

APPLICATION FOR OLDER ADULTS' INDEPENDENT LIVING UNITS

*(Please note, applications will only be accepted if all questions are completed and required
Information is attached)*

Please send completed application forms to:

mecwacare Community Housing Services
1287 Malvern Road
MALVERN VIC 3144

DETAILS OF APPLICANT

Mr, Mrs, Ms, Miss

First and Middle Name

Family Name

Maiden or Previous Family Name

Date of Birth

Unit/flat/house number

Street Name

Suburb

Postcode

For how long have you lived at this address?

Contact Tel No (H)

(M)

Main language spoken

If you require an interpreter, please indicate your preferred language

Your pension or DVA number

Yes No

Do you have a disability?

Yes No

Do you currently receive Support Services?

(if yes, please give details of type and frequency eg. delivered meals/District Nurse/Home Help)

Yes No

Have any Court orders been issued against you?

SECTION A – general eligibility

Please list members of the household who will be living with you, including yourself

Family Name	First and Surname	Date of Birth	Male/Female	Marital and relationship status	Relationship to Applicant	Country of Birth



Each person listed in the application must provide documentation which shows their identity. Any one of the following three options will be accepted.

- 1. One form of identification with your photograph and signature eg. Passport, driver's licence; or**
- 2. Two forms of identification with your signature, eg. credit card, Health Care Card, Pensioner Concession Card; or**
- 3. Two forms of identification, one with your signature, the other with your photo.**

Name and address of your doctor:



Each person listed in the application must attach a letter from their doctor supporting their application for independent living.

Next of Kin (Please provide a minimum of one):

Name:

Address:

Telephone:

Relationship to you:

Name:

Address:

Telephone:

Relationship to you:

When would you be ready to move into an independent living unit?

IMMEDIATELY 6-12 MONTHS OTHER

Please specify reason for other:

Are you or anyone to be housed with you employed? YES NO

Have you or anyone to be housed with you, in the last five years owned/part/owned or sold any real estate including: land, a house, unit, flat or commercial property?

YES NO

If renting boarding or lodging, how much rent/board do you pay per month? \$



Please provide a statement from your real estate agent/landlord stating the amount of rent/lodging/board you pay. The statement must not be more than one month old.

Name and telephone number of real estate agent/landlord:

Please indicate which location/s you prefer:

One bedroom Two bedroom

Glen Iris

Sandringham

Beaumaris

YES NO

Do you have car?

YES NO

If yes, will you be bringing your car with you if you are offered a unit?

Car registration number

SECTION B – financial statement

I advise that my financial statement is as follows:

Pension	\$	<input type="text"/>
Rent Assistance	\$	<input type="text"/>
Pharmaceutical Allowance	\$	<input type="text"/>

Do you have any of the following: YES NO

Monies held in a trust: YES NO

Superannuation funds which can be accessed: YES NO

Shares: YES NO

Stock market bonds and investments: YES NO

Do you, or any person included in this application, own a house, land or other property? YES NO



If you answered YES to any of the above, please provide documentation that shows the value of these assets. Please also provide a current Centrelink Assets Assessment with this application.

Overseas pension: \$ per



Each person must provide an overseas pension statement. The statement must not be more than four weeks old.

Interest (bank, credit union etc) \$ per annum

Savings: \$



Each person must provide a copy of a recent bank statement. The statement must not be more than four weeks old. If you have more than one bank account, statements showing all account balances must be attached. Please note: An ATM receipt is not sufficient documentation.

Rent from property investments \$ per annum

Other income (please specify below) \$

Value of any other assets \$

(Assets generally include money in the bank, shares, land and so on. Assets do not include personal belongings, car, and furniture or superannuation funds).



Each person must provide an Income and Assets Statement from Centrelink or the Department of Veterans' Affairs. The Statement must not be more than two weeks old.

If yes, please provide the following details:

Name of company	Hours worked per week	Gross (before tax) weekly income \$
<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"/>



To confirm your employment details, please provide a wage statement signed by your employer that shows the gross income received over the last 13 weeks and any other salary entitlements.

