# **Application for Permanent & RespiteResidential Aged Care Accommodation**

Thank you for your enquiry about entry to Catholic Homes Inc residential aged care.

Please complete this application form and return it, together with your ACAT Assessment/Support Plan, Centrelink/DVA Income and Asset Assessment, and any other relevant documents to the residence of your choice.

|  |
| --- |
| APPLICANT (PROSPECTIVE RESIDENT) DETAILS |
|  |  Permanent  Respite |
| Title (Mr/Mrs, Miss/Ms etc) |  |
| Last Name |  |
| First Name |  |
| Middle Name |
| Gender  Male  Female  Self-described (Please Specify): |
| Date of Birth |  |
| Marital Status |
| Home Address |  |
| Suburb Postcode |
| Phone |  |
| PREFERENCE RESIDENCE |
| *Please select your preferred residence of choice (Note: This is subject to availability and care requirements).**You are able to place your name on our waitlist should your preferred residences not have a bed available.* |
|  | Archbishop Goody – 29 Goderich Street, East Perth |
|  | Castledare Village – 108 Fern Road, Wilson |
|  | Ocean Star – 207 Ocean Drive, Bunbury |
|  | Servite Village – 184 Edinboro Street, Joondanna |
|  | Sister Mary Glowrey – 12 Lapage Street, Belmont |
|  | St Vincent’s – 224 Swan Street West, Guildford |
|  | Trinity Village – 7 Beddi Road, Duncraig |

|  |
| --- |
| SENIORS PENSION AND DVA |
| *Do you receive a full or part pension (or other income support payment) from Centrelink or the Department of Veterans Affairs? (tick one box)* |
| [ ]  Yes, I receive a **full** pension  |  |
| [ ]  Yes, I receive a **part** pension |  |
| [ ]  **No** I do not receive a pension |  |
| What type of pension do you receive (eg. age/disability/service pension)? |  |
| Pension number |  |
| HEALTH COVER |  |
| Medicare | Member # Ref Valid to*(REF is the number listed in front of the name on the Medicare card)* |
| Private Health Insurance | Do you have Private Health Insurance? Yes 🞏 No 🞏 |
| If yes, name of fund Member # |
| GOVERNMENT FUNDING SUBSIDIES  |
| Are you receiving any other additional government funding subsidies from any other providers? E.g. NDIS, home care.Yes 🞏 No 🞏If yes, please specify provider details: |
| PERSON TO CONTACT IF A VACANCY ARISES |
| Primary Contact | Name |
| Address |  |
| Suburb Postcode |
| Email |
| Home Phone Work |
| Mobile |
| Relationship |
| Do you have an Enduring Power of Attorney?  YES  NO *If yes, please attach a copy to this application.* |