# **Application for Permanent & Respite Residential 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.

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| 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 | | |

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| --- | --- | --- | --- | --- |
| 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.* | | | |