



## APPLICATION FOR PERMANENT RESIDENTIAL AGED CARE

Please confirm that your completed application includes:-

- Your current Low Level **Aged Care Client Record (ACCR)** from the **Aged Care Assessment Team (ACAT)**
- Your completed Asset Options Declaration Form as attached
- The name of your GP (who will visit you at St Andrews if the need arises)

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*\*\* Please note that only complete applications can be considered. Should you need assistance, please contact our Residency Coordinator on (02) 6283 4999 \*\**

### APPLICANT DETAILS

Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

Street number and Name: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

State: \_\_\_\_\_

Business hours telephone: \_\_\_\_\_

After hours telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of your Doctor/GP: \_\_\_\_\_

Name of surgery: \_\_\_\_\_

Phone: \_\_\_\_\_

**NOMINATING A PREFERRED CONTACT FOR YOUR APPLICATION**

*\*\*If you use this option, all correspondence will be sent to your preferred contact\*\**

Name of preferred contact: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Street number and Name: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

State: \_\_\_\_\_

Business hours telephone: \_\_\_\_\_

After hours telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

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**CHOOSING YOUR PREFERRED ACCOMMODATION**

Please circle the name of your preferred choice of house:

1. JOHN FLYNN HOUSE
2. HARRISON HOUSE

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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please indicate how you heard about St Andrews Village:**

- Word of mouth  Newspaper Advertisements  
 Postcards  Radio  Other \_\_\_\_\_

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**ASSET OPTIONS DECLARATION FORM**

**\*\* This page forms a mandatory part of your application \*\***

Your level of personal assets may affect your payments or eligibility for Residential Care at St Andrews Village. As such, you must elect to *either* undertake an Assets Assessment (option 1) or sign the Assets Assurance option (option 2). This is prescribed by the Aged Care Act (1997) and supporting Aged Care Principles and regulations.

Applicant's Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

**OPTION 1: Asset Assessment**

I agree to complete a "Permanent Residential Aged Care – Request for an Assets Assessment" form and submit it to Centrelink (or if appropriate, the Department of Veterans Affairs - DVA) in accordance with the instructions in the form.

When I receive the Asset Assessments letter from Centrelink (or the DVA) I will forward it to the St Andrews Village Residency Coordinator as part of this application.

I acknowledge that applications for Residential care cannot be considered before the Asset Assessment is received by St Andrews Village.

Applicant / Power of Attorney Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**OR**

**OPTION 2: Asset Assurance**

I have decided not to undertake option 1 and therefore not provide St Andrews Village with information regarding my financial assets.

In accordance with the Aged Care Act (1997) and the Aged Care Principles, I hereby give an assurance that I am able to pay the agreed accommodation bond and still be in compliance with the minimum permissible asset value (**MPAV**) regulations.

Applicant / Power of Attorney Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**\*\*We recommend that potential residents consider legal advice before signing the Resident Agreement\*\***

If this form has been signed by a person other than the applicant, such as a person holding a Power of Attorney, please complete the following:

Name of person / Power of Attorney: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Telephone contact number: \_\_\_\_\_

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***When completed, please forward this application with the required attachments to:***

Residency Coordinator  
St Andrews Village,  
95 Groom St  
HUGHES ACT 2605

Please call the Residency Coordinator on (02) 6283 4999 should you need assistance.

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