

**APPLICATION FOR RESIDENTIAL CARE**

Thank you for considering mecwacare at this important stage in your life. How did you hear about mecwacare’s aged care homes?

- mecwacare website     
  Word of mouth     
  Hospital / health care professional  
 Existing client     
  Placement consultant     
  Other: \_\_\_\_\_

Please tick which mecwacare home(s) you wish to apply for:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annie’s Court (Shoreham)                | <input type="checkbox"/> Jubilee House (Caulfield North)        | <input type="checkbox"/> Susan Barton House (Bacchus Marsh) |
| <input type="checkbox"/> Ballan Aged Care (Ballan)               | <input type="checkbox"/> Malvern Centre (Malvern)               | <input type="checkbox"/> Trescowthick Centre (Pahran)       |
| <input type="checkbox"/> Calwell Manor (Safety Beach)            | <input type="checkbox"/> Noel Miller Centre (Glen Iris)         | <input type="checkbox"/> Vincent House (Westmeadows)        |
| <input type="checkbox"/> Elstoft House (Hamlyn Heights)          | <input type="checkbox"/> O’Mara House (Traralgon)               | <input type="checkbox"/> Wahroonga (Ballarat)               |
| <input type="checkbox"/> Flora Hill (Bendigo)                    | <input type="checkbox"/> Park Hill (Mornington)                 |   |
| <input type="checkbox"/> Gregory Lodge (Flemington)              | <input type="checkbox"/> Rositano House (Richmond)              |   |
| <input type="checkbox"/> John Atchison Centre (Hoppers Crossing) | <input type="checkbox"/> Simon Price Centre (Mont Albert North) |   |
| <input type="checkbox"/> John Hood Terrace (Richmond)            | <input type="checkbox"/> Squires Place (Altona North)           |   |

Please tick which service(s) you are interested in:

- Respite care  
  Permanent care  
  Dementia care (secure environment)

**Applicant Details**

Title:     
  Mr     
  Miss     
  Mrs     
  Ms     
  Dr     
  Other: \_\_\_\_\_

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred name(s): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Country of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Agreement signing preference:  Paper  Electronic

Mobile: \_\_\_\_\_ Email address: \_\_\_\_\_

Marital status:   
  Single   
  Married   
  Widowed   
  Divorced   
  Separated   
  De facto

If you have a spouse / partner, are they currently residing in an aged care home?  Yes  No

Main language spoken: \_\_\_\_\_ Interpreter required:  Yes  No

Religion: \_\_\_\_\_ Associated dietary requirements: \_\_\_\_\_

Medicare card number: \_\_\_\_\_ Ref. no: \_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pension card number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pension type:   
  Age   
  Disability   
  Blind   
  DVA   
  Overseas   
  Other

Pension status:   
  Full pension   
  Part pension   
  No pension

Referral code for respite or residential permanent care: \_\_\_\_\_

*Note: Referral codes are acquirable by contacting My Aged Care on 1800 200 422.*

**Power of Attorney or other legal decision maker (copy required with application)**

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Type of authority (if applicable): \_\_\_\_\_

**Representative / Emergency contact**

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Type of authority (if applicable): \_\_\_\_\_

**Billing Contact (Tick one only)**

- POA
- Representative
- Other (please provide details):

First name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Type of authority (if applicable): \_\_\_\_\_

If permanent care is currently being received, or was previously being received, please provide details of the residential aged care home:

Name of current, or previous, residential aged care home: \_\_\_\_\_

Address: \_\_\_\_\_

Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of departure (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

**General Practitioner Details**

Name: \_\_\_\_\_ Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Other Health Professional**

Name: \_\_\_\_\_ Field (e.g. audiologist): \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please advise the care home if there are other health professionals that you may need to consult while in the home.

If you have **private health insurance**, please write your details here.

Name of fund: \_\_\_\_\_ Membership number: \_\_\_\_\_

If you have **ambulance cover**, please write your details here.

Name of fund: \_\_\_\_\_ Membership number: \_\_\_\_\_

If applying for residential permanent care, has an income and assets assessment been lodged with Centrelink?

- Yes – assessment has been lodged.
- No – assessment is yet to be lodged.
- No – I will not be disclosing my means for assessment.
- I am unsure and require further information about this.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for taking the time to complete this application form. Before submitting your application, please ensure you attach the following documents, if applicable:

- Power of attorney or other legal decision maker.
- Photocopies of the applicant's Medicare and pension cards.
- Copy of My Aged Care support plan (unless referral code has been provided on page 1).
- Fees letter from the Department of Human Services.

You can submit your application and supporting documents by:

- Emailing it to the Admissions Team via [admissions@mecwacare.org.au](mailto:admissions@mecwacare.org.au).
- Posting it to the mecwacare Corporate Services Office at 1287 Malvern Road, Malvern 3144.
- Hand delivering it to the mecwacare home you wish to apply for.

A member of the Admissions Team will be in touch with you within one business day of receiving your application. If you have any further questions, or wish to enquire about current vacancies, please contact the Admissions Team on (03) 8573 4812.