Application for Accommodation Form

PH: 1800 722 522

Level 8, 9 Help Street, Chatswood, NSW 2067

scalabrini

Everything you value most

Thank you for choosing Scalabrini.

To add your name to our waiting list, please complete this application form and either email or fax to us with your most recent ACAT assessment and all relevant medical information.

F: 02 8876 6860 | E: accommodation@scalabrini.com.au

APPLICANT DETAILS:

Surname: _____

Given Names: _____ Preferred Name: _____

◯ Mr ◯ Mrs ◯ Miss Date of Birth: ____ / ____ / ____

Home Phone: _____ Mobile: _____

Current Address: _____

Do you have an ACAT approval for entry into Residential Aged Care? ◯ Yes ◯ No

Marital Status: ◯ Single ◯ Married ◯ Widowed ◯ Divorced ◯ De Facto Relationship

Moving from: ◯ Home ◯ Hospital ◯ Other Aged Care Home ◯ Other (Please specify): _____

If arriving from hospital; date of original entry to hospital: _____

Country of Birth: _____ Religion: _____

Language Spoken: _____ Nationality: _____

Medicare No: _____ Medicare Card Expiry Date: _____

Medicare Card Member No: _____

Name as it appears on Medicare card: _____

Private Health Fund Name: _____ Private Health Fund No: _____

Pension No: _____ ◯ Full ◯ Part ◯ None

Pension Card Expiry Date: _____ DVA No: _____

Do you have a Power of Attorney? ◯ Yes (attach copy if available) ◯ No

Name: _____

Do you have an Enduring Power of Attorney (E.P.O.A): ◯ Yes (attach copy if available) ◯ No

Name: _____

Do you have an Enduring Guardian: ◯ Yes (attach copy if available) ◯ No

Name: _____

Advance Care Plan or Directive: ◯ Yes (attach copy if available) ◯ No

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PERSON RESPONSIBLE 1:

Name: _____ Address: _____

Email: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Relationship to applicant: _____ Authority to Make Decisions: ◯ Yes ◯ No

If yes, the type of authority held (please attach a copy): _____

PERSON RESPONSIBLE 2:

Name: _____ Address: _____

Email: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Relationship to applicant: _____ Authority to Make Decisions: ◯ Yes ◯ No

If yes, the type of authority held (please attach a copy): _____

Mail to be sent to: ◯ Applicant ◯ Person Responsible (1) ◯ Person Responsible (2)

Do you authorise us to speak with these persons regarding possible accommodation if we are unable to contact you directly? ◯ Yes ◯ No

The following information will assist in calculating the correct fees and charges.

Have you submitted an application for Residential Aged Care Assets and Income Assessment through Centrelink or the Department of Veterans' Affairs? ◯ Yes ◯ No

If you currently live within a residential aged care service, please provide details of any agreed accommodation payment arrangements.

_____

Do you live alone? ◯ Yes ◯ No **Do you own or rent your current home?** ◯ Yes ◯ No

Are you a ◯ Self Funded Retiree ◯ Part Pensioner ◯ Full Pensioner

Will someone remain living in the family home when you move into Scalabrini? ◯ Yes ◯ No

Please provide an estimate of the value of your current assets: _____

Please provide an estimate of your income per annum: _____

Is there any other information which you may believe is relevant to your financial circumstances? e.g. DVA pensioner, housing commission tenant, overseas pension recipient etc. _____

PERSON COMPLETING THIS FORM:

Name: _____ Contact Number: _____

How did you hear about Scalabrini? _____