



St Mary's Villa
Residential Aged Care

Application for Permanent Admission

Applicant Details

Title: (please tick ✓) Mr Mrs Ms Miss Other (please specify) _____

Surname: _____

Given Name(s): _____ Preferred Name: _____

Home Address: _____

Postcode: _____

Contact Phone: Mobile: _____ Home: _____

Email address: _____

Marital Status: Married Widowed Divorced Single Gender: Male Female

Date of Birth: _____ Country of Birth: _____

Who should we contact to discuss the application? Applicant Contact Person

Contact Person

Surname: _____

Given Name(s): _____ Relationship to applicant: _____

Home Address: _____

Postcode: _____

Contact Phone: Mobile: _____ Home: _____

Work: _____

Email address: _____

Power of Attorney? No Yes (please attach) **Guardianship?** No Yes (please attach)

Who will sign the agreement? _____

Is there an ACAT assessment? No Yes Aged Care Referral Code: _____

Current Medical Practitioner:

Name: _____

Address: _____

Will your doctor visit the facility? No Yes

Medicare Details: Card Number: _____ Expiry Date _____

Application continues over page

Pension status

DVA Centrelink Part-pension Full pension Pension Number _____

Non-pensioner

Have you claimed and received a compensation award or settlement?

If so; what type: Workers Compensation Third Party

Applicant's current accommodation

Own Home Renting Retirement Village Other (specify) _____

Do you currently live, or have you lived in permanent care in a residential aged care home? If so; where.

Name of home: _____

Admission date: _____ Discharge date: _____

Accommodation Payments and Means Tested Fees

Referring to the St Mary's Villa accommodation pricing sheet.

I intend to pay the published accommodation price.

I believe I am eligible for a supported accommodation price and agree to provide my assets assessment.

I have / will submitted a Residential Aged Care Calculation of your cost of care (SA457) form with Centrelink / DVA
Date of submission: _____

I do not intend to submit a (S457) form and I understand that I will be charged the maximum means tested fee.

Acknowledgement

I certify that I have understood all the questions on this application form and that all information supplied is true and correct.

Name: _____

Signature: _____ Date: _____

Checklist – please ensure you have attached:

ACAT assessment

Power of Attorney / Guardianship (if applicable)

Please return completed form to:

St Mary's Villa – 56 Burton St Concord NSW 2137. Fax 02 8741 1411

Email: admin@stmarysvilla.org.au

For enquiries about this form please call 02 8741 1400