

APPLICATION FOR ACCOMMODATION

- **INDEPENDENT LIVING**
- **HIGH AND LOW PERMANENT CARE**
- **RESPIRE ACCOMMODATION**

Please complete the required information on the application for your required accommodation and return with all relevant attachments to

State Office 313 Main Street Balcatta or mail to:-

Waitlist Administrator
Uniting Church Homes - State Office
PO Box 810
BALCATTWA WA 6914

Phone: 08 9240 0313

Fax: 08 9240 0329

Before you send this application have you:

- *Attached your current **ACAT**?*
- *Attached your current **Assets Assessment** Summary from Centrelink or DVA?*
- *Completed the **Statutory Declaration** on page 12?*

Please note your application will not be added to the waitlist until we receive all the required documents

Privacy statement: The information collected on this form is used to determine the fees and charges the Applicant must pay to UCH and to assist UCH in meeting its statutory obligations. It will be kept confidential, will only be accessed by UCH staff to the extent necessary to perform their duties and will not be released to a third party without the consent of the Applicant unless it is necessary to do so in connection with the primary purpose for which it was provided. A complete UCH Privacy Statement is available on request.

APPLICANT PERSONAL INFORMATION

Application Date: DD/MM/YYYY

Title:	Given Name (s):	Surname:	
Home Address:			
City:		State:	Postcode:
Phone Number:		After hours Number:	
Mobile Number/s:			
Email:		Fax Number:	
Date of Birth: DD/MM/YYYY		Country of Birth:	Cultural Background:
Aboriginal/TSI YES / NO	Interpreter required for everyday English? YES / NO	Preferred Language:	
Religion:		Marital Status:	

APPLICANT DETAILS

If you have a Pensioner Concession Card from Centrelink or DVA put the number below and make sure your name is filled in exactly as it appears on the Card. UCH will ask to see your Pensioner Concession Card when you are offered a place. If you need to confirm details of your pension you can contact Centrelink (Ph. 132 300) or DVA (Ph. 133 254)

Pension Number:	Pension Type: Full/Part	Expiry Date: DD/MM/YYYY
Medicare Number:		Expiry Date: : DD/MM/YYYY
Health Fund:	Membership Number:	Expiry Date: DD/MM/YYYY
DVA Number:	Card Colour:	Expiry Date: DD/MM/YYYY

Mobility (please select from the following) :

- Full Mobility
 Walking Stick
 Walker
 Bedridden
 Very Slow

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AGED CARE ASSESSEMENT

**IF YOU ARE APPLYING FOR RESPITE CARE, LOW OR HIGH CARE
PLEASE ATTACH A COPY OF YOUR AGED CARE ASSESSMENT WHICH YOU HAVE
OBTAINED FROM THE ACAT TEAM TO THIS PAGE AND COMPLETE THE REMAINDER
OF THIS APPLICATION**

AN ACAT IS NOT REQUIRED FOR INDEPENDENT LIVING UNITS

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ACCOMMODATION SOUGHT

Tick one or more of the boxes below:

High level care
(Nursing Home)

Low level care
(Hostel)

Secure Dementia
Facility

Extra Services
(Annesley)

Independent Living Unit

Serviced Unit

Respite Care

List the UCH Village(s) or Facility(ies) you would like to move to:

1.
2.
3.
Proposed entry date: DD/MM/YYYY

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INDEPENDENT LIVING UNIT APPLICANTS ONLY**PLEASE PROVIDE SPOUSE DETAILS ONLY IF THEY WILL BE LIVING WITH YOU IN YOUR UNIT.**

Title:	Given Name (s):	Surname:	
Spouse's Date of Birth: DD/MM/YYYY	Spouse's Country of Birth:		Cultural Background:
Aboriginal/TSI YES / NO	Interpreter required for everyday English? YES / NO		Preferred Language:
Spouse's Religion:			
<p>Spouse's Mobility (please select from the following)</p> <p><input type="checkbox"/> Full Mobility</p> <p><input type="checkbox"/> Walking Stick</p> <p><input type="checkbox"/> Walker</p> <p><input type="checkbox"/> Very Slow</p> <p><input type="checkbox"/> Bedridden</p>			
Spouse's Pension Number:	Pension Type: Full/Part		Expiry Date: DD/MM/YYYY
Spouse's DVA Number:	Card Colour:		Expiry Date: DD/MM/YYYY
Spouse's Medicare Number:			Expiry Date: DD/MM/YYYY
Spouse's Health Fund:	Membership Number:		Expiry Date: DD/MM/YYYY

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APPLICANTS PRIMARY CONTACT (1)

Do you want this person to be contacted in relation to your application? **YES / NO**

Title:	Given Name (s):	Surname:	
Home Address:			
City:		State:	Postcode:
Phone Number:		After hours/mobile Number/s:	
Email:		Fax Number:	
Relation to Applicant:			

Is this person responsible for all correspondence and payment of accounts? **YES / NO**

If you answered **No**, please list the details of the person responsible below:

Title:	Given Name (s):	Surname:	
Home Address:			
City:		State:	Postcode:
Phone Number:		After hours/mobile Number/s:	
Email:		Fax Number:	
Relation to Applicant:			

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APPLICANTS CONTACT (2)

(If you have more than 1 alternative contact please attach details on separate sheet)

Title:	Given Name (s):	Surname:	
Home Address:			
City:		State:	Postcode:
Phone Number:		After hours/mobile Number/s:	
Email:			Fax Number:
Relation to Applicant:			

POWER OF ATTORNEY OR ADMINISTRATOR

If you have an administrator or attorney you will be asked to show us the original of the PoA or Administration Order when you are offered a place and we will take a photocopy for our records.

Title:	Given Name (s):	Surname:	
Organisation (if applicable):			
Address:			
City:		State:	Postcode:
Phone Number:		After hours Number:	
Email:			Fax Number:

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APPLICATIONS FOR RESPITE CARE ONLY

How many days of respite care have you had in the current financial year?

Name of facility you last received respite care:

Address:

City:

State:

Postcode:

Number of days required?

If you are applying for respite care only please attach your copy of your ACAT to page 3. Go to page 12 and complete and sign the declaration.

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PLEASE COMPLETE IF APPLYING FOR PERMANENT CARE

APPLICANTS FOR HIGH CARE OR LOW CARE ONLY

PREVIOUS RESIDENCE IN AN AGED CARE FACILITY

Name of facility you last received permanent care:		
Address:		
City:	State:	Postcode:
Date of Entry to above: DD/MM/YYYY	Date of departure (if applicable): DD/MM/YYYY	

I agree to UCH contacting the above to verify details of my Accommodation Payments
YES / NO

HIGH CARE (NURSING HOME RESIDENCE)

Were you living in a nursing home on 30 September 1997?	YES / NO
If YES will you move to a new aged care facility within 28days of departure from the previous aged care facility?	YES / NO

If you answered **YES** to both, this is all the information you need to give us at this time.

If you answered **NO** to one or more , please complete the remainder of this application

Did you pay Accommodation Charges to your previous aged care home?	YES / NO
If YES, for how many months did you pay accommodation charges?	

If known please complete the following in regards to the above residence:

Accommodation Bond Amount: \$
Daily Accommodation Charged: \$

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LOW CARE (HOSTEL RESIDENCE)

Did you pay an entry contribution or Accommodation Bond to your previous aged care home?	YES / NO
If YES how much refund will you receive if you move out now?	\$
For how many months did your previous aged care home deduct retention amounts from the entry contribution or Accommodation Bond?	

HOME OWNERSHIP DETAILS

I currently own or have in the last two years owned my own home	YES / NO
My partner or a dependent child is currently living in the home	YES / NO
A carer who is eligible to receive a pension has lived continuously in the home for the past 5 years	YES / NO
A close relative who is eligible to receive a pension has lived continuously in the home for the past five (5) years	YES / NO

The value of the home (or if disposed of in the last two(2) years sales price)	\$
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Note: This amount should be the same as that recorded in the table on the next page against the Home, or if the home has been sold the proceeds should appear against investments.

