



APPLICATION FOR RESIDENTIAL ACCOMMODATION

Client contact details Mr Mrs Miss Ms Dr (please tick as relevant)

Surname _____ Given Names _____

Address _____ Suburb _____

Post Code _____ Telephone No. _____ Date of Birth _____

Religion (optional) _____ Marital Status _____

Do you wish to be the primary contact? Yes No (please circle)

If no, who is the primary contact? _____

Next of Kin or Nominated Representative Mr Mrs Miss Ms Dr (please tick)

Surname _____ Given Names _____

Address _____ Suburb _____

Postcode _____ State _____ Email _____

Telephone (work) _____ Telephone (home) _____

Mobile _____ Relationship _____

Enduring Power of Attorney Mr Mrs Miss Ms Dr (please tick)

Surname _____ Given Names _____

Address _____ Suburb _____

Postcode _____ State _____ Email _____

Telephone (work) _____ Telephone (home) _____

Mobile _____ Relationship _____

Enduring Power of Guardianship Mr Mrs Miss Ms Dr (please tick)

Surname _____ Given Names _____

Address _____ Suburb _____

Postcode _____ State _____ Email _____

Telephone (work) _____ Telephone (home) _____

Mobile _____ Relationship _____

General Practitioner (GP/Family Doctor)

Name: _____ Phone No. _____

Address: _____

Please provide a copy of Enduring Power of Attorney and Enduring Power of Guardianship.



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FINANCIAL STATEMENT

I understand that if I do not disclose the client’s assets that he/she will be charged the maximum fees

OR

Please include all the assets, debts and income owned by the client and their partner.

Assets

Home (excluding contents)	_____
Other Properties (including 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	_____
Furniture and Effects	_____
Motor Vehicles	_____
Other Assets	_____
TOTAL ASSETS	\$ _____

Debts

Mortgage	_____
Other debts / commitments owed	_____
TOTAL NET ASSETS	\$ _____

Income (per fortnight)

Australian Age Pension	_____
Veteran Affairs Pension	_____
Overseas Pension	_____
Other Pension	_____
Income Support Supplement	_____
Superannuation	_____
Property Income (net)	_____
Other Income	_____
TOTAL INCOME	\$ _____



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ACCOMMODATION REQUIREMENTS

Is secure dementia accommodation required? Yes No

What is your preferred Bethanie facility?

Preference 1 _____ Preference 2 _____

Preference 3 _____ Preference 4 _____

** A current Aged Care Assessment is required for entry into a residential aged care facility. You can organise this by contacting My Aged Care: 1800 200 422*

PLEASE COMPLETE THE FOLLOWING

1. Please provide the following departmental identification numbers:

Centrelink _____ Veterans' Affairs _____

Medicare Number _____ Medicare card expiry date _____

My Aged Care Referral Code: Permanent Residential Care Referral Code _____

Respite Referral Code: _____

2. Have you owned your own home for the last 2 years? Yes No

3. Is your home occupied by your Carer or Spouse? Yes No

4. Have you made an application to Centrelink / DVA for a Means Assessment? Yes No

Yes – I sent a completed form to Centrelink / DVA on (date) _____

Yes – I have attached a copy of the Centrelink / DVA assessment outcome to this application form.

5. Have you permanently lived in another hostel or nursing home? Yes No

If so, when were you discharged from that facility? _____

6. Who is your community services provider? _____

7. I am seeking residential care as follows: Immediately In more than 3 months

8. Where did you hear about the Bethanie Group? _____

I, _____ of _____

do solemnly declare and sincerely declare that the information contained in this form, and the information contained in any documents annexed to this form, is true and correct in every particular.

Signature: _____ Date: _____

Address _____

_____ Telephone No: _____

This information is collected in accordance with the Privacy Act 1988 and Australian Privacy Principles and Guidelines

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THE BETHANIE RESIDENTIAL AGED CARE FACILITIES ARE LOCATED IN THE FOLLOWING AREAS

EATON – BETHANIE FIELDS

111 Eaton Drive, Eaton 6232

Secure Dementia available

PORT KENNEDY – BETHANIE WATERS

18 Olivenza Crescent, Port Kennedy 6172

Secure Dementia available

YANCHEP – BETHANIE BEACHSIDE

629 Two Rocks Road, Yanchep 6035

Secure Dementia available

BUNBURY – BETHANIE ELANORA

37 Hastie Street, Bunbury 6230

Secure Dementia available

HAMILTON HILL – BETHANIE ILLAWONG

1 Rodd Place, Hamilton Hill 6163

INNALOO – BETHANIE GENEFF

39 Hertha Road, Innaloo 6018

JOONDANNA – BETHANIE JOONDANNA

130 Edinboro Street, Joondanna 6060

KINGSLEY – BETHANIE KINGSLEY

190 Twickenham Drive, Kingsley 6026

MANDURAH – BETHANIE PEEL

2 Maclaggan Turn, Mandurah 6210

Secure Dementia available

GWELUP – BETHANIE GWELUP

72-74 Huntriss Road, Gwelup 6018

Secure Dementia available

Please return the completed form by one of the following options:

Post: Bethanie Connect
The Bethanie Group Inc
PO Box 143
Northbridge, WA, 6865

Email: info@bethanie.com.au

Fax: (08) 6222 9134