Clear Form

Internal Use
Date received:
Ref No:

CASS Care Limited
Residential Aged Care Facility (RACF)

APPLICATION FOR RACF ADMISSION		
Date of Application		☐ Urgent ☐ 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.

☐ 1. My Aged Care Support Plan
☐ 2. Income & Assets Assessment Outcome
☐ 3. Pension Card/ Veteran Card (if applicable)
☐ 4. Enduring Guardian/ other legal document (if applicable)

Applicant Details	☐ Mr ☐ Mrs ☐ Ms ☐ Other		
Gender	☐ Male ☐ Female ☐ 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	☐ Citizen ☐ Permanent Resident ☐ Other, please specify		
Marital Status	☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Single		
Email Address		Language Spoken	
Pension Card Number		Expiry Date	
Pension Type (E.g. Aged Pension ,Disability Pension)			
Financial Situation		☐ Full Pensioner ☐ Part Pensioner ☐ Others, please specify	

Contact Person of this Application		☐ As above	
Other Contact Person (1)		Relationship to applicant	
☐ Mr ☐ Mrs ☐ Ms ☐ Other			
Surname		Given Name	
Other Name		Home Phone	
		Mobile Phone	
Address			
Email Address			
Other Contact Person (2)		Relationship to applicant	
☐ Mr ☐ Mrs ☐ Ms ☐ Other			
Surname		Given Name	
Other Name		Home Phone	
		Mobile Phone	
Address			
Email Address			

GP & Health Fund Details			
GP's Name		Phone No.	
Address			
Medicare Card number		Expiry Date	
Private Health Fund	☐ Yes ☐ No	Company	
		Membership No.	

Other Personal Information	
What formal services are you receiving?	☐ Home Care Package, Level Provider ☐ CHSP Provider ☐ Residential Aged Care Facility Provider ☐ Others, please specify

Who do you currently live with?	☐ Alone ☐ Spouse/Partner ☐ Children ☐ Others, please specify
Do you fully or partly own a property?	☐ Fully Owned ☐ Partly Owned ☐ Do not own any property
How are you related to CASS?	☐ Existing service user Service type ☐ CASS volunteer ☐ CASS Board Member ☐ CASS Staff Members ☐ Others, please specify ☐ 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.

Signature

Name of Applicant	Signature	Date
Name (Authorised Representative)	Signature	Date

How to apply?

By email : racf@casscare.org.au	By post : CASS Residential Aged Care Facility 67-75 Fifth Avenue, Campsie NSW 2194	Enquiry: (02)8529 8500

Follow Up (Internal Use)		
Date	Details	Staff Name & Signature