Aged Care Essential Fact Find

Date / /	
Client Name: Mr./Mrs./Ms	Sex: M/F Date of Birth: / /
State of health: Very good/Average/Fair/Poor	Dementia Diagnosed: Y/N
Health Insurance with:or None:_	Health insurance cost per year: \$
Prepaid funeral contract with (name of Director):	Amount paid:\$
Funeral Bond in force: Y/N Name of Insurer:	Purchase price:\$
Is the client single or has a spouse?: Single/Spouse	
Name of Spouse (if applicable):	Does the spouse live in their home?: Y/N
If no spouse did a Carer live with the client?: Y/N	Relationship of Carer to Client:
Value of Home:\$Debt against Home:\$	Cost to prepare to Rent/Sell:\$
Home is owned by: Client/Spouse/Joint/Other	
Is the 'Home" in Retirement Village?: Y/N if Yes l	now much in exit fees?: \$

Other assets:

Asset class	Current value \$\$	Owner: Client/Joint/Spouse	Income \$\$ per year	Maturity date (Mth/Year)
Bank deposits				
Term Deposits				
Annuity				
Defined Benefit Pensions				
Account Based Pensions				
Share portfolio				

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Asset class	Current value \$\$	Owner: Client/Joint/Spouse	Income \$\$ per year	Maturity date (Mth/Year)
Managed Funds				
Accumulation phase Superannuation				

Social security type pensions

Pension provider	Pension category	Owner	Income per year	Status
Centrelink				
DVA				
Overseas government				

Name of Enquirer:	Relationship to Client:	
Contact phone:	Contact email:	
Power of Attorney held?: Y/N	_	
Names of others on PoA:		
Valid Will in place?: Y/N If specific assets?:	yes are there any provision in Will as to the disposal of any	

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Name of Chosen Aged Care Facility:	
Address:	_State:
RAD required?: \$	
Current location of Client?: Home/Hospital/Respite/Transition/Facility/	
New Entrant/re-admission?: New/Re-Adm	
Date of entry?:/ [Proposed / Actual]	
ACAT Assessed?:Y/N SA 457 Lodged?: Y/N	
Special Notes?	