



ASSISI
AGED CARE

Application for
Respite Care or
Permanent Entry

to

Assisi

Aged Care

Applicant's Name:

**This application is for
(please tick):**

Permanent Entry

Respite Care

APPLICATION DETAILS

Title: Surname: First name:

Preferred Name:

Address:

Date of Birth: Country of Birth:

If country of birth is Italy, please specify the region:

Marital Status:

Are you an Australian Citizen (please circle): YES NO

Are you registered to vote (please tick): Federal Elections State Elections
YES YES
NO NO

LEGAL & FINANCIAL MANAGEMENT DETAILS

Do you have any of the following appointed for you (please tick):

Enduring Power of Attorney (Financial) Enduring Power of Attorney (Medical)

Administrator Guardian

Full Name/s:

Address:

Phone BH: Phone AH: Mobile:

Email:

NB: A copy of these documents are required prior to admission

Will this person/s be your Nominated Representative? YES/NO If not, please advise details below

Full Name:

Address:

Phone BH: Phone AH: Mobile:

Email:

Relationship to you: Type of Authority:

Will your Nominated Representative be responsible for paying your accounts? YES NO

Will your Nominated Representative be responsible for receiving your correspondence YES NO

Or will you be responsible for paying your accounts and receiving your own correspondence? YES NO

PREVIOUS RESIDENTIAL AGED CARE ACCOMMODATION DETAILS

Are you currently/previously been a permanent resident in another Residential Aged Care Facility? YES NO
(please circle)

If YES – Have you paid an entry contribution or a Refundable Accommodation Deposit at another facility? YES NO
(please circle)

If YES, please provide details below:

Name of Residential Aged Care Facility:

Address:

Date you entered: Date you departed (if applicable):

Amount paid:

Spouse/Partner details (if applicable):

Full Name:

Does he/she already live in a residential aged care facility? YES NO
(please circle):

If YES, please provide details below:

Name of Residential Aged Care Facility:

Address:

Religious/Spiritual/Cultural Preference Information:

What is your religion?

Is there a religious, spiritual or cultural person (such as a priest) you would like to keep in contact with? YES NO
(please circle):

If YES, please provide details below:

Full Name:

Organisation Name:

Address

Phone:	Email:
MEDICAL & HEALTH PROFESSIONAL CONTACTS	
Please advise details of your General Practitioner	
Name:	
Practice Name:	
Address:	
Phone:	Email:
Will your GP be providing medical care for you at Assisi? (please circle):	
YES	NO
It is essential that your chosen doctor agrees to visit you at Assisi	
Please be aware that there are doctors who routinely visit Assisi. You may choose to have one of these doctors as your nominated medical practitioner.	
Would you like to choose one of these doctors while you are a resident of Assisi? (please circle):	
YES	NO
OTHER HEALTH PROFESSIONAL - #1	
Name:	
Area of Care:	
Address:	
Phone:	Email:
OTHER HEALTH PROFESSIONAL - #2	
Name:	
Area of Care:	
Address:	
PROPERTY ASSETS	
The following information is required to enable Assisi to determine whether the applicant will be required to pay a Refundable Accommodation Deposit (RAD) (previously known as a Bond).	
Do you own or part-own the house, unit or apartment in which you normally live? (please circle):	
YES	NO
If yes, please provide the following information about the property:	
Address:	
Current Market Value of the Property: \$	
To determine if your home can be excluded from your assets assessment, please answer the following:	

Do you have a spouse or dependent living in your home? (please circle):	YES	NO
If yes, please indicate by ticking the appropriate option:	SPOUSE	DEPENDENT CHILD
Have you had a carer who is eligible for a pension or other income support in your home?(please circle):	YES	NO
Have you had a close relative who is eligible for a pension or other income support living in your home for at least 5 years? (please circle):	YES	NO
Do you own or part own any other residential or commercial property? (please circle):	YES	NO
If yes, please provide the following information about the property:		
Address:		
Current Market Value of the Property: \$		
What is the total value of any assets other than the property already mentioned above e.g.: Cash/Shares etc? (please give total amount):	\$	
MEDICARE DETAILS		
Card Number:	Expiry	
Number that appears on the left of your name (e.g.:1,2,3)		
Do you receive a pension from Centrelink? (please circle):	YES	NO
If yes, please indicate if you receive a part or full pension (please circle):	PART	FULL
Pension Card Number:	Expiry:	
PRIVATE HEALTH INSURANCE DETAILS		
Name of Fund:	Member Number:	
Level of Cover:		
Does your private health insurance include Ambulance Cover? (please circle):	YES	NO
AMBULANCE COVER DETAILS		
Name of Fund:		

Member Number:
Where did you hear about us?
Assisi website:
Aged Care Online website:
My Aged Care website:
Internet search:
Word of Mouth:
Used service previously:
Other. Please give details:
CONTACT LIST
Please provide details of all persons who wish to appear in applicant's contact list
1 st contact person: Full Name:
Address:
Phone:
Email:
Relationship to applicant:
2 nd contact person: Full Name:
Address:
Phone:
Email:
Relationship to applicant:
3 rd contact person. Full Name:
Address:
Phone:
Email:
Relationship to applicant:
4 th contact person: Full Name:
Address:
Phone:
Email:
Relationship to applicant:
APPLICATION AUTHORISATION
Signature of applicant or representative:
Date:

AGED CARE ASSESSMENT

Has the applicant had an Aged Care Assessment?

Yes: Please advise referral code: 1-

No: In Progress:

Comments:

Applicant is currently:

At home:

In Hospital:

In Transition Care:

How soon is a place required?

Thank you for your interest in Assisi.