



Bethanie

# Residential Accommodation Application Form

## Form Overview

The Residential Accommodation application form supports Bethanie to collect information from customers who are interested in our Residential Accommodation. Please note that completing this form does not necessarily guarantee you admission to a Bethanie Aged Care Home.

The information collected is in accordance with the *Privacy Act 1988* and the Australian Privacy Principles Guidelines and Bethanie's [Privacy Policy](#). If you have any questions regarding this application or the way Bethanie manages your personal information, please contact the Bethanie Aged Care Navigation Specialist (ACNS) team on 131 151.

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

**Post:** Bethanie ACNS  
Bethanie Group  
PO Box 143  
Northbridge, WA 6865

**Email:** [acns@bethanie.com.au](mailto:acns@bethanie.com.au)

**Fax:** (08) 6222 9048

## Applicant Details – Person Requiring Aged Care Placement

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr Date of Birth

Surname  Given name

Ph (Home)  Ph (Mobile)

Email

Address

Suburb  Postcode

Type of Dwelling (e.g. Unit, Villa, Apartment, other details)

**Where are you currently?** Name of place  ☐ Home ☐ Independant Living Unit (ILU)  
☐ Hospital ☐ Transitional Care ☐ Aged Care Home ☐ Other Residence

Religion  Marital Status

Country of Birth  Primary Language

Are you of Aboriginal or Torres Strait Islander Origin? ☐ Yes ☐ No Details

## Representatives

1 ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Surname  Given name

Ph (Home)  Ph (Mobile)

Email

Address

Suburb  Postcode

**Relationship** ☐ Next of kin ☐ Enduring Power of Attorney ☐ Enduring Power of Guardianship

Relationship to Applicant (e.g. son/daughter/spouse)

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2 ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Surname  Given name

Ph (Home)  Ph (Mobile)

Email

Address

Suburb  Postcode

**Relationship** ☐ Next of kin ☐ Enduring Power of Attorney ☐ Enduring Power of Guardianship

Relationship to Applicant (e.g. son/daughter/spouse)

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3 ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

Surname  Given name

Ph (Home)  Ph (Mobile)

Email

Address

Suburb  Postcode

**Relationship** ☐ Next of kin ☐ Enduring Power of Attorney ☐ Enduring Power of Guardianship

Relationship to Applicant (e.g. son/daughter/spouse)

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## General Practitioner (GP or Family Doctor)

GP Practice

Name

Phone

Address

Suburb  Postcode

## Current Pharmacy

Pharmacy Name

Address

Suburb  Phone

## Accommodation Requirements

**Accommodation Type** ☐ Permanent Care ☐ Respite Care

**Is dementia secure accommodation required?** ☐ Yes ☐ No

**Are you a smoker?** ☐ Yes ☐ No

**Weight**  kg

## What is your preferred bethanie aged care home?

Refer to page 6 of this form for locations

Preference 1

Preference 2

Preference 3

Preference 4

A current Aged Care Assessment (ACAT) or Support Plan is required for entry into a Residential Aged Care Home. You can organise this by contacting My Aged Care: **1800 200 422**

Please complete the following

Centrelink

Veteran's Affairs

Medicare No.

Medicare Expiry Date

Private Health

My Aged Care Referral Code/Permanent Residential Care Referral Code\*

Respite Referral Code\*

\*Referral codes can be found on your My Aged Care support plan

- 1 Have you made an application to the Department of Human Services (DHS) for a means assessment? If **yes**, please provide us the date it was sent below: ☐ Yes ☐ No

- 2 Do you currently get funding from National Disability Insurance Scheme (NDIS)? ☐ Yes ☐ No

- 3 Have you been convicted of any crime in Australia? If **yes**, please provide details below: ☐ Yes ☐ No

- 4 Who is your home care service provider (if applicable)

- 5 I am seeking Residential care as follows: ☐ 0-3 months ☐ 3-6 months ☐ 6+ months

- 6 How did you hear about the Bethanie Group?

## Financial Statement

Please include all the assets, debts and income owned by the applicant and their partner. The below information will be used in assisting us to determine the residential care fees and is to determine and to assist you in calculating the accomodation costs

OR ☐ I understand that **if I do not** disclose the applicant's assets, the applicant will be charged the maximum fees.

### Assets

Home (excluding contents)	\$ <input type="text"/>
Other properties (including land)	\$ <input type="text"/>
Shares/managed funds	\$ <input type="text"/>
Term deposits, bonds, debentures, etc.	\$ <input type="text"/>
Bank accounts	\$ <input type="text"/>
Credit unions	\$ <input type="text"/>
Allocated pension balance/superannuation	\$ <input type="text"/>
Loans to other parties	\$ <input type="text"/>
Antiques, works of art	\$ <input type="text"/>
Furniture and effects	\$ <input type="text"/>
Motor vehicles	\$ <input type="text"/>
Other assets	\$ <input type="text"/>
<b>Total Assets</b>	\$ <input type="text"/>

### Debts

Mortgage	\$ <input type="text"/>
Other debts/ commitments owed	\$ <input type="text"/>
<b>Total Net Assets</b>	\$ <input type="text"/>

### Income (per fortnight) Australian Age Pension

Veteran Affairs Pension	\$ <input type="text"/>
Overseas Pension	\$ <input type="text"/>
Other Pension	\$ <input type="text"/>
Income Support Supplement	\$ <input type="text"/>
Superannuation	\$ <input type="text"/>
Property Income (net)	\$ <input type="text"/>
Other Income	\$ <input type="text"/>
<b>Total Income</b>	\$ <input type="text"/>

## Application Checklist

- ☐ I have completed all sections of this application form
- ☐ I have attached a copy of the Enduring Power of Guardianship document (if applicable)
- ☐ I have supplied a copy of the DHS Aged Care Fees Letter (if available)
- ☐ I have attached a copy of My Aged Care Support plan or provided the \*referral code on page 4 of this application form (if applicable)
- ☐ I have attached a certified copy of the Enduring Power of Attorney document (if applicable)

### Bethanie Locations

*Dementia Secure Care available*

#### Bethanie Peel – Coodanup

*Dementia Secure*

2 Maclaggan Turn, Coodanup

#### Bethanie Dalyellup – Dalyellup

*Dementia Secure*

114 Norton Promenade, Dalyellup, WA, 6230

#### Bert England Lodge – Coolongup

*Dementia Secure*

111 Woodbridge Drive, Coolongup WA 6168

#### Bethanie Fields – Eaton

*Dementia Secure*

111 Eaton Drive, Eaton WA 6232

#### Bethanie Gwelup – Gwelup

*Dementia Secure*

72-74 Huntriss Road, Gwelup WA 6018

#### Bethanie Waters – Port Kennedy

*Dementia Secure*

18 Olivenza Crescent, Port Kennedy WA 6172

#### Bethanie Subiaco – Subiaco

*Dementia Secure*

45 Bishop Street, Subiaco WA 6008

#### Bethanie Beachside – Yanchep

*Dementia Secure*

629 Two Rocks Road, Yanchep WA 6035

### Bethanie Locations

#### Bethanie Elanora – Bunbury

37 Hastie Street, Bunbury WA 6230

#### Bethanie Como – Como

30 McNabb Loop, Como WA 6152

#### Bethanie Illawong – Hamilton Hill

1 Rodd Place, Hamilton Hill WA 6163

#### Bethanie Geneff – Innaloo

39 Hertha Road, Innaloo WA 6018

#### Bethanie Joondanna – Joondanna

130 Edinboro Street, Joondanna WA 6060

#### Bethanie Kingsley – Kingsley

190 Twickenham Drive, Kingsley WA 6026