



Permanent   
 Respite: Low  High   
 Emergency Respite   
 Application / Enquiry

GraniteHill Aged Care

Date form completed

<b>FULL NAME of Applicant:</b> Mr. /Mrs./ Miss/ Ms. <b>PREFERRED NAME:</b>	
<b>Address:</b>	<b>Mobile:</b>
<b>Email:</b>	<b>My Aged Care ID:</b> <input type="checkbox"/> copy provided <input type="checkbox"/>
<b>DOB:</b>	<b>Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/></b>
<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Other please state:	
<b>Next of Kin:</b> Mr. /Mrs./ Miss/ Ms.	<b>Relationship to applicant:</b> (eg: husband, wife, son, daughter)
<b>Address:</b>	<b>Telephone:</b>
<b>Email:</b>	
<b>Have you appointed a POA to handle your financial affairs?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes a copy must be provided)	
<b>Financial Representative:</b> Mr. /Mrs./ Miss/ Ms.	<b>Address:</b> <b>Telephone:</b>
<b>Details of person responsible for payment:</b> Mr. /Mrs./ Miss/ Ms.	<b>Address:</b> <b>Telephone:</b>
<b>Power of Attorney (1)</b> Mr. /Mrs./ Miss/ Ms. <b>Medical <input type="checkbox"/> Financial <input type="checkbox"/></b>	<b>Power of Attorney (2)</b> Mr. /Mrs./ Miss/ Ms. <b>Medical <input type="checkbox"/> Financial <input type="checkbox"/></b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>Telephone:</b>
<b>Pensioner Status:</b> Part <input type="checkbox"/> Full <input type="checkbox"/> Non-Pensioner <input type="checkbox"/>	
<b>Veterans Affairs <input type="checkbox"/> Centrelink <input type="checkbox"/> Pension Number:</b>	<b>Expiry Date:</b> / /
<b>Medicare No.</b>	<b>Number against your name on the card:</b>
<b>Expiry Date:</b>	
<b>Private Health Insurance:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If yes: Name of Fund:</b>	<b>Membership No:</b>
<b>Ambulance Cover:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes: Membership No:</b>	
<b>Doctor:</b>	<b>Practice:</b>
<b>Address:</b>	<b>Telephone:</b>

If you have a funeral plan, please provide details.

Funeral Director:

Telephone:

Please state any Cultural/ Religious/ Diversity connections:

Does the applicant have an Advance Care Directive? Yes  No

Does the applicant have a Will? Yes  No

If yes, where is it located:

(please provide a copy of the Advanced Care Directive and a front-page copy of the Last Will & Testament)

Executor of Will: Mr. /Mrs./ Miss/ Ms.

Address:

Telephone:

### FINANCIAL INFORMATION (Not required for respite)

Residents are required to provide a Means Test Assessment prior to admission.

Have you had an Assessment? Yes  No

Please provide a summary of your assets below:

#### Income

Income includes:

- income support payments from the Australian Government such as the age pension or service pension
- net income from rental property
- war widow/widower pensions and some disability pensions
- net income from business, including farms
- income from superannuation income streams such as annuities and allocated pensions
- overseas pension income
- family trust distributions
- dividends from private company shares.

If you have a partner, enter your combined income.

Do not include interest from your bank accounts or financial investments. Your financial assets will be deemed to earn a certain rate of income.

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**ESTIMATED INCOME PER ANNUM: \$**

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#### Homeowner Status

Do you and/or your partner own or are currently paying off the home you live in?

Yes  No

If Yes, do you have a partner who lives in the home Yes  No

Your **home** will be included as an asset unless it is occupied by a protected person. A protected person is:

- your partner or dependent child
- your carer who has lived with you in the home for the past two years and is eligible for an income support payment
- a close relation, such as a sister, brother, parent, child, or grandchild who has lived with you in the home for the past five years and is eligible for an income support payment.

Will a protected person live in the family home?    Yes     No

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The **net market value of your home** is the value of the house less any outstanding mortgages on the home. Net market value will be capped depending on current government guidelines.

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**NET MARKET VALUE OF THE HOME: \$**

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**Assets**

**Financial assets** include:

- bank, building society and credit union accounts
  - cash
  - term deposits
  - cheque deposits
  - friendly society bonds
  - managed investments
  - listed shares and securities
  - loans and debentures
  - shares in unlisted public companies
  - gold and other bullion
  - gifted assets - if you have gifted amounts above \$10,000 in the last year or \$30,000 in the last five years, include the amount above these limits as a financial asset. If you have a partner, enter your combined financial assets.
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**TOTAL FINANCIAL ASSETS: \$**

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**Other Assets**

**Other assets** include:

- household contents and personal effects (these are typically valued at \$10,000)
  - foreign assets including investments, business interests and real estate
  - investment property
  - special collections such as stamps, art works or antiques
  - superannuation balances
  - private trusts, family trusts and private companies
  - net retirement village entry contributions
  - refundable accommodation deposits.
  - If you have a partner, enter your combined other assets.
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**TOTAL OTHER ASSETS: \$**

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**Debts**

A **debt** is any loan, mortgage, charge, or encumbrance held over an asset which has been included as a financial asset or other asset.

- do not include the value of the mortgage over the family home (if there is one)
  - do not include credit card debt or personal loans
  - If you have a partner, enter your combined debt.
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**ESTIMATED DEBTS: \$**

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## Declaration

I declare that the information provided is complete and correct.

Applicant/ Representative Name: \_\_\_\_\_

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

Euroa Health Representative: \_\_\_\_\_

Position: \_\_\_\_\_

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

CEO approval of application for both permanent and respite:

Name: \_\_\_\_\_

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

Office Use only	
Enquiry Only	<input type="checkbox"/>
Placed on waiting list	<input type="checkbox"/>
ACAS original sighted and copy retained	<input type="checkbox"/>
Are there any 3rd party payment agreements in place to fund the stay e.g., respite carer support payments	<input type="checkbox"/>
Asset & Means Assessment original sighted and copy retained	<input type="checkbox"/>
POA original sighted and copy retained:                      Medical <input type="checkbox"/> Financial <input type="checkbox"/>	
Advanced Care Directive copy <input type="checkbox"/>	
Copy front page of Will <input type="checkbox"/>	
Information Pack Provided to Applicant	<input type="checkbox"/>
Placed on waiting list	<input type="checkbox"/>
If resident transition from respite stay to permanent? If yes date of transition <i>*note maximum agreed respite period is 21 days for standard respite and 42 days for emergency respite</i>	<input type="checkbox"/>
Appointment with Business Manager and Aged Care Manager	Date Time
Additional Comments	

The document is to be completed in full by the Aged Care Manager as soon as a potential client is wait listed for the service and provided to the Business Services Manager as soon as practicable to support a draft contract completion.

All document copies to be saved in network file directory Aged Care

Items in blue are the only items likely to be completed in the event of emergency respite with all further data to be provided to the finance department within 48 hours of admission