Address of the Home:		
City:	State:	Postcode:

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FINANCIAL DETAILS: Complete for Permanent applications only

In order to be listed on the waitlist please ensure that you attached your Assets Assessment Summary from Centrelink or DVA

Income and Assets	Assets (\$)	Income (\$ per fortnight)
Income (please fill in details for all relevant types listed):		
Aged Pension		\$
DVA Pension		\$
Overseas Pension		\$
Superannuation		\$
Other (please describe)		\$
Investments e.g. Bank and investment accounts, term deposits, stocks, shares and debentures, business interests		(Interest of bank accounts, dividends etc) \$
Property e.g. Real estate or land (gross value less any debts, charges or encumbrances)	Value of Property \$	Rent or lease paid to you \$
Home (Value less any debts, charges or encumbrances. Do not include value of home it is exempt due to provisions of the details you provided above)	Value of Property \$	Rent or lease paid to you \$
Any other Assets e.g. Car, furniture, collectibles (\$5000 is the minimum deemed value of personal effects, furniture and fittings unless the applicant provides evidence of another value. UCH accepts declaration of a lower value on this form as suitable evidence)	Value of Property \$	Rent or lease paid to you \$
TOTALS	\$	\$

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STATUTORY DECLARATION

I, _____
(Name of person making the declaration who, if not the Applicant, should be the person managing the Applicant's financial affairs)

of _____
(Address of person making the declaration)

Occupation: _____
(Occupation of person making the declaration)

Sincerely declare as follows:

*(Person making the declaration to strike out and initial the option (below) which they are **not** using.)*

- | |
|---|
| <p>1. That all of the information in this Application is true to the best of my knowledge and is in no way false, inaccurate or misleading, or intended to be false, inaccurate or misleading</p> <p style="text-align: center;">OR</p> <p>2. That all of the information in this Application is true to the best of my knowledge and is in no way false, inaccurate or misleading, or intended to be false, inaccurate or misleading, and I choose not to declare information concerning the Applicant's home ownership or income and assets, but I am prepared to pay the maximum Accommodation Bond or Accommodation Charge and Care Fees.</p> |
|---|

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

(Signature of person making the declaration who, if not the Applicant, should be the person managing the Applicant's financial affairs)

This declaration is made under the Oaths, Affidavits and Statutory Declaration Act, 2005 at:

(Place)

On _____
(Date)

In the presence of: _____
(Signature of person before whom the declaration is made, who must be an Authorised Witness for Statutory Declarations as at **Attachment1**)

Print name: _____

Qualification as an Authorised Witness: _____

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A statutory declaration under the *Statutory Declarations Act 1959* may be made before—

(1) A person who is currently licensed or registered under a law to practice in one of the following occupations:

- | | | |
|----------------------|----------------------|--------------------|
| Chiropractor | Dentist | Legal practitioner |
| Medical practitioner | Nurse | Optometrist |
| Patent attorney | Pharmacist | Physiotherapist |
| Psychologist | Trade marks attorney | Veterinary surgeon |

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) A person who is in the following list:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- Bailiff
- Bank officer with 5 or more continuous years of service
- Building society officer with 5 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Employee of the Australian Trade Commission who is:
 - (a) In a country or place outside Australia; and
 - (b) Authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - (c) Exercising his or her function in that place
- Employee of the Commonwealth who is:
 - (a) In a country or place outside Australia; and
 - (b) Authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 - (c) Exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with 5 or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force who is:
 - (a) An officer; or
 - (b) A non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
 - (c) A warrant officer within the meaning of that Act

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Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

- (a) The Parliament of the Commonwealth; or
- (b) The Parliament of a State; or
- (c) A Territory legislature; or
- (d) A local government authority of a State or Territory

Minister of religion registered under Subdivision a of Division 1 of Part IV of the *Marriage Act 1961*

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

- (a) The Commonwealth or a Commonwealth authority; or
- (b) A State or Territory or a State or Territory authority; or
- (c) A local government authority;

With 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

- (a) The Commonwealth or a Commonwealth authority; or
- (b) A State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution

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