

Residential Care Facilities Application

Are you applying for								
☐ Permanent Entry	ry ☐ Respite Care							
Facility								
☐ Southern Cross East Fremantle ☐ Germanus Kent House ☐ Jeremiah Donovan House								
☐ Joseph Cooke House ☐ Margaret Hubery House ☐ Victoria Park House ☐ Villa Pelletier ☐ Frank Prendergast House								
☐ Villa Pelletier ☐ Frank Prendergast House								
Applicant Details								
Title	☐ Mr □	☐ Mrs ☐ Miss ☐ I	Ms □ Oth	ner (please	specify):			
Surname:								
First Names(s):	Marital Status:							
Preferred Name	Date of Birth:							
Address			Γ					
Suburb		Postcode:						
Home Phone:		Mobile:						
Email:				T				
Medicare No:				Position:	Т	Expiry	/ Date:	
Centrelink Reference	ence number:			E		Expiry	xpiry Date:	
DVA Card number:		Expiry Date:			/ Date:			
Smoker	☐ Yes [□ No						
Primary Nominated Re	epresentati	ive Details	Prim	ary Nomina	ated Repre	esenta [.]	tive Details	
Surname:				Surname:				
First name/s:			_	First name/s:				
Preferred name:			Preferred name:					
Address:			Addr	Address:				
Home Phone:		Hom	Home Phone:					
Mobile:		Mob	Mobile:					
Email:		Ema	Email:					
Relationship to Applicant:		Rela	Relationship to Applicant:					

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):						
To ensure your application is processed please attached the following:							
☐ Copy of Enduring Power of Attorney / Enduring Power of Guardianship							
☐ A current Asset Assessment from Department of Human Services or Financial Declaration (attached)							
Signature of Applicant or Representative							
Date:							



Financial Declaration Form

the combined income will be considered. Do not include interest from bank accounts or financial investments. Income per Annum Income payment form the Australian Government e.g. Age Pension/DVA \$						
If the formal letter of Assessment has been returned to you, please provide instead of this form. Residential Care Fee Estimator: http://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		been completed?				
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