



APPLICATION FOR ADMISSION TO MERTON COURT

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ MOBILE: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

MEDICARE NUMBER: _____ EXPIRY DATE: _____

VETERAN'S NUMBER: _____ EXPIRY DATE: _____

PRIVATE HEALTH CARE: _____ NUMBER: _____

EXPIRY: _____

NEXT OF KIN OR CONTACT PERSON

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ MOBILE: _____

RELATIONSHIP: _____

EMAIL: _____

TREATING DOCTOR: _____

ADDRESS: _____

PHONE NUMBER: _____

HAVE YOU BEEN ASSESSED BY THE AGED CARE ASSESSMENT TEAM (ACAT)? ☐ YES ☐ NO

DATE: _____

REFERRAL CODE FOR PERMANENT RESIDENTIAL CARE: _____

REFERRAL CODE FOR RESIDENTIAL RESPITE CARE: _____

ARE YOU RECEIVING A PENSION? ☐ YES ☐ NO

IF YES WHAT TYPE OF PENSION: _____

FULL OR PART PENSION: _____

PENSION NUMBER: _____ EXPIRY DATE: _____

ENDURING POWER OF ATTORNEY AND ENDURING GUARDIAN

Does someone have Power of Attorney and Enduring Guardianship to look after your affairs?

☐ YES ☐ NO

If yes, please supply a copy of both

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ MOBILE: _____

RELATIONSHIP: _____

DOES THE APPLICANT HAVE AN ADVANCED CARE DIRECTIVE: _____

If yes, please supply a copy. If no, please commence completion. A copy should be supplied to Merton Court and also the applicants GP.

EXECUTOR OF THE ESTATE

HAVE YOU MADE A WILL? ☐ YES ☐ NO

IF YES WHERE IS IT HELD? _____

NAME OF EXECUTER: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME OF SOLICITOR: _____

ADDRESS: _____

PHONE NUMBER: _____

FUNERAL DIRECTOR: _____

BURIAL OR CREMATION: _____

REASON FOR APPLICATION

Please detail your reason for requiring care, what you need assistance with and list medical diagnoses (please attach your most recent medical summary from your GP).

HOW DID YOU HEAR ABOUT US

MEDICAL CONDITIONS:

SURGICAL HISTORY:

PHYSICAL IMPAIRMENT:

MOBILITY AIDS:

SENSORY DEFICIT:

MENTAL STATUS:

SAFETY ISSUES:

BEHAVIOUR ISSUES:

MEDICATION ISSUES:

MEDICAL ALLERGIES:

MEDICAL ALERTS:

FOOD ALLERGIES:

ALLERGIES:

CURRENT MEDICATIONS:

OTHER PERSONAL DETAILS:

COUNTRY OF BIRTH: _____ INDIGENOUS STATUS: _____

PRIMARY LANGUAGE: _____ SECONDARY LANGUAGE: _____

ENGLISH ABILITY: _____ RELIGION: _____

SIGNATURE: _____ DATE: _____

- Please complete Parts A, B and C to determine your income and asset levels.
- All information that you supply to Merton Court will be treated as confidential.
- Please return the Manager, Merton Court, 45 Ogilvie St, Denman, NSW, 2328.
- Please attach a copy of your assessment by ACAT



PART A

FINANCIAL SITUATION

Please answer all questions. If you are unsure of any of the questions then please contact Merton Court.

NAME OF APPLICANT: _____

1. ARE YOU IN RECEIPT OF A PENSION ☐YES ☐NO
2. IF YES, WHAT TYPE OF PENSION DO YOU RECEIVE? _____
3. DO YOU RECEIVE THE MAXIMUM PENSION THAT IS AVAILABLE? ☐YES ☐NO
4. HAVE YOU OWNED OR PARTIALLY OWNED YOUR OWN HOME WITHIN THE LAST TWO YEARS? ☐YES ☐NO

STATUTORY DECLARATION

I (FULL NAME) _____

OF (CURRENT ADDRESS) _____

DO SOLEMNLY AND SENCERLY DECLARE THAT THE INFORMATION CONTAINED ABOVE AND ON THE SUCCEEDING TWO PAGES, AND THE INFORMATION CONTAINED IN ANY DOCUMENTS ANNEXED TO THESE PAGES, IS TRUE AND CORRECT, IN EVERY PARTICULAR.

AND I MAKE THIS SOLEMN DECLARTION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND PURSUANT TO THE PREVISIONS OF THE OATHS ACT OF THE STAE OF NEW SOUTH WALES.

DECLARED AT _____ THIS _____ DAY OF _____ 20____.

BY THE SAID (FULL NAME) _____

SIGNATURE: _____

BEFORE ME _____

JUSTICE OF THE PEACE

PART B

STATEMENT OF ASSETS

Please note: the intention of this form is to give a full indication of your assets as at the date upon which you make the declaration in PART A.

1. ARE YOUR TOTAL ASSETS VALUED ABOVE \$171,535.20? ☐YES ☐NO
2. WHAT RAD* OR RAC* CAN YOU PAY AND STILL BE LEFT WITH ASSETS TO THE VALUE OF \$50,500.00? _____
3. HAVE YOU COMPLETED THE #CENTRELINK COMBINED ASSETS & INCOME ASSESSMENT FORM? ☐YES ☐NO

*RAD = REFUNDABLE ACCOMODATION DEPOSIT, RAC = REFUNDABLE ACCOMODATION CONTRIBUTIONS (FOR PARTLY SUPPORTED RESIDENTS)

EVERY NEW CONSUMER MUST COMPLETE THIS FORM OR THEY WILL HAVE TO PAY THE MAXIMUM MEANS-TESTED CARE FEE (MTCF)

PART C

STATEMENT OF INCOME

Please note: the intention of this form is to give a full indication of your assets as at the date upon which you make the declaration in PART A

1. WHAT PENSION INCOME DO YOU RECEIVE? \$_____ PER FORTNIGHT
2. DO YOU HAVE ANY OTHER INCOME? ☐YES ☐NO
3. WHAT IS THE AMOUNT OF THAT INCOME PER FORTNIGHT? \$_____ PER FORTNIGHT

NOTES

- a. In answering question 1, please do not include the special Pharmaceutical Benefit which you receive as part of your pension payment if the pension is paid by the Australian Government.
- b. If it is more convenient for you to answer question 3 by indicating the income on a weekly, monthly, or yearly basis, please indicate the figure on that basis. Cross out the words "per fortnight" and indicate the other period for which the income is indicated, e.g. "per week", "per month" or "per annum".

PLEASE ENSURE THAT:

- (a) You have completed the Statutory Declaration at the foot of PART A and have signed it before a Justice of the Peace or another authorised person who has also signed the document.
- (b) You have added to this form any documents you might wish to supply.
- (c) Put the whole of this form and the relevant documents in a sealed envelope before you return it to Merton Court
- (d) Our administration address is Merton Living, 45 Ogilvie Street, Denman, NSW, 2328
- (e) If you have any questions please call us on (02) 6547 2684

OTHER CONTACTS

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP