



RESIDENTIAL APPLICATION

73 Jackson Street, Casterton VIC 3311

Phone: (03) 5581 1211

Fax: (03) 5581 2050

Email: office@edgarley.com.au

TO NOT ONLY BE KNOWN FOR QUALITY CARE, BUT TO BE RENOWNED FOR IT

Required Care Permanent Respite

Referral Code:

Referral Code:

Applicant Details

Title:

First Name:

Middle Name:

Surname:

Preferred Name:

Date of Birth:

Home Address:

Suburb:

Postcode:

Your Current Location:

Gender at Birth:

 Male Female

Recognised Gender:

 Male Female Intersex Other (Please List).....

Marital Status:

 Single Married Divorced Widowed De Facto Other

Spouse/ Partner Name:

Country of Birth:

Region:

Preferred Language:

Aboriginal or Torres Strait
Islander: Yes, Aboriginal Yes, Torres Strait Yes, both No

If yes, please provide details:

Person Completing the Application**Are you a "Registered Supporter" with My Aged Care?** Yes No

Name:

Address:

Telephone:

Mobile:

Email:

Relationship to Applicant:

How did you hear about Edgarley Assisted Living?

Contact for the application?

 Applicant Person completing the application**Declaration**

I sincerely declare that the answers to all the questions given in this application form (whether in respect of myself, or on behalf of the applicant) are true and correct in every particular and in no way false, inaccurate, incomplete, misleading, or deceptive. I understand the effect of this application and that it is my obligation to seek independent legal and financial advice. I agree by completing this application to be wait listed for placement and that to allow the accurate determination of my financial status, I will provide further information or proof upon request.

Date:

Signature:



Resident Vaccination Status

I have been vaccinated against this year's influenza	<input type="checkbox"/> Yes	Date:	<input type="checkbox"/> No
I understand that I must provide evidence of my influenza vaccination status prior to admission:			<input type="checkbox"/> Yes
If No , are you willing to be vaccinated for Influenza?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been vaccinated against COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes , please specify:	<input type="checkbox"/> First dose only	<input type="checkbox"/> Second Dose	<input type="checkbox"/> Booster 1 <input type="checkbox"/> Booster 2
I understand that I must provide evidence of my COVID-19 vaccination status prior to admission:			<input type="checkbox"/> Yes
If No , are you willing to be vaccinated for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Pension

Pension Type:	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> DVA	<input type="checkbox"/> Overseas
Pension Status:	<input type="checkbox"/> Full	<input type="checkbox"/> Part	<input type="checkbox"/> Non	
Pension Number:	Pension Expiry:			
If you hold a DVA pension what type of card?	<input type="checkbox"/> Gold	<input type="checkbox"/> White	<input type="checkbox"/> Orange	

Medicare

Medicare Number:	
Position on Card:	Expiry Date:

Nominated Contacts – First Contact

Title:	First Name:	Surname:
Address:		
Suburb:	Postcode:	
Telephone:	Mobile:	
Email:	Relationship to Applicant:	
Emergency Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you Responsible for:		
<input type="checkbox"/> Accounts <input type="checkbox"/> Next of Kin <input type="checkbox"/> Mailing <input type="checkbox"/> Other	If Other:	
<input type="checkbox"/> POA - Enduring (Financial)		
<input type="checkbox"/> POA - Enduring (Medical)		

Nominated Contacts – Second Contact

Title:	First Name:	Surname:
Address:		
Suburb:	Postcode:	
Telephone:	Mobile:	
Email:	Relationship to Applicant:	
Emergency Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you Responsible for:

<input type="checkbox"/> Accounts	<input type="checkbox"/> Next of Kin	<input type="checkbox"/> Mailing	<input type="checkbox"/> Other	If Other:
<input type="checkbox"/> POA - Enduring (Financial)				
<input type="checkbox"/> POA - Enduring (Medical)				

Legal

Enduring Power of Attorney (EPOA):	<input type="checkbox"/> Yes. If yes, a copy is required prior to admission	<input type="checkbox"/> No		
Is the EPOA currently active?	<input type="checkbox"/> Yes - Incapacity	<input type="checkbox"/> Yes, other (i.e., immediate power)	<input type="checkbox"/> No	
Same as:	<input type="checkbox"/> First Contact	<input type="checkbox"/> Second Contact	<input type="checkbox"/> Both	<input type="checkbox"/> Other

