**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 how much in exit fees?: $\_\_\_\_\_\_\_\_

Other assets:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asset class** | **Current value $$** | **Owner: Client/Joint/Spouse** | **Income stream $$ per year** | **Maturity date**  **(Mth/Year)** |
| Bank deposits |  |  |  |  |
| Term Deposits |  |  |  |  |
| Annuity |  |  |  |  |
| Defined Benefit Pensions |  |  |  |  |
| Account Based Pensions |  |  |  | (Start date) |
| Share portfolio |  |  |  |  |
| Managed Funds |  |  |  |  |
| Accumulation phase Superannuation |  |  |  |  |

(allow for multiple entries in each of the above classes)

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (allow for up to 5 names before closing this question)

Valid Will in place?: Y/N\_\_\_\_\_\_ If yes are there any provision in Will as to the disposal of any specific assets?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Chosen Aged Care Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_

RAD required?: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current location of Client?: Home/Hospital/Respite/Transition\_\_\_

New Entrant/re-admission?: New/Re-Adm \_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed date of entry?: \_\_\_/\_\_\_\_/\_\_\_\_

ACAT Assessed?:Y/N \_\_\_\_\_\_\_\_ SA 457 Lodged?: Y/N \_\_\_\_\_

Special Notes: