

CHECK LIST

HAVE YOU COMPLETED:

- APPLICATION FORM
- MEDICAL EVALUATION AND VACCINATION RECORD
- RESIDENT SOCIAL PROFILE
- PRIVACY CONSENT FORM
- ENDURING AUTHORITY TO PUBLISH
- DIRECT DEBIT REQUEST
- OPTION NOT TO PROVIDE

HAVE YOU INCLUDED:

- A copy of the Aged Care Client Record (ACCR) or My Aged Care Support Plan completed by the Aged Care Assessment Team
- A copy of Enduring Power of Attorney (POA) / Power of Attorney (POA)
- A copy of Power of Guardianship
- A copy of Centrelink/ Department of Veteran Affairs (DVA) Income & Asset Assessment Notice

APPLICATION FORM

PERMANENT (FOR ADMISSION INTO RESIDENTIAL AGED CARE)

PLEASE TICK: HIGH CARE LOW CARE KEREN OR (DEMENTIA SPECIFIC)

SECTION 1

SURNAME:

PREFERRED NAME (TO BE CALLED BY):

LEGAL GIVEN NAMES:

HEBREW NAME:

DATE OF BIRTH:

ADDRESS:

DO YOU: OWN RENT BOARD OTHER

PHONE (HOME):

PHONE (MOBILE):

COUNTRY OF BIRTH:

AUSTRALIAN CITIZEN: YES

NO

NATIONALITY:

RELIGION: JEWISH - ORTHODOX

JEWISH-LIBERAL

OTHER

FIRST LANGUAGE:

OTHER LANGUAGES SPOKEN:

MARITAL STATUS SINGLE

DE FACTO

DIVORCED

MARRIED

WIDOWED

SEPARATED

FATHER'S GIVEN AND SURNAME:

FATHER'S HEBREW NAME:

MOTHER'S GIVEN AND MAIDEN NAME:

MOTHER'S HEBREW NAME:

SECTION 2

PENSION DETAILS

FULL

PART

CENTRELINK NO:

MEDICARE NO:

EXPIRY DATE:

VETERANS AFFAIRS NO:

CARD TYPE - GOLD WHITE

EXPIRY DATE:

PRIVATE HEALTH INSURANCE FUND (NAME):

MEMBERSHIP NO:

EXPIRY DATE:

AMBULANCE SUBSCRIPTION NO:

EXPIRY DATE:

APPLICATION FORM

SECTION 3

POWER OF ATTORNEY

HAVE YOU APPOINTED A POWER OF ATTORNEY: YES NO

ENDURING POWER OF ATTORNEY: YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF PERSON 1 HOLDING POWER OF ATTORNEY:

ADDRESS:

TELEPHONE NO: MOBILE NO: EMAIL:

NAME OF PERSON 2 HOLDING POWER OF ATTORNEY:

ADDRESS:

TELEPHONE NO: MOBILE NO: EMAIL:

PLEASE PROVIDE A COPY OF THE POWER OF ATTORNEY DOCUMENTATION

SECTION 4

GUARDIANSHIP

HAVE YOU APPOINTED A GUARDIANSHIP AUTHORITY: YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF PERSON HOLDING GUARDIANSHIP AUTHORITY:

ADDRESS:

TELEPHONE NO: MOBILE NO: EMAIL:

PLEASE PROVIDE A COPY OF THE POWER OF GUARDIANSHIP DOCUMENTATION

SECTION 5

NEXT-OF-KIN (SPOUSE, CHILDREN OR NEAR RELATIVES) (WHO WILL BE CONTACTED UPON SERIOUS ILLNESS OR SUDDEN DEATH)

STATE FULL NAME, ADDRESS, RELATIONSHIP, TELEPHONE NUMBERS

1. NAME: RELATIONSHIP:

ADDRESS:

PHONE HOME: PHONE WORK:

MOBILE NO: EMAIL:

2. NAME: RELATIONSHIP:

ADDRESS:

PHONE HOME: PHONE WORK:

MOBILE NO: EMAIL:

NAME AND ADDRESS OF PERSON BILLING ACCOUNT WILL BE SENT TO

NAME:

ADDRESS:

PHONE HOME: PHONE WORK:

MOBILE NO: EMAIL:

APPLICANT OR POA SIGNATURE:

DATE:

MEDICAL EVALUATION FORM

SYSTEMS REVIEW PLEASE PROVIDE DIAGNOSIS AND BRIEF SUMMARIES OF HISTORY

GENITOURINARY

RELEVANT DETAILS:

INCONTINENCE YES NO

CAUSE, IF KNOWN:

MUSCULOSKELETAL

RELEVANT DETAILS:

NEUROLOGICAL

RELEVANT DETAILS:

HAS APPLICANT SUFFERED STROKE(S)? YES NO

DETAILS (COPY OF CT REPORT WOULD BE HELPFUL):

DESCRIBE DEGREE OF DISABILITY:

DOES APPLICANT SUFFER FROM HEADACHES/FITS/FALLS/DIZZINESS/VERTIGO? YES NO

DETAILS:

VISION

RELEVANT HISTORY/ DIAGNOSIS:

OPHTHALMOLOGIST/OPTOMETRIST NAME:

DATE LAST SEEN (APPROX):

SPECTACLES YES NO

HEARING

RELEVANT HISTORY/ DIAGNOSIS:

ENT SPECIALIST/AUDIOLOGIST NAME:

DATE LAST SEEN (APPROX):

HEARING AID YES NO



MAURICE ZEFFERT
Trusted Jewish Aged Care

Keren Or
Carl and Sadie Cohen Hostel
David, Gita and Michael Hoffman Nursing Home
Sir Zelman and Lady Cowen Retirement Village

119 Cresswell Road, Dianella Western Australia 6059
Ph: (08) 9375 4600 | Fax: (08) 9276 1250
Email info@mzh.org.au | Website mzh.org.au
ABN: 43 422 387 456

MEDICAL EVALUATION FORM

MENTAL STATE AND PSYCHIATRIC HISTORY

PAST HISTORY OF PSYCHIATRIC ILLNESS? YES NO

DETAILS:

IS APPLICANT FULLY ALERT AND WELL ORIENTED? YES NO

POSSIBLE OR DEFINITE DEMENTIA PRESENT? YES NO

LIKELY CAUSE OF DEMENTIA: ALZHEIMER TYPE/MULTI-INFARCT/ OTHER:

(SPECIFY):

DATE MEMORY/INTELLECTUAL DECLINE FIRST NOTED:

BEHAVIOURAL PROBLEMS OR WANDERING? YES NO

DETAILS:

DEMENTIA INVESTIGATED? YES NO

DETAILS (PLEASE INCLUDE CT AND OTHER INVESTIGATIONS AND RESULTS):

CURRENT MEDICATIONS

DRUG SENSITIVITY/ADVERSE DRUG REACTIONS:

OTHER RECENT OR RELEVANT INVESTIGATIONS AND REPORTS

PHOTOCOPIES OF KEY RESULTS AND REPORTS WOULD BE APPRECIATED

OTHER DETAILS ABOUT THE APPLICANT'S CONDITION WHICH YOU CONSIDER IMPORTANT (INCLUDE INFECTIONS WITH HIGH RISK OF TRANSMISSION IN THE HEALTH CARE SETTING)

SIGNED:

DATED:

MEDICAL EVALUATION FORM

TO BE COMPLETED BY MEDICAL PHYSICIAN

APPLICANT'S SURNAME: _____ FIRST NAMES: _____

CURRENT ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

NAME AND ADDRESS OF DOCTOR COMPLETING FORM: _____

PHONE: _____ LENGTH OF TIME HE/SHE HAS BEEN A PATIENT: _____

REASON FOR SEEKING ADMISSION: _____

MAJOR CURRENT MEDICAL PROBLEMS: _____

MAJOR OTHER DIAGNOSED PROBLEMS: _____

HOSPITALISATION: _____

HOSPITAL: _____ CONSULTANT: _____

CONDITION TREATED: _____ DATE: _____

1. _____

2. _____

3. _____

IS APPLICANT CURRENTLY ATTENDING OUTPATIENTS CLINICS OR SPECIALISTS? YES NO

IF YES, WHICH ONES? _____

HAS APPLICANT BEEN ASSESSED BY AN AGED CARE ASSESSMENT TEAM (ACAT)? YES NO

IF YES, WHICH ONES? _____

(Please attach photocopies of Discharge Summaries/ Letters/Assessments)



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MEDICAL EVALUATION FORM

SYSTEMS REVIEW PLEASE PROVIDE DIAGNOSIS AND BRIEF SUMMARIES OF HISTORY

RESPIRATORY

RELEVANT DETAILS:

DATE OF LAST CHEST X-RAY AND FINDINGS:

PAST SMOKER: YES NO STILL SMOKES: YES NO HISTORY OF TB: YES NO

PNEUMOCOCCAL VACCINE GIVEN: YES NO YEAR:

FLUVAX GIVEN: YES NO DATE:

CARDIOVASCULAR

RELEVANT DETAILS:

PULSE: B.P.: ANY POSTURAL CHANGE:

PERIPHERAL PULSES:

E.C.G.

