



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 \_\_\_\_\_

Next of Kin (NOK) \_\_\_\_\_ Relationship \_\_\_\_\_

NOK Contact Number/s \_\_\_\_\_

General Practitioner \_\_\_\_\_ Contact Number \_\_\_\_\_

Have you or any immediate family members Served? Yes / No Service type \_\_\_\_\_

Do you consent to a criminal history check? Yes / No Do you have any disclosable criminal history of risk? Yes / No

Are you a smoker? Yes / No

Current Influenza vaccination status: Yes / No Date \_\_\_\_\_

If No, please detail why: \_\_\_\_\_

Current COVID-19 vaccination status: Yes / No Date \_\_\_\_\_

If No, please detail why: \_\_\_\_\_

Please provide evidence of Immunisation status either as a hardcopy or email to: [admissions@rslcaresa.com.au](mailto:admissions@rslcaresa.com.au)

If there is a medical exemption for vaccinations, has evidence been provided?: Yes / No

Who would you prefer us to contact regarding this application? (please *check 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

Murray Bridge:  Waiting List

## Corporate Office

55 Ferguson Avenue, Myrtle Bank SA 5064

Tel: 08 8379 2600 • Fax: 08 8338 2577 • ABN 42 419 627 410





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 below 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.

### 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 ( <i>Not including value of home</i> )	\$ _____
Estimated Annual Income ( <i>eg. Income support payments, income from rental property, income from superannuation, income from business including farms, dividends etc.</i> )	\$ _____

### 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 recent 'Patient Health Summary' (this can be obtained through your GP)

and a copy of:        'Aged Care Client Record'  
                              or 'My Support Plan/ACAT Assessment'  
                              or please provide us with a 'Referral Code': 1-\_\_\_\_\_

and send to the Admissions Coordinator, 55 Ferguson Avenue, Myrtle Bank SA 5064  
or email to: [admissions@rslcaresa.com.au](mailto:admissions@rslcaresa.com.au)

*Thank you for your application*