



MYVISTA Residential Care Application Form

For Residential Aged Care Accommodation

This Application Form will become part of your
documentation on admission.

Introduction

Thank you for considering placement with MYVISTA Residential Care.

To assist us with timely waitlisting and an offer of placement that reflects your care and accommodation requirements, please complete all sections of this form to the best of your ability.

If you have any difficulty or concerns completing any of the sections please contact MYVISTA:

Telephone: 1800 698 478
Email: info@myvista.com.au

NOTE: If downloading the Application Form please save immediately to your computer and periodically during completing, to prevent any loss of data.

Application Form Contents

Section 1:	Your Personal Information	Page 3
Section 2:	Your Pension and Medicare Information	Page 5
Section 3:	Your Assets and Income Information	Page 6
Section 4:	Aged Care Assessment (ACAT)	Page 8
Section 5:	Timeframe for Residential Care Placement	Page 9
Declaration.....		Page 10
Application Checklist		Page 11



MYVISTA Residential Aged Care Facility Locations

To assist our assessment process please indicate the type of accommodation and care you are seeking: General Dementia Respite

Please indicate your preferred MYVISTA facility location:

Balcatta Mirrabooka No preference

Do you receive funding through NDIS: Yes No

How did you hear about MYVISTA?

SECTION 1: PERSONAL INFORMATION

Completing this section will assist us with getting to know more about you and your family or representatives.

1.1 Your Personal Details

Title: Mr Mrs Miss Ms Other

First Name(s):

Surname:

Preferred Name:

Address:

Street:

Suburb:

State:

Postcode:

Contact Info:

Mobile:

Home Ph:

Email:

DOB:

What do you identify as? Male Female * LGBTQI (*Optional)

Any other comments (*Optional)

1.2 Marital Status

Single

Widowed

Separated

Divorced

Married

Partner

Name of spouse/partner (if applicable):

Is your spouse/partner also applying to MYVISTA? Yes No

If YES, they will need to complete a separate application form.

1.3 Your Cultural Information

Are you an Aboriginal or Torres Strait Islander? Yes No

Nationality: Country of Birth:

Language/s spoken:

Do you require an interpreter? Yes No

What is your Faith?

1.4 Your Nominated Representative/s

Please provide details of your (the applicant's) nominated representative/s who MYVISTA can contact about this application and your care after entering MYVISTA.

Nominated Representative (Primary Contact)

Name: Relationship:

Address:

Suburb: Postcode:

Daytime Phone: Mobile Phone:

Email:

Type of Authority: Nil Enduring Power of Attorney Enduring Guardianship
 Other (please specify)

Nominated Representative (Secondary Contact)

Name: Relationship:

Address:

Suburb: Postcode:

Daytime Phone: Mobile Phone:

Email:

Type of Authority: Nil Enduring Power of Attorney Enduring Guardianship
 Other (please specify)

Who would you like your monthly financial accounts to be sent to?

Myself and/or Primary Contact Secondary Contact

1.5 Your Current Location

Home:

Other residence (eg family):

Hospital (please specify):

Transitional Care (please specify):

Date of Admission to Transitional Care:

Other residential care facility (please specify):

Date of Admission to other facility:

SECTION 2: PENSION AND MEDICARE INFORMATION

Completing SECTION 2 and 3 will assist us in determining your financial status so we can provide you with draft fees and costs and answer any queries you may have.

2.1 Your Pension Details

Australian Pension: Yes No

Type of Pension: Full Part Aged DVA Disability

Pension Card No: - - - Exp Date:

If DVA: Please specify card colour:

Non-Australian Pension: Yes No

Type of Pension:

Self-Funded Retiree: Yes No

Type of Income:

2.2 Your Medicare Details

Medicare Card: Yes No

Medicare Card No: - -

Reference No: (next to yourname)

Date Card Valid To: / e.g 06/2022

2.2 Your Private Health Insurance Details

Private Health Insurance Fund Name

Level of Cover: Membership No:

Name of Current Doctor:

Postal Address:

Suburb: Postcode:

Phone No: Fax No:

Do you have an agreement with your GP for he/she to visit you at MYVISTA?	Yes	No
If no, would you like to be referred to one of the GP's who visit MYVISTA?	Yes	No

Do you have an Advance Care Directive? No Yes Date:

SECTION 3: ASSETS AND INCOME INFORMATION

Completing SECTION 2 and 3 will assist us in determining your financial status so we can provide you with draft fees and costs and answer any queries you may have.

3.1 Principal Home Information

(a) Do you own your home?

No If NO, please go to question 3.3 Assessable Assets and Income

Yes If YES, please continue with (b)

(b) Do you live alone?

Yes If YES, please go to question 3.2 Principal Home Financial Information

No If NO, who lives with you?

- Spouse/partner
- Dependent Child
- Carer (2 years or more)
- Immediate family member (5 years or more)

(c) Will the person/s live in your home after you enter residential care? Yes No
 If NO, please go to question 3.2.

