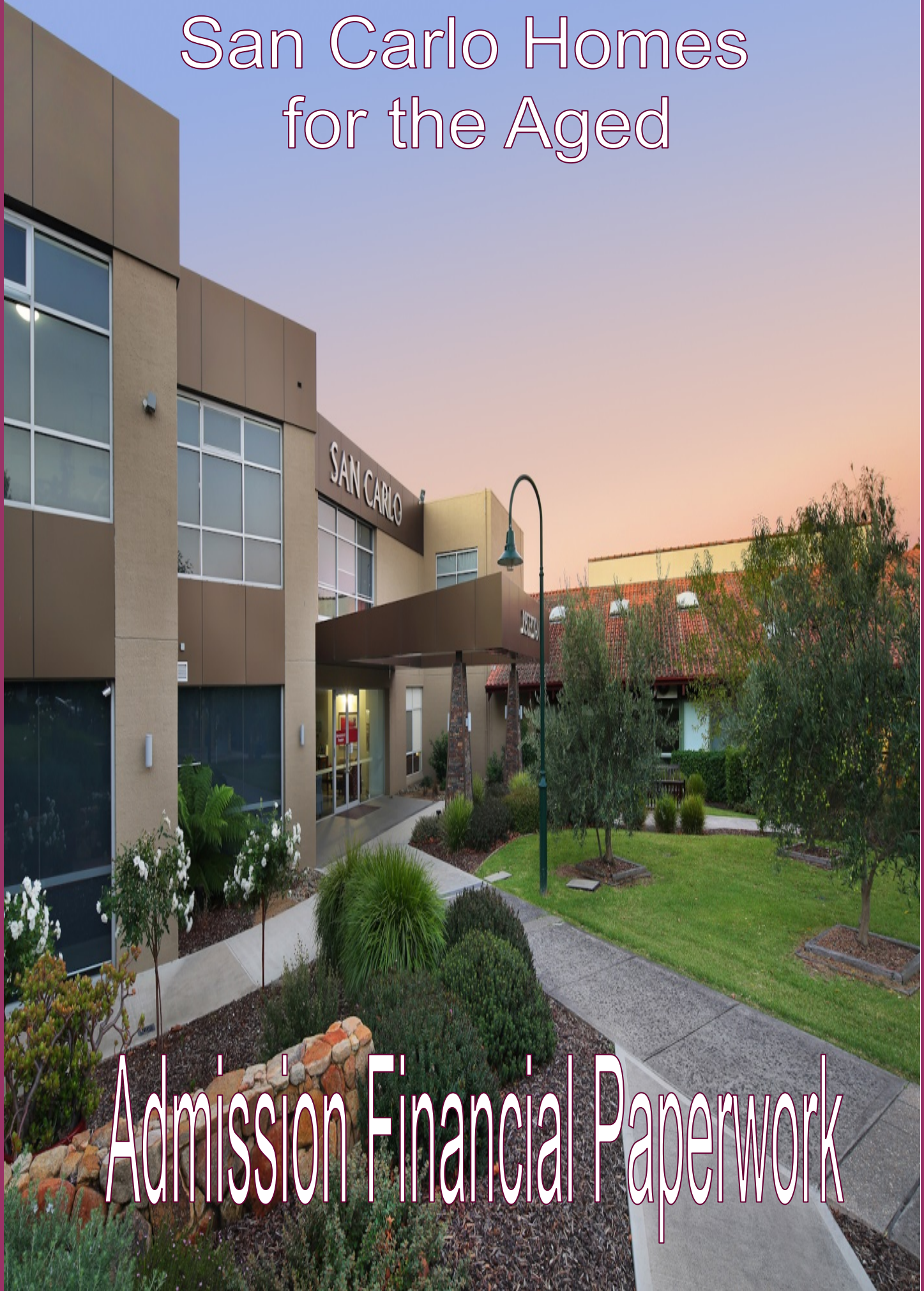
