



RSL CARE SA

Residential Care Application Form

SEEKING: Respite Permanent

Date _____

Surname _____ Given Names _____

D.O.B _____ Marital Status _____

Current Address _____

Country of Birth _____ Languages Spoken _____

Pensioner: Full / Part / Non Type: Centrelink / DVA Pension/DVA Number _____ Expiry _____

Medicare Card Number _____ Medicare Expiry _____ Ref _____

Have any of your immediate family members Served? Yes No Type _____

Next of Kin (NOK) _____ Relationship _____

NOK Contact Number/s _____

General Practitioner _____ Contact Number _____

Who would you prefer us to contact regarding this application (please circle one):

Applicant NOK Other: _____

How did you hear about us? _____

Room Price List

Please indicate which accommodation price you are interested in, or if you expect to be eligible as Low Means. Our accommodation pricing is as follows:

Myrtle Bank:	\$750,000	\$700,000	\$650,000	\$600,000
	\$550,000	\$450,000		
Angle Park:	\$425,000		Government Supported	

In certain circumstances, the Government can assist with the cost of your accommodation. This varies depending on a resident's assets and income. Completing the Asset Evaluation on the next page will assist us to determine whether any government assistance will be available. If you have a spouse, please list all assets; however, note that when your spouse is remaining at home, the home is exempt from the assessment and only one half of the remaining assets will be considered.

Corporate Office

55 Ferguson Avenue, Myrtle Bank SA 5064
Tel: 08 8379 2600 • Fax: 08 8338 2577 • ABN 42 419 627 410



RSL CARE SA

ASSET EVALUATION

Have you owned a House/ Unit/ Land in the last two years? Yes / No

Is a Spouse or Dependent Child residing in this House/Unit? Yes / No

Has a Carer/Close Relative eligible for a pension or benefit resided in this House/Unit for the last five years? Yes / No

Value of Personal Effects \$ _____

Cash at Banks/Building Societies/Credit Unions including Interest Free Accounts \$ _____

Value of Investments \$ _____

Combined Additional Assets \$ _____

Total Value of Assets \$ _____

Couples: Half of Total Value of Assets (Not including value of home) \$ _____

Estimated Annual Income (E.g. Income support payments, income from rental property, income from superannuation, income from business including farms, dividends etc.) \$ _____

FINANCE – Respite

Do you hold a DVA Card? Yes No

Have you used any respite this financial year? Yes No

If yes, please specify how many days you have used _____

APPLICATION

To be placed on our residential care waiting list, kindly return this form along with a copy of your:

‘Aged Care Client Record’

or

‘My Support Plan/ACAT Assessment’ or please provide us with a ‘Referral Code’: 1- _____

and

A recent ‘Patient Health Summary’ (this can be obtained through your GP)

to 55 Ferguson Avenue, Myrtle Bank SA 5064 or email to admissions@rslcaresa.com.au

Thank you for your application.

Corporate Office

55 Ferguson Avenue, Myrtle Bank SA 5064
Tel: 08 8379 2600 • Fax: 08 8338 2577 • ABN 42 419 627 410