



Application for Entry to Residential Aged Care

Please send this form to Beaumont Terrace with the following:

Aged Care Client Record (ACCR) form from the Aged Care Assessment Team (ACAT)

Photocopy of the relevant authority, such as a *Power of Attorney* or *Guardianship Papers*, if someone else has the legal power to make decisions on your behalf.

NB: Couples will need to complete separate forms.

1. Applicant Details:

Title (Mr, Mrs, Miss, Ms, Dr, Rev etc)	<input type="text"/>
Last Name	<input type="text"/>
First Name(s)	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	<input type="text" value="/ /"/>
Marital Status	<input type="text"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>

2. 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	<input type="checkbox"/>
Yes, I receive a part pension	<input type="checkbox"/>
No , I do not receive a pension	<input type="checkbox"/>

What type of pension do you receive (e.g. age, disability, service pension)?:

What is your pension number?



3. Next of Kin

If your next of kin has the legal authority to make decisions for you, please advise the type of authority that they have, such as *Power of Attorney*, and attach a photocopy of the authority to this application.

Title (Mr, Mrs, Miss, Ms, Dr, Rev etc)	<input type="text"/>
Last Name	<input type="text"/>
First Name(s)	<input type="text"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Contact Numbers	<input type="text" value="Daytime telephone:"/> <input type="text" value="Evening telephone:"/> <input type="text" value="Mobile telephone:"/>
Relationship to you	<input type="text"/>
Type of authority (if applicable)	<input type="text"/>

Billing Address (this is the address that invoices and statements will be forwarded to)

Title (Mr, Mrs, Miss, Ms, Dr, Rev etc)	<input type="text"/>
Last Name	<input type="text"/>
First Name(s)	<input type="text"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Relationship to you	<input type="text"/>
Type of authority (if applicable)	<input type="text"/>



4. Existing/Previous Resident of an Aged Care Home

Do you currently receive, or have you ever received, permanent care in a residential aged care home? If so, please complete the following details:

Name of current, or previous, residential aged care home:

Address of current, or previous, residential aged care home:

Date you accepted a place

Date of departure

5. Health Insurance Details

Please write your **Medicare** details here:

Card Number

Expiry Date

The number that appears at the left of your name (e.g. 1,2)

If you have a *Department of Veterans' Affairs Repatriation Health Care Card*, please write the card number here:

If you have **private health insurance**, please write your details here:

Name of Fund

Membership Number

Level of Cover



If you have **ambulance cover**, please write your details here:

Name of Fund

Membership Number

6. Declaration

I declare the foregoing answers are true in every detail and I acknowledge that if my application is declined that Beaumont Terrace will be under no obligation to give any reason for such declining.

Signature	Date / /
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