



MYVISTA Residential Care  
Application Form

For Residential Aged Care Accommodation

## Introduction

Thank you for considering placement with MYVISTA Residential Care.

To assist us with timely wait-listing 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.

To assist you with completing this application form, please refer to the MYVISTA Residential Information Booklet provided with this application form.

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

Telephone: 1800 698 478  
Email: [info@myvista.com.au](mailto: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.

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## MYVISTA Residential Aged Care Facility Locations

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

Please indicate your preferred MYVISTA facility location:

                    Balcatta                      Mirrabooka

### 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 phone (include area code)

Email:

Date of Birth:

Gender:

#### 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

### 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:

Home Address:

Suburb:

Postcode:

Daytime Phone:

Mobile Phone:

Email:

Authority Type:      Nil      Enduring Power of Attorney      Enduring Guardianship

Driver's License Number:

(Please provide this identification for a quicker admission process)

#### Nominated Representative (Secondary Contact)

Name:

Relationship:

Home Address:

Suburb:

Postcode:

Daytime Phone:

Mobile Phone:

Email:

Type of Authority:      Nil      Enduring Power of Attorney      Enduring Guardianship

Other (please specify)

**Please note: if no current authority is in place, please refer to page 3-4 of the MYVISTA Residential Information Booklet for - Type of Authority, General Information.**

## 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:		-	-	-	
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 your name)				
Date Card Valid To:		/		e.g 06/2022

## 2.2 Your Private Health Insurance Details

Name of Private Health Insurance Fund

Level of Cover:

Membership Number:

If you have any difficulty with questions or concerns with any of the sections please  
contact us for assistance

Phone: 1800 698 478

Email: [info@myvista.com.au](mailto:info@myvista.com.au)

## 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 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)	\$
Less estimated selling costs	\$
Estimated net value	\$

## 3.3 Assessable Assets and Income

If you have any combined assets with a spouse/partner/family please **ONLY** include the monetary value of **YOUR SHARE**

### 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)	\$
<b>Total of Other Assessable Assets</b>	<b>\$</b>
<b>Assessable Income (per fortnight)</b>	<b>\$</b>
Australian Government Pension	\$
Non-Australian Pension	\$
Other income (eg Pension income from Super)	\$
<b>Total of Assessable Income</b>	<b>\$</b>

### 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: YOUR HEALTH INFORMATION

Completing this section will assist us with offering you placement at MYVISTA Residential Care that reflects your care needs.

### 4.1 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. Eg 1 – 01234567890

Referral Code Number: 1 –



## 4.2 Your Current Health Status

If there has been any changes to your health and wellbeing since your ACAT Assessment, then completing this section will further assist us in assessing your care needs.

Have you had any new medical diagnoses since your ACAT? Yes          No

If **YES**, please record any new medical diagnoses below

Please record any changes to your health and wellbeing since your ACAT below:

**Food and Refreshments -**      No change in nutrition needs

Any changes (please tick)	✓	Details of Changes
Change of diet (eg soft/pureed)		
Has thickened drinks		
Independent with eating/drinking		
Needs assistance with eating/drinking		
Uses eating/drinking aids		
Specific diet (eg diabetic, low fibre)		
Uses a gastric (PEG) tube		
Other (please specify)		

**Personal Hygiene -**      No changes in personal hygiene

Any changes (please tick)	✓	Details of Changes
Washing/showering		
Dressing/grooming		
Independent with personal hygiene		
Needs supervision with personal hygiene		
Needs assistance with personal hygiene		
Other (please specify)		

**Continence–**            No change in continence

Any changes (please tick)	✓	Details of Changes
Urinary incontinence		
Bowel incontinence		
Uses continence aids/pads		
Independent with toileting		
Needs supervision with toileting		
Needs assistance with toileting		
Has a long term catheter		
Other (please specify)		

**Mobility–**            No change in mobility

Any changes (please tick)	✓	Details of Changes
Full mobility		
Walks with aids (cane, frame)		
Uses a wheelchair		
Bedridden		
Independent but very slow		
Needs supervision		
Needs assistance		
Other (please specify)		

**Falls Risk–**            No change in falls risk

Any changes (please tick)	✓	Details of Changes
History of past falls/injuries		
Any recent falls/injuries		
Frequency of falls		
Other (please specify)		

**Cognition and Behaviours** – No change in cognitional or behaviours

Any changes (please tick)	✓	Details of Changes
Short term memory problems		
Long term memory problems		
Verbal aggressive behaviours		
Physical aggressive behaviours		
Confusion		
Disorientation		
Wandering		
Other (please specify)		

**Mental Health** – No change in mental health

Any changes (please tick)	✓	Details of Changes
Anxiety		
Depression		
Delirium		
Delusions		
Paranoia		
Other (please specify)		

**Medication Management** – No change in medication management

Any changes (please tick)	✓	Details of Changes
Independent taking own medication		
Needs supervision		
Needs full assistance		
Needs medication to be crushed		
Resistant/refuses to take medication		
Is on daily injections		
Is on periodic injections		
Other (please specify)		

Do you have any other specific care/clinical needs or concerns?      Yes      No

IF YES, please list below

## SECTION 5: TIMEFRAME FOR RESIDENTIAL CARE PLACEMENT

Please indicate the time frame you are seeking for residential care placement

Urgent / as soon as possible:

Within three months:

Three to six months:

In six months or longer:

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

### 5.1 Offer or 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

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Full name of person making the Declaration

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

\_\_\_\_\_ Date:        /        /

**Please read and acknowledge the below Declaration**

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.

### **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](mailto:info@myvista.com.au)**

**Please note: Proceed to the Application Checklist on page 13 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	<b>A copy of your Aged Care Assessment (ACAT)</b> Also referred to as an Aged Care Client Record (ACCR) or a Support Plan
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**OR**

Included	N/A	<b>Referral Code for Permanent Residential Approval</b> (see SECTION 4)
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Included	N/A	<b>Copies of Power of Attorney and/or Guardianship Approvals</b>
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Included	N/A	<b>Copy of Centrelink Aged Care Fees Letter and Assets and Income Summary</b> (if received from Department of Human Services)
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I understand the information provided and have complete 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](mailto: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)  
11 Nugent Street  
BALCATTWA WA 6021

### What happens next:

Thank you for completing the application for wait-listing at MYVISTA Residential Care. We will now commence the wait-listing process and acknowledge this in writing in a letter to you.