

Residential Care Application Form

SEEKING: Respite Permanent	
Timeframe you are looking for care: Now	1 - 4 weeks 1 - 4 months + 4 months
Date	
Surname	Given Names
D.O.B Marital Status _	Phone:
Current Address	
	_ Email
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
Practice address:	Email:
Have you or any immediate family members Served?	Yes / No Service type
Are you an NDIS participant/recipient? Yes / No	
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
Current COVID-19 vaccination status: Yes / No	Date
Please provide evidence of Immunisation status either	er 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 ap	plication? (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: \$795,000 \$750,000 \$	\$700,000 \$650,000 \$550,000 \$500,000
Angle Park: \$495,000	
Murray Bridge: \$395,000	
Government Supported	



Respite

Thank you for your application

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		
FINANCE - Permanent		
In certain circumstances, the Government can assist with the cost of your accommodation. This varies depending on a resident's assets and income. Before you get started, you will need to gather some information about your financial		
situation. If you have a spouse or partner, you should include your combined income, assets and debts.		
Do you have a partner? Yes / No		
Do you currently own (or are you paying off) the home you live in? Yes / No		
Will your partner or a close relation live in your home? Yes / No		
WHAT DO I NEED TO PROVIDE? We will need the estimated figure for each of these categories:		
Your annual income (combine if you have a partner)		
Your total financial assets: (combined if you have a partner)		
<pre><\$59,500</pre>		
The current value of your family home: (not including household mortgage)		
<\$59,500 \$59,501 - \$201,231.20 >\$201,231.20 Not applicable		
Your Superannuation and other assets:		
<pre> <\$59,500 \$59,501 - \$201,231.20 >\$201,231.20</pre>		
Your total debts or loans on any assets included above:		
<pre> <\$59,500</pre>		
I believe the <u>TOTAL</u> value of assets are:		
APPLICATION		
Have you been assessed through My Aged Care for Respite/Permanent Residential Care? Yes / No		
To be placed on our residential care waiting list, kindly return this form along with a copy of your My Aged Care		
Support Plan, or please provide us with a 'Referral Code': 1		
and your most recent 'Patient Health Summary' (this can be obtained through your GP)		
Please send to:		
Admissions, RSL Care SA, 55 Ferguson Avenue, Myrtle Bank SA 5064		
or email to: admissions@rslcaresa.com.au		