STATUTORY DECLARATION

I, (Name)

Of (Address)

DO SOLEMNLY AND SINCERELY DECLARE THAT ALL INFORMATION GIVEN IN ANSWER TO THE QUESTIONS PRINTED IN THIS APPLICATION FORM IS CURRENT AND CORRECT. AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE, AND BY VIRTUE OF THE PROVISIONS OF AN ACT OF THE PARLIAMENT OF VICTORIA RENDERING PERSONS MAKING A FALSE DECLARATION PUNISHABLE FOR WILFUL AND CORRUPT PERJURY.

Signature of applicant

Declared at in the state of Victoria

This Day of 20

Before me

**JUSTICE OF THE PEACE
OR COMMISSIONER FOR TAKING DECLARATIONS OR
AFFIDAVITS UNDER THE EVIDENCE ACT 1958.**

MEDICAL INFORMATION FORM

Medical form to be completed by Local Doctor

Applicants surname:

Applicants given names:

Date of birth:

1. How long have you known the applicant?

2. Medical history (including significant surgery)

Present:

Significant past history:

3. Present medication and dosage:

4. Is the applicant capable of administering own medication? Yes No

5. Is the applicant independent of the following activities?

	Yes	No		Yes	No		Yes	No
Shower			Transfer from bed			Walk		
							Standing	

	Yes	No		Yes	No		Yes	No
Dress			Toileting			Transfer to bed		

If assistance is required, please specify: (walking aids, frame etc)

6. Does the applicant have any hearing loss? Yes (please specify): Mild / Moderate / Severe No

7. Does the applicant have any sight deterioration? Yes (please specify): Mild / Moderate / Severe No

8. Are there any causes for concern regarding the applicants mental health? Yes No

If YES, please describe: i.e. dementia, schizophrenia

Yes No	Yes No	Yes No	Yes No
Time	Comprehension	Memory	Wandering
Yes No	Yes No	Yes No	Yes No
Place	Aggression	Depression	Psychiatric disorder

9. Has the applicant any present or past history of drug and alcohol dependence? Yes No

If YES, please describe

10. Has the applicant any history of heart or respiratory complaints? Yes No

If YES, please describe

11. Has the applicant had any history of diabetes? Yes No

If YES, please describe

12. Does the applicant have any allergies including drugs? Yes No

If YES, please describe

Yes No

13. Does the applicant have bladder incontinence?

Yes No

14. Does the applicant have bowel incontinence?

Yes No

15. Are there any specialists involved in the applicant's care (e.g. psychiatrist, oncologist)? If **YES**, please provide name, address and phone number

Yes No

16. In your view is the applicant able to live independently?

Name of doctor completing this form:

Address

Suburb

Postcode

Phone number

Signature

Date

*Thank you
Please complete, sign, date and return form to the applicant*

ABOUT THIS FORM

A special symbol has been used to help you fill in this form.



means you must attach documentation

- Step 1** Complete all sections of the application
- Step 2** Ensure you attach all relevant documentation
- Step 3** Ensure that the declaration and consent forms are signed
- Step 4** Complete the checklist at the back of the form
- Step 5** Take or send the form with your documentation to mecwacare Corporate Office.

ABOUT THIS APPLICATION

Your application will be assessed on the basis of the information you provide, so before you fill in this form, please read it carefully. You must attach certain documents with your application. Photocopies are acceptable.

Any information you provide will remain confidential.

When we receive your application you will receive a letter confirming receipt of your application. Please ensure you complete all sections of the application form and attach required documentation. Your application form will not be accepted if it is incomplete.

ABOUT INDEPENDENT LIVING UNITS

If you wish to live in an independent living unit you must complete this application form. If your application meets eligibility criteria your name will be placed on a waiting list. Once a suitable vacancy arises, you will be notified in writing to attend an informal interview. You will then be notified whether your application has been successful.

In the event that your application is unsuccessful, you will remain on the waiting list until a suitable vacancy arises. If during this period your contact details change, you must notify us immediately by either mail or telephone 8573 4888.

mecwacare will give priority to applicants who are homeless or at risk of homelessness