



Customer Service Centre 416 Stirling Highway Cottesloe WA 6011  
Postal: PO Box 63 Cottesloe WA 6911  
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email: [info@amanaliving.com.au](mailto:info@amanaliving.com.au)

## Nursing Home Waitlist Application

Please complete the following pages, and send it to the Amana Living Customer Service Centre, along with the documents listed below, if applicable. The postal address and email address is in the letterhead above. Once we receive your completed application form we will send a received confirmation email or letter. If you do not receive a letter or email within 14 days, of you have further questions, please call 1300 26 26 26 or email [info@amanaliving.com.au](mailto:info@amanaliving.com.au).

### 1. Letter from myagedcare, following ACAT assessment

- To enter a nursing home, you need to be approved for permanent residential care by an Aged Care Assessment Team (ACAT). Your GP can refer you to the nearest ACAT.
- After the assessment, the Department of Health will send you a letter, on myagedcare letterhead. The letter will include your support plan and service referral codes. Please send a copy of this letter to Amana Living along with your nursing home waitlist application.

### 2. Enduring Power of Attorney and/or Guardianship

- If any enduring power of attorney and/or guardianship are in place, please include a copy with this nursing home application.

### 3. Centrelink Assets & Income Assessment

- It is a government requirement that every resident that enters residential care completes a Centrelink assets and income assessment.
- The application form can be obtained from the Department of Human Resources, tel: 1800 227 475 Website: [www.humanservices.gov.au/agedcare](http://www.humanservices.gov.au/agedcare)
- It can take 6 weeks from sending the Centrelink application to receive an assessment from Centrelink, so do not wait to receive the assessment before sending this nursing home waitlist application to Amana Living. You can forward Amana Living the assessment when you receive it from Centrelink.

### 4. Signature Required

I agree that Amana Living may use the contact information in this form for direct marketing. This information will not be released to any third party.

.....  
(Signature of Client or Client Representative)

.....  
(Name)

## Personal Details

<b>RESIDENT CONTACT DETAILS</b>	Mr	Mrs	Ms	Miss	Dr
Surname: _____ Given Names: _____					
Address: _____					
Postcode: _____			Tel: _____		
DOB: _____			Marital Status: _____		
Currently residing at: .....					

<b>NEXT OF KIN / NOMINATED REPRESENTATIVE</b>	Mr	Mrs	Ms	Miss	Dr
Surname: _____ Given Names: _____					
Address: _____					
			Postcode: _____		
Tel: H: _____		W: Mob: _____			
Email: _____			Relationship: _____		
Do you wish to be the PRIMARY CONTACT? <i>(please circle)</i>			YES		NO
If NO, please advise name of PRIMARY CONTACT: .....					

<b>ENDURING POWER OF ATTORNEY</b>	Mr	Mrs	Ms	Miss	Dr
Surname: _____ Given Names: _____					
Address: _____					
			Postcode: _____		
Tel: H: _____		W: Mob: _____			
Email: .....			Relationship: .....		

<b>ENDURING POWER OF GUARDIANSHIP</b>	Mr	Mrs	Ms	Miss	Dr
Surname: _____ Given Names: _____					
Address: _____					
			Postcode: _____		
Tel: H: _____		W: Mob: _____			
Email: .....			Relationship: .....		

### Accommodation Requirements

<b>What type of accommodation do you require</b> <i>(please circle):</i>	HIGH CARE	LOW CARE	DEMENTIA SECURE
<b>Please indicate your preferred Amana Living hostel or nursing home:</b> <i>(refer to Residential Aged Care list enclosed in information pack)</i>			
Preference 1:		Preference 2:	

### Centrelink & Health Fund Details

Centrelink No:		Veterans Affairs No:	
Medicare No:	<i>Ref No: ..... Expiry: .....</i>	Diabetic No:	
Health Fund:	<i>Policy No: .....</i>		

Have you completed a Centrelink/DVA Asset Assessment application	YES	NO
<i>If YES, please advise date Assessment sent to Centrelink and attach copy of assessment outcome</i>		
<i>date ..... / ..... / .....</i>	<i>copy attached</i>	YES NO

### Home Ownership Details

Have you owned your home for the last two years <i>(please circle)</i>	YES	NO
If YES, is your home occupied by your Carer/Spouse <i>(please circle)</i>	YES	NO
Is it intended to sell the home on entry to residential aged care	YES	NO
If it is not intended to sell the home, please advise expected weekly rental	\$ .....	

### Previous Hostel or Nursing Home Accommodation *(if applicable)*

Have you lived permanently in another hostel or nursing home <i>(please circle)</i>	YES	NO
<i>If YES please advise: Admission Date ..... / ..... / ..... Discharge Date ..... / ..... / .....</i>		

# FINANCIAL STATEMENT

**Name of Resident:** \_\_\_\_\_

(please tick) I understand that if I do not disclose my assets that I will be charged the maximum fees  
OR

(please tick) Please include all the assets, debts and income owned by yourself and your partner.

<b>Assets</b> <i>Approx Value</i>	<i>(please tick whichever applicable)</i> <input type="checkbox"/> individual: single OR <input type="checkbox"/> couple: combined
Home (exc contents)	\$ _____
Home Contents	\$ _____
Other Properties (inc land)	\$ _____
Shares/Managed Funds	\$ _____
Term Deposits/Bonds/Debentures etc.	\$ _____
Bank Accounts/Credit Unions/Building Services	\$ _____
Superannuation/Allocated Pension Balance	\$ _____
Loans to Other Parties	\$ _____
Antiques/Works of Art etc.	\$ _____
Motor Vehicles/Boat/Caravan	\$ _____
Other Assets	\$ _____
Funeral Bond	\$ _____
<b>TOTAL ASSETS:</b>	<b>\$ _____</b>

<b>Debts</b>	
Mortgage	\$ _____
Other debts / commitments owed	\$ _____
<b>TOTAL DEBTS:</b>	<b>\$ _____</b>

<b>Gifting</b>		
Have you gifted away any assets in the last 5 years?	\$ _____	Date: .... / .... / .....
	\$ _____	Date: .... / .... / .....
<b>TOTAL GIFTING:</b>	<b>\$ _____</b>	

<b>Income</b>	<i>Per Fortnight</i>
Australian Age Pension <i>please circle</i> : <b>FULL</b> <b>PART</b>	\$ _____
Veteran Affairs Pension	\$ _____
Overseas Pension	\$ _____
Other Pensions	\$ _____
Income Support Supplement	\$ _____
Superannuation	\$ _____
Property Income (net)	\$ _____
<b>TOTAL INCOME:</b>	<b>\$ _____</b>