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**Application for**

**Respite Care or**

**Permanent Entry at Moonta Health and Aged Care Inc.**

**Phone: 08 88250000 (Ask for the General Manager)**

**Email: gm@mhaacs.com**

**7-12 Majors Road, Moonta. SA 5558**

**Type of placement that you applying for:**

Permanent Entry

OR Respite Entry Respite days required …………… Commencing / /

**Applicant Details**

|  |  |
| --- | --- |
| Home Address |  |
|  |  |
|  |  **Post Code** |

Please record your **Medicare** details here:

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss) |  |
| Last Name |  |
| First Name’s |  |
| Preferred Name |  |
| Gender |  |
| Date of Birth |  |
| Marital Status |  |

|  |  |
| --- | --- |
| Card Number |  |
| Expiry Date: |  / / |
| The Number that appears at the left of your name (eg 1,2) |  |
|  |  |

**Pensioner Status**

**Full Pensioner**

**Part Pensioner**

**Non Pensioner**

If you hold a current Pension Card, please provide details below

|  |  |
| --- | --- |
| Customer Reference Number (CRN) |  |
| Expiry Date: |  / / |
|  |  |

Details of your **nominated Representative:**

|  |  |
| --- | --- |
| Last Name |  |
| First Name |  |
| Address |  |
|  |  |
|  |  Postcode: |
| Contact Numbers | Mobile |
|  | Landline |

Have you recently had an ACAT Assessment?

Yes Please provide a copy?

No You will require an ACAT approval prior to entry

Is there a Power of Attorney in place? Please provide a copy.

Yes Please provide a copy.

No This will need to be in place prior to entry

Is there an Advanced Care Directive in place?

Yes Please provide a copy.

No This will need to be in place prior to entry

In order for us to determine fees for permanent care you will need to complete the following form; Residential Aged Care: Calculation of your cost of Care (SA457). These forms are available for download at the following web address; <https://www.myagedcare.gov.au/income-and-assets-assessment-aged-care-homes>

Our current fees are listed on our website at [www.mhaacs.com](http://www.mhaacs.com) under fees