PACEMAKER YES NO IF YES, BEING MONITORED BY:

GASTROINTESTINAL

RELEVANT DETAILS:

APERIENT USAGE: FAECAL INCONTINENCE YES NO

DENTITION:

ENDOCRINE

RELEVANT DETAILS:

HAEMOPOIETIC

RELEVANT DETAILS:

SKIN

RELEVANT DETAILS:

RESIDENT SOCIAL PROFILE

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.

The information will be used to develop an individualised activity program and support to meet your needs.

RESIDENT NAME:

DATE:

ACTIVITY PREFERENCES (ON ENTRY TO THE HOME)

PLEASE IDENTIFY (✓) THOSE ACTIVITIES THAT WOULD OR HAVE BEEN OF INTEREST

<input type="checkbox"/> INDOOR BOWLS	<input type="checkbox"/> SYNAGOGUE
<input type="checkbox"/> COMMUNITY SINGING/ CHOIR	<input type="checkbox"/> GROUP DISCUSSIONS
<input type="checkbox"/> NEWSPAPER READINGS	<input type="checkbox"/> OUTINGS
<input type="checkbox"/> EXERCISE TO MUSIC	<input type="checkbox"/> COOKING
<input type="checkbox"/> WORD GAMES/ QUIZZES	<input type="checkbox"/> CONCERTS/ PERFORMANCES
<input type="checkbox"/> CARDS	<input type="checkbox"/> VIDEO/ FILMS
<input type="checkbox"/> FLORAL ART	<input type="checkbox"/> CRAFT
<input type="checkbox"/> PARLOUR GAMES	<input type="checkbox"/> JIGSAWS
<input type="checkbox"/> BINGO	<input type="checkbox"/> BEAUTY CARE
<input type="checkbox"/> ART	<input type="checkbox"/> HAPPY HOUR
<input type="checkbox"/> GARDENING	<input type="checkbox"/> CROSSWORDS
<input type="checkbox"/> GUIDED WALKS	<input type="checkbox"/> OTHER (PLEASE SPECIFY)

ARE YOU ON THE ELECTORAL ROLL?

YES NO

IF YES, CURRENT ELECTORATE:

DOES THE RESIDENT HAVE THE COGNITIVE CAPACITY TO REMAIN ON THE ELECTORAL ROLL?

YES NO

It is the responsibility of you or your carer to change the electoral district. To be removed from the electoral role, a letter is required from the medical practitioner.

SPIRITUAL AND CULTURAL DETAILS

DURING YOUR LIFE, HAVE YOU ATTENDED SYNAGOGUE REGULARLY?

YES NO

WOULD YOU LIKE TO ATTEND SYNAGOGUE AT MAURICE ZEFFERT HOME?

YES NO

ANY SPECIFIC CULTURAL PREFERENCES:

E.G. DIET:

FESTIVALS OBSERVED:

CULTURAL PREFERENCES/ PRACTICES (EG CLOTHING/ SOCIAL CONTACT/ RITUALS):

RESIDENT SOCIAL PROFILE

LIFE PROFILE

CHILDHOOD

LIVED AT:

EDUCATION:

ADULT YEARS

LIVED AT:

EDUCATION:

WORK:

LEISURE INTERESTS:

RETIREMENT

LIVED AT:

LEISURE INTERESTS:

LIST ANY SIGNIFICANT LIFE EXPERIENCES (E.G. AWARDS, DISASTERS, ACHIEVEMENTS):

TRAVEL EXPERIENCE:

HOLOCAUST AND WARTIME EXPERIENCES

SIGNIFICANT EVENTS AND DATES

WEDDING ANNIVERSARY:

CHILDREN'S BIRTHDAYS:

DEATH OF SIGNIFICANT OTHER:

OTHER:

PRIVACY CONSENT FORM

Maurice Zeffert Home (Inc) requires your authorisation in order to collect your personal information.
Maurice Zeffert Home (Inc) Privacy Statement and Policy explains the circumstances and conditions of your consent.
Further information and explanation is available on request.

I _____ RESIDENT / POA

HEREBY AUTHORISE THE COLLECTION OF PERSONAL INFORMATION ABOUT _____

_____ RESIDENT / POA

- I have received the Privacy Statement and Policy and have been given opportunity to ask questions.
- My questions have been answered to my satisfaction.
- I understand that I can ask further questions at any time.

RESIDENT OR POWER OF ATTORNEY SIGNATURE:

DATE:

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ENDURING AUTHORITY TO PUBLISH

I _____ RESIDENT / POA

GIVE MY PERMISSION FOR PHOTOS OF _____

_____ RESIDENT / POA

attending activities at the Maurice Zeffert Home (Inc) and information and photos in the resident profiles to be used for MZH internal documents, the Maccabean, other Jewish publications and on the Home's website. If there are any changes to be made to this enduring authority, I will notify the Executive Management Team.

SIGNED: _____ DATE: _____

RELATIONSHIP TO RESIDENT: _____

DIRECT DEBIT REQUEST

REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY MAURICE ZEFFERT HOME (INC)

<p>Request and Authority to debit</p>	<p>Your Surname or company name</p> <hr/> <p>Your Given names or ABN/ARBN "you"</p> <hr/> <p>request and authorise MAURICE ZEFFERT HOME (INC) User ID: 483570 to arrange, through its own financial institution, a debit to your nominated account any amount MAURICE ZEFFERT HOME (INC) has deemed payable by you.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<p>Insert the name and address of financial institution at which account is held</p>	<p>Financial institution name</p> <hr/> <p>Address</p> <hr/> <hr/>
<p>Insert details of account to be debited</p>	<p>Name/s on account</p> <hr/> <p>BSB number (Must be 6 Digits) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>Acknowledgment</p>	<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and MAURICE ZEFFERT HOME (INC) as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<p>Insert your signature and address</p>	<p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<p>Request and Authority to debit</p>	<p>Signature</p> <hr/> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address</p> <hr/> <hr/> <p>Date / /</p> <hr/>
<p>Second account signatory (if required)</p>	<p>Signature</p> <hr/> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address</p> <hr/> <hr/> <p>Date / /</p> <hr/>

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DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is your Direct Debit Service Agreement with MAURICE ZEFFERT HOME (INC), User ID:483570, ABN: 43 422 387 456. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

<p>Definitions</p>	<p>account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.</p> <p>agreement means this Direct Debit Request Service Agreement between you and us.</p> <p>banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p>debit day means the day that payment by you to us is due.</p> <p>debit payment means a particular transaction where a debit is made.</p> <p>direct debit request means the Direct Debit Request between us and you.</p> <p>us or we means MAURICE ZEFFERT HOME (INC), (the Debit User) you have authorised by requesting a Direct Debit Request.</p> <p>you means the customer who has signed or authorised by other means the Direct Debit Request.</p> <p>your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.</p>
<p>1. Debiting your account</p>	<p>1.1 By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.</p> <p>1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.</p> <p>or</p> <p>We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.</p> <p>1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.</p>
<p>2. Amendments by us</p>	<p>2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.</p>
<p>3. Amendments by you</p>	<p>3.1 You may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by writing to:</p> <p>MAURICE ZEFFERT HOME (INC) ACCOUNTS DEPARTMENT 119 CRESSWELL ROAD, DIANELLA WA 6059</p> <p>or</p> <p>by emailing us at accounts@mzh.org.au</p> <p>or</p> <p>by telephoning us on (08) 9375 4600 during business hours;</p> <p>or</p> <p>arranging it through your own financial institution, which is required to act promptly on your instructions.</p> <p>*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us MAURICE ZEFFERT HOME (INC) your new account details.</p>



DIRECT DEBIT REQUEST SERVICE AGREEMENT

<p>4. Your obligations</p>	<p>4.1 It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a debit payment to be made in accordance with the Direct Debit Request.</p> <p>4.2 If there are insufficient clear funds in <i>your</i> account to meet a debit payment:</p> <ul style="list-style-type: none"> (a) <i>you</i> may be charged a fee and/or interest by <i>your</i> financial institution; (b) <i>you</i> may also incur fees or charges imposed or incurred by <i>us</i>; and (c) <i>you</i> must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in <i>your</i> account by an agreed time so that <i>we</i> can process the debit payment. <p>4.3 <i>You</i> should check your account statement to verify that the amounts debited from <i>your</i> account are correct</p>
<p>5. Dispute</p>	<p>5.1 If <i>you</i> believe that there has been an error in debiting <i>your</i> account, <i>you</i> should notify <i>us</i> directly on (08) 9375 4600 and confirm that notice in writing with <i>us</i> as soon as possible so that <i>we</i> can resolve <i>your</i> query more quickly. Alternatively <i>you</i> can take it up directly with <i>your</i> financial institution.</p> <p>5.2 If <i>we</i> conclude as a result of our investigations that <i>your</i> account has been incorrectly debited <i>we</i> will respond to your query by arranging for <i>your</i> financial institution to adjust <i>your</i> account (including interest and charges) accordingly. <i>We</i> will also notify <i>you</i> in writing of the amount by which <i>your</i> account has been adjusted.</p> <p>5.3 If <i>we</i> conclude as a result of our investigations that <i>your</i> account has not been incorrectly debited <i>we</i> will respond to <i>your</i> query by providing <i>you</i> with reasons and any evidence for this finding in writing.</p>
<p>6. Accounts</p>	<p><i>You</i> should check:</p> <ul style="list-style-type: none"> (a) with <i>your</i> financial institution whether direct debiting is available from <i>your</i> account as direct debiting is not available on all accounts offered by financial institutions. (b) <i>your</i> account details which <i>you</i> have provided to <i>us</i> are correct by checking them against a recent account statement; and (c) with <i>your</i> financial institution before completing the Direct Debit Request if <i>you</i> have any queries about how to complete the Direct Debit Request.
<p>7. Confidentiality</p>	<p>7.1 <i>We</i> will keep any information (including your account details) in <i>your</i> Direct Debit Request confidential. <i>We</i> will make reasonable efforts to keep any such information that <i>we</i> have about <i>you</i> secure and to ensure that any of our employees or agents who have access to information about <i>you</i> do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 <i>We</i> will only disclose information that <i>we</i> have about <i>you</i>:</p> <ul style="list-style-type: none"> (a) to the extent specifically required by law; or (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).
<p>8. Notice</p>	<p>8.1 If <i>you</i> wish to notify <i>us</i> in writing about anything relating to this agreement, <i>you</i> should write to ACCOUNTS DEPARTMENT MAURICE ZEFFERT HOME (INC) 119 CRESSWELL ROAD, DIANELLA WA 6059 Or Email to accounts@mzh.org.au</p> <p>8.2 <i>We</i> will notify <i>you</i> by sending a notice in the ordinary post to the address <i>you</i> have given <i>us</i> in the Direct Debit Request.</p> <p>8.3 Any notice will be deemed to have been received on the third banking day after posting.</p>

OPTION NOT TO PROVIDE

CENTRELINK OR DEPARTMENT OF VETERANS' AFFAIRS (DVA) INCOME AND ASSET ASSESSMENT

The Aged Care Act (1997) permits aged care providers to charge accommodation payments up to the room price approved by the Pricing Commissioner.

Centrelink or the Department of Veterans' Affairs (DVA) will assess a resident's income and assets on behalf of the Department of Health, even if the resident does not receive a pension.

Having an Income and Assets Assessment is not compulsory. However, it is a requirement of entry to Maurice Zeffert Home (Inc) that either a Centrelink or DVA Income and Assets Assessment or the "Option Not to Provide" is provided at the time of application.

By electing to complete the "Option Not to Provide" you are confirming that you have sufficient funds to be charged the maximum Residential Fees including the maximum Accommodation Payment and Means Tested Care Fees.

I (FULL NAME): _____

CONFIRM THAT I DO NOT WISH TO PROVIDE AN INCOME AND ASSET ASSESSMENT FROM CENTRELINK OR DEPARTMENT OF VETERANS' AFFAIRS (DVA).

I understand that by choosing not to undertake an Income and Assets Assessment, I am not eligible to receive government assistance with accommodation costs and that I will pay the maximum rate of accommodation payments and means tested care fees.

APPLICANT OR *POA SIGNATURE: _____

DATE: / /

APPLICANT ADDRESS: _____

POST CODE: _____

* If signing under Power of Attorney please ensure a copy of Power Of Attorney or Enduring Power Of Attorney is provided.