



RSL CARE SA

Residential Care Application Form

SEEKING: Respite Permanent

Date _____

Surname _____ Given Names _____

D.O.B _____ Marital Status _____ Phone _____

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)/Preferred contact _____ Relationship _____

NOK/Preferred contact number _____

NOK/Preferred contact email _____

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

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 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

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

Thank you for your application