

APPLICATION FOR ADMISSION TO MERTON COURT HOSTEL

Personal Information

Name: _____

Address: _____

Post Code: _____

Telephone No: _____

Date of Birth: _____

Marital Status: _____

Medicare Number: _____

Expiry date: _____

Next of Kin or contact person

Name: _____

Address: _____

Post Code: _____

Telephone No: _____

Relationship: _____

Email: _____

Treating Doctor

Name: _____

Address: _____

Post Code: _____

Telephone No: _____

Have you been assessed by the Aged Care Assessment Team (ACAT)? Yes/No

If yes, what date? _____

Are you receiving a pension? _____

Yes/No (Please circle)

If yes, what type of pension? _____

Full or Part Pension? _____

Pension Number: _____

Expiry Date: _____

Enduring Power of Attorney and Enduring Guardian

Does someone have power of Attorney & enduring guardianship to look after your affairs?

Yes/No

If yes, please supply a copy of both

Name:

Address:

Post Code:

Telephone No:

Relationship:

Executor of the Estate

Have you made a will?

Yes/No

If yes, where is it held?

Name of Executor:

Address:

Post Code:

Telephone No:

Relationship:

Name of Solicitor:

Address:

Post Code:

Telephone No:

Reason for application

Please detail your reason for requiring care, what you need assistance with and list medical diagnoses (please attach your most recent medical summary from your GP).

How did you hear about us? _____

Medical Conditions: _____

Surgical History: _____

Physical Impairment: _____

Mobility Aids: _____

Sensory deficit: _____

Mental Status: _____

Safety Issues: _____

Behaviour Issues: _____

Medication Issues: _____

Medical Allergies: _____

Medical Alerts: _____

Food Allergies: _____

Allergies: _____

Current Medications: _____

PERSONAL DETAILS:

Country of birth: _____ Indigenous Status: _____

Primary Language: _____ Secondary Language: _____

English Ability: _____ Religion: _____

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

- Please complete Parts A, B and C to determine your income and asset levels.
- All information that you supply to the Hostel will be treated as confidential.
- Please return to the Manager, Merton Court Hostel, 45 Ogilvie Street, Denman, 2328.
- Please attach a copy of your assessment by ACAT.

PART A

FINANCIAL SITUATION

Please answer all the questions. If you are unsure of any of the questions then please contact Merton Court Hostel.

Name of Applicant: _____

1. Are you in receipt of a pension? Yes/No
If yes, what type of pension do you receive? _____
Do you receive the maximum pension that is available? Yes/No
2. Have you owned or partially owned your own home within the last two years? Yes/No

STATUTORY DECLARATION

I (full name) _____

of (current address) _____

do solemnly and sincerely declare that the information contained above and on the succeeding two pages, and the information contained in any documents annexed to these pages, is true and correct, in every particular.

And I make this solemn Declaration conscientiously believing the same to be true and pursuant to the provisions of the Oaths Act of the State of New South Wales.

Declared at _____ this _____ day of
_____ 20 _____ .

By the said (full name) _____

Signature: _____

Before me _____

Justice of the Peace

PART B

STATEMENT OF ASSETS

Please Note: The intention of this form is to give a full indication of your assets as at the date upon which you make the Declaration in Part A.

1. Are your total assets valued above \$159,423.20? Yes/No
2. What RAD* or RAC* can you pay and still be left with assets to the value of \$46,500.00? _____
3. Have you completed the #Centrelink Combined Assets & Income Assessment Form? Yes/No

* RAD = Refundable Accommodation Deposit, RAC = Refundable Accommodation Contributions (for partly supported residents)

Every new resident must complete this form or they will have to pay the maximum means-tested care fee (MTCF)

PART C

STATEMENT OF INCOME

Please Note: The intention of this form is to give a full indication of your assets as at the date upon which you make the Declaration in Part A.

1. What pension income do you receive? \$ _____ per fortnight
2. Do you have any other income? Yes/No
3. What is the amount of that income per fortnight? \$ _____ per fortnight

NOTES

- a. In answering question 1, please do not include the special Pharmaceutical Benefit which you receive as part of your pension payment if the pension is paid by the Australian Government.
- b. If it is more convenient for you to answer question 3 by indicating the income on a weekly, monthly, or yearly basis, please indicate the figure on that basis. Cross out the words "per fortnight" and indicate the other period for which the income is indicated, e.g. "per week", "per month" or "per annum".

Please ensure that:

- (a) You have completed the Statutory Declaration at the foot of Part A and have signed it before a Justice of the Peace or another authorised person who has also signed the document.
- (b) You have added to this form any documents you might wish to supply.
- (c) Put the whole of this Form and the relevant documents in a sealed envelope before you return it to Merton Court Hostel.
- (d) Our administration address is 45 Ogilvie Street, Denman, 2328.
- (e) If you have any questions please call us on (02) 6547 2684.