(d) Is the person eligible for an assessable pension/income support? Yes No
 (Does not include Carer Allowance)
 If NO, please complete question 3.2
 If YES to (c) and (d), please skip question 3.2 and go to question 3.3

3.2 Principal Home Financial Information

Estimated Value of Your Principal Home

Total Value	\$	
Less Mortgage	\$	
Less Deferred Management Fees (if in Retirement Living)	\$	
Estimated net value	\$	

3.3 Assessable Assets and Income

If you have any combined assets with a spouse/partner/family please provide COMBINED income and asset information

Other Assessable Assets

Bank accounts	\$	
Term Deposits, bonds	\$	
Shares	\$	
Managed Investments (eg investment trusts)	\$	
Superannuation : in accumulation phase	\$	
: in pension phase	\$	
Other real estate (do not include the family home)	\$	
Any other assets (please specify)	\$	
Total of Other Assessable Assets	\$	
Assessable Income (per fortnight)	\$	
Australian Government Pension	\$	
Non-Australian Pension	\$	
Other income (eg Pension income from Super)	\$	
Total of Assessable Income	\$	

3.4 Lodgement of Centrelink Assets and Income Assessment

Have you lodged a Centrelink Income and Assets Assessment? Yes No

If YES

- Date of lodgement: / /

- Have you received the Centrelink Residential Aged Care Fees letter (Please attach a copy of the letter and Assets Summary Statement) Yes No

If NO

- Are you intending to lodge a Centrelink Income and Assets Assessment? Yes No

- Proposed date of lodgement: / /

Please note:

If you do not intend to lodge a Centrelink Income and Assets Assessment, you will be liable to pay the maximum means tested care fee on admission regardless of your financial status.

SECTION 4: AGED CARE ASSESSMENT (ACAT)

An ACAT can also be called an Aged Care Client Record (ACCR) or a Support Plan

Have you had an ACAT assessment? Yes No

Date of ACAT assessment: / /

Do you have a copy of the ACAT? Yes No

If YES, please attach a copy with your application.

If you do not have a copy of the ACAT please provide the referral code for **permanent resident approval**.

This code starts with the number 1 – followed by 11 numbers. e.g. 1 – 01234567890

Referral Code Number: 1 –

SECTION 5: TIMEFRAME FOR RESIDENTIAL CARE PLACEMENT

Please indicate the timeframe you are seeking for residential care placement

Urgent / as soon as possible:	<input type="checkbox"/>
Within three months:	<input type="checkbox"/>
Three to six months:	<input type="checkbox"/>
In six months or longer:	<input type="checkbox"/>

Please note: If your circumstances change please contact MYVISTA on 1800 698 478 to update your preferred timeframe for placement. We will keep your information on our waitlist within your selected timeframe. If we do not hear from you in this time, we will archive your details.

5.1 Offer of Placement

If an offer is made for placement:

- We will contact you to view the available accommodation and invite you to attend the facility within 24 hours.
- If you accept the placement, admission will generally need to occur within 48-72 hours from acceptance.

Please provide any other information you would like to include with your application.

DECLARATION

Please read the Declaration below and sign and date as acknowledgement.

By checking this box, I sincerely declare that all the information in this application is true to the best of my knowledge. It is in no way false, inaccurate or misleading, nor intended to be false, inaccurate or misleading. I agree that if incorrect fees or charges are levied as a result of any incorrect information provided in this form then MYVISTA may levy the correct charges from the Applicant's date of entry into MYVISTA Residential Aged Care.

Full name of person making the Declaration

Signature of person making the Declaration

Date: / /

If you are not the Applicant, please state your relationship to the Applicant:

Privacy of your personal information held by MYVISTA

The information collected on this form:

- Will only be used in connection with your application for residential care
- Will only be accessed by MYVISTA staff as necessary to perform their duties
- Will not be released to any third party without your consent

Should you not proceed to admission to a MYVISTA facility, all documents will be securely disposed of. A complete MYVISTA Privacy Statement is available on request.

Please remember, we are here to help, and you can contact us for assistance on 1800 698 478 or email us at info@myvista.com.au

Please note: Proceed to the Application Checklist on page 11 to ensure all relevant documentation is included and all sections of the application have been completed.

APPLICATION CHECKLIST

To assist with timely processing of your application, please ensure all sections are completed to the best of your ability and that you have provided all relevant documents or information required with this application.

Included	N/A	A copy of your Aged Care Assessment (ACAT) also referred to as an Aged Care Client Record (ACCR) or a Support Plan
OR		
Included	N/A	Referral Code for Permanent Residential Approval (see SECTION 4 - Page 8)
Included	N/A	Copies of Power of Attorney and/or
Included	N/A	Guardianship Approvals
Included	N/A	Advance Health Directive
Included	N/A	Copy of Centrelink Aged Care Fees Letter and Assets and Income Summary (if received from Department of Human Services)

I understand the information provided and have completed all sections of this application.

I have retained a copy of this application for my records.

If completed online, please save your completed application form and email it with relevant attachments as above to: info@myvista.com.au

Alternatively, you can print, manually complete the application form, and mail or hand-deliver all documents to:

MYVISTA Customer Service (Waitlist)
3 Doncaster Road
MIRRABOOKA WA 6061