Department of Veteran's Affairs Income & Assets Assessment been completed?
 Yes Sent on: [Click here to enter a date.](#) (If the formal letter of Assessment has been returned to you, please provide instead of this form)
 No

Residential Care Fee Estimator: <https://www.myagedcare.gov.au/fee-estimator/residential-care/form>

If the applicant has a partner, you will need to provide information about the **combined income**. However, only half of the combined income will be considered. Do not include interest from bank accounts or financial investments

INCOME PER ANNUM:	ANNUAL AMOUNT
Income payment from the Australian Government e.g. Age Pension/DVA	\$ Click here to enter text.
War Widow or Widower/Disability/Carer Pension	\$ Click here to enter text.
Overseas Pension (s)	\$ Click here to enter text.
Income from Superannuation	\$ Click here to enter text.
Net Income from Business(s)	\$ Click here to enter text.
Net Income from rental properties	\$ Click here to enter text.
Income from family trust	\$ Click here to enter text.
Income from dividends from private company share	\$ Click here to enter text.
Other income	\$ Click here to enter text.
Total Income per Annum	\$ Click here to enter text.

Does the applicant and/ or partner own or are currently paying off the home they are living in? Yes No

ASSETS:	
Home (Estimated Value of Home if not Occupied by a Protected Person)	\$ Click here to enter text.
Household Contents (typically valued at \$10,000)	\$ Click here to enter text.
Motor Vehicle(s)	\$ Click here to enter text.
Cash at bank	\$ Click here to enter text.
Stocks/Shares	\$ Click here to enter text.
Term Deposits	\$ Click here to enter text.
Managed Investments	\$ Click here to enter text.
Superannuation Balances	\$ Click here to enter text.
Investment/Other Properties	\$ Click here to enter text.
Gifting (amount over \$10,000 in a single financial year or \$30,000 over five FYs)	\$ Click here to enter text.
Other Assets	\$ Click here to enter text.
Total Amount	\$ Click here to enter text.

DEBTS:	
Loan or total debt held over a financial asset listed above	\$ Click here to enter text.

This form was completed by: Applicant Applicant's Representative EPA

I Declare that the information supplied on this form is true & correct.

Name: [Click here to enter text.](#)

Signature: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)