



# PRESBYTERIAN AGED CARE NSW AND ACT



## Waiting List Application Form

Name Of Resident/s

Please tick the box that describes your situation:

I would like to move into Minnamurra as soon as it opens.	<input type="checkbox"/>
I'm not quite ready yet. Please put my name down on the waiting list and call me in 4 - 6 months if there is a room available.	<input type="checkbox"/>
I'm fine as I am at the moment, but you never know what the future holds. Please put my name on the waiting list and call me in 12 months.	<input type="checkbox"/>

PART A: ADMINISTRATION DETAILS						
SURNAME					CHRISTIAN NAMES	
PREFERRED NAME					MARITAL STATUS	
ACAT APPROVAL	High Care	<input type="checkbox"/>	Low Care	<input type="checkbox"/>	Date of ACAT Approval	___ / ___ / ____ (dd/mm/yyyy)
HOME ADDRESS					TELEPHONE NUMBER/S	
					Home:	
					Mobile:	

PART B (1): FINANCIAL INFORMATION:			
SURNAME			CHRISTIAN NAMES
<b>Question One(1): If you are a current or previous resident of an aged care home, please complete the following details:</b>			
Name of current aged care home (or last aged care home you lived in)			Address:
Date of Entry			Date of Departure

<b>Question Two (2):</b> <b>If you were living in a nursing home on 30 September 1997, please tick here and sign and date at the bottom of this page. You do not need to complete questions 3 – 6 or the Financial Asset Declaration, as you cannot be asked to pay an accommodation charge.</b>	Yes (✓)
	<input type="checkbox"/>

<b>Question Three (3): If your spouse/de facto partner already lives in an aged care home, please complete the following details:</b>			
Spouse/partner's name		Name of Aged Care Home	

<b>Question Four (4): If the following have occurred, please provide details:</b>		
You paid an accommodation bond in your current (last) aged care home	Yes	No
You will receive the same level of care (high/low) in your new aged care home	Yes	No
You will move to your new aged care home within 28 days of departure from your current (last) aged Care home	Yes	No
<b>If you have ticked <u>all three</u> boxes above, please sign and date below. You do not need to complete questions Five (5) and Six (6).</b>		

Signature:		Date:	
------------	--	-------	--

**PART B (2): FINANCIAL INFORMATION:**

**Question Five (5): Residential Property Details:**

Have you owned or part-owned a home in the past 2 years?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Do you own or part-own a home now?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

**Do any of the following people live in your home?**

Carer who has been living in your home for the past 2 years (minimum)	Yes	No	Does this person(s) receive or are they eligible to receive an income support payment at the time that you enter care ?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Close relation e.g. father, mother, sister, brother child, grandchild who has been living in your home for the past 5 years (minimum)	Yes	No	Does this person(s) receive or are they eligible to receive an income support payment at the time that you enter care ?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**Question Six ( 6). If you own, or have owned your own home, do any of the following people live in your home?**

Carer who has been living in your home for the past 2 years (minimum)	Yes	No	Does this person(s) receive or are they eligible to receive an income support payment at the time that you enter care ?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Close relation e.g. father, mother, sister, brother child, grandchild who has been living in your home for the past 5 years (minimum)	Yes	No	Does this person(s) receive or are they eligible to receive an income support payment at the time that you enter care ?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

1. If you have ticked "Yes" to all of the above boxes, your home is not counted as an asset for aged care purposes.
  2. If you have not ticked "Yes" to all of the above boxes, your home may be counted as an asset for aged care purposes.
- Please complete the Asset Declaration List. (Part C overleaf).

**Financial asset information:**

*Financial asset information is used by Presbyterian Aged Care to determine:*

- *whether you may be eligible to pay an accommodation bond (Low Care accommodation) or,*
- *accommodation charge (High Care accommodation), or*
- *if the aged care facility is eligible to receive an additional subsidy on your behalf.*

It is important that the information that you provide is accurate.

**Statutory Declaration:**

*A Statutory Declaration is a serious legal document. Presbyterian Aged Care requests all prospective residents/clients to complete a Statutory Declaration to assure ourselves of the accuracy of the information provided in you application. We thank you for your co-operation.*

**PART C: ASSETS DECLARATION**

Under Commonwealth legislation, you are required to provide information regarding your assets to assist with the determination of your capacity to pay an accommodation bond or accommodation payment upon entry to a Residential Aged Care Facility. To assist us to assess your application could you please complete the following information.

*NOTE: Calculation of assets should include only net assets i.e. Total value less any outstanding amounts owing on the asset.*

**1. CENTRELINK FINANCIAL ASSET ASSESSMENT**

Have you had a Centrelink Financial Asset Assessment completed?

No – Please complete Q2 below.

Yes – Assessment Date \_\_\_/\_\_\_/\_\_\_\_\_  
You do not need to complete Q2 below.

Does the assessment indicate that you would be required to pay an Accommodation Payment on entering residential care?

No  
 Yes

**2. CALCULATION OF NET VALUE OF ASSESSABLE ASSETS**

Description of assets	Current Market value (\$)
Current market value of own home	
Current market value of investment property(s)	
Current market value of other real estate e.g. farm	
Current market value of own business	
Bank Accounts: Including: savings, interest bearing deposits, interest from shares, dividends	
Value of shares	
Value of Superannuation	
Other Assets: Motor vehicles, boats, caravans, special collections( art, stamps etc.,) Household effects, personal effects (jewellery etc)	
Value of any other Assets: Describe and provide value	
<b>TOTAL NET VALUE OF ASSETS:</b>	

Signature:

Date:

Once complete, please post this form to:

**Minnamurra  
c/- PO Box 2196  
Strawberry Hills NSW 2012**

**Thank You!**