If **Other**, please provide contact details:

Title:	First Name:	Surname:
Address:		
Suburb:	Postcode:	
Telephone:	Email:	

VCAT/QCAT/NCAT

Has a guardian been appointed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Has an Administrator/ Financial Manager been appointed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Are you awaiting a VCAT, QCAT or NCAT hearing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, please specify the following:
Name of person who has applied to be appointed:		
Hearing Date:	Reference Number:	

Previous Aged Care Residential Accommodation Details or Approved Home Care Package

Is the applicant currently a permanent resident or been a resident of an aged care facility?

Name of Facility:

Date of Admission:

Address:

Telephone:

Email:

Discharge Date:

Planned Discharge Date:

Or an Approved Home Care Package Prior To 12/09/2024:

Yes

No

Asset and Income Details - Permanent Residents only

The following information is required to enable aged care residences to determine whether the resident will be required to pay an Accommodation Payment or Accommodation Contribution. The definitions, rules, calculations, and formulas used to determine aged care fees and charges are quite complex. As such, we strongly recommend that all potential residents seek independent financial advice to ensure they have adequately explored all options to improve their overall financial position before entering residential aged care.

Aged Care Calculation for your costs of care

You will need to complete and submit the "Income and Means" Assessment form to Centrelink.

You won't need to complete the form if you do not own a home and get either a:

- Means tested payment such as Aged Pension or Disability Support Pension
- Department of Veterans Affairs (DVA) Payment

Centrelink will use the income and means details already provided to work out the cost of your care. It's important however that your income and means details are always up to date to avoid a debt.

Have you submitted the 'Income and Means Assessment' form to the Department of Services Australia or Department of Veterans Affairs (if required)?

Yes

No

If Yes, and you have the Aged Care Fees letter, please attached a copy with this application.

If Yes, and you have not received the Aged Care Fees letter, please complete this section.

If No, do you intend to submit the Aged Care Calculation of your costs of care?

Yes

No

Proposed Submission Date:

If you do not intend to submit the 'Income and Means Assessment' form, you will pay the published Refundable Accommodation Deposit or equivalent Daily Accommodation Payment of the room offered at the time of placement and you will also be charged Higher Daily Fees.

Depending on the answers you have provided a guarantor or property charge (caveat) may be required, more information will be provided to you if one or both is required.



Pension Entitlements

Age pension:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blind pension:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DVA pension:	<input type="checkbox"/> Yes	<input type="checkbox"/> No If Yes, please complete the following

If **Yes** to DVA Pension, please indicate which type:

- Special Rate (T&PI, Blinded, TTI)
- Intermediate Rate
- Extreme Disablement Adjustment (EDA)
- General Rate: please indicate percentage: _____%

Property

Do you own or part own the property in which you usually reside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current market value? \$		
Do you have a partner or dependent child living in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your partner or dependent child remaining in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a carer who is eligible for a pension or other income support payment living in your home for the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a close relative who is eligible for a pension or other income support payment living in your home for the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend to keep your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Income

	Fortnightly	Annually
Account Based Pension:		
Overseas Pension:		
Superannuation Pension:		
Employment Income:		
Other Income:		
Total:		

Assets/ Investments

If you are a member of a couple, you are deemed to own half of the total combined assets, irrespective of whose name these are held.

	Yours	Your Partners	Joint
Home – Market Value			
Net Retirement Village Contribution (Exit Entitlement)			
Accommodation Bond/RAD			
Financial Bank Accounts			
Shares			
Managed Investments			
Assessable Income Streams			
Foreign Assets			
Real Estate and business interests			
Pre-Paid Funeral			
Funeral Bond			
Gifts (Gifting within last 5 years)			
Other Assets (home contents, vehicle, money owed to you etc.)			
Total Value of Assets:			
Less Mortgage:			
Less any other debt to be re-paid (Credit card, person loan etc):			
Net Assets:			