



**CASS Care Limited  
Residential Aged Care Facility (RACF)**

**Internal Use**  
Date received:  
Ref No:

<b>APPLICATION FOR RACF ADMISSION</b>		
Date of Application		<input type="checkbox"/> Urgent <input type="checkbox"/> Non-urgent
Reason for urgent application		
You would like to apply for	Asquith RACF 461-473 Pacific Highway, Asquith NSW 2077	
Please provide a copy of the following documents together with this application.		
<input type="checkbox"/> 1. Aged Care Client Record/ Support Plan <input type="checkbox"/> 2. <u>Income &amp; Assets Assessment Outcome</u> <input type="checkbox"/> 3. Pension Card/ Veteran Card (if applicable) <input type="checkbox"/> 4. Enduring Guardian/ other legal document (if applicable)		

<b>Applicant Details</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Surname		Given Name	
Other Name		Home Phone	
		Mobile Phone	
Address			
Date of Birth		Place of Birth	
Year in Australia (If applicable)		Religion	
Australian Residency Status	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other, please specify		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single		
Email Address		Language Spoken	
Pension Card Number		Expiry Date	
Pension Type (E.g. Aged Pension ,Disability Pension )			
Financial Situation	<input type="checkbox"/> Full Pensioner <input type="checkbox"/> Part Pensioner <input type="checkbox"/> Others, please specify		

<b>Contact Person of this Application</b>		<input type="checkbox"/> As above	
<b>Other Contact Person (1)</b>		Relationship to applicant	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other			
Surname		Given Name	
Other Name		Home Phone	
		Mobile Phone	
Address			
Email Address			
<b>Other Contact Person (2)</b>		Relationship to applicant	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other			
Surname		Given Name	
Other Name		Home Phone	
		Mobile Phone	
Address			
Email Address			

<b>GP &amp; Health Fund Details</b>			
GP's Name		Phone No.	
Address			
Medicare Card number		Expiry Date	
Private Health Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Company	
		Membership No.	

<b>Other Personal Information</b>	
What formal services are you receiving?	<input type="checkbox"/> Home Care Package, Level Provider <input type="checkbox"/> CHSP Provider <input type="checkbox"/> Residential Aged Care Facility Provider <input type="checkbox"/> Others, please specify

Who do you currently live with?	<input type="checkbox"/> Alone <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Children <input type="checkbox"/> Others, please specify	
Do you fully or partly own a property?	<input type="checkbox"/> Fully Owned <input type="checkbox"/> Partly Owned <input type="checkbox"/> Do not own any property	
How are you related to CASS?	<input type="checkbox"/> Existing service user Service type <input type="checkbox"/> CASS volunteer <input type="checkbox"/> CASS Board Member <input type="checkbox"/> CASS Staff Members <input type="checkbox"/> Others, please specify <input type="checkbox"/> No relationship	
If you would like to provide more information about you, e.g., your care needs, financial contribution, community contribution, etc, please detail below.		
<b>Signature</b>		
Name of Applicant	Signature	Date
Name (Authorised Representative)	Signature	Date
<b>How to apply?</b>		
By email : racf@casscare.org.au	By post : CASS Residential Aged Care Facility 67-75 Fifth Avenue, Campsie NSW 2194	Enquiry: 02 9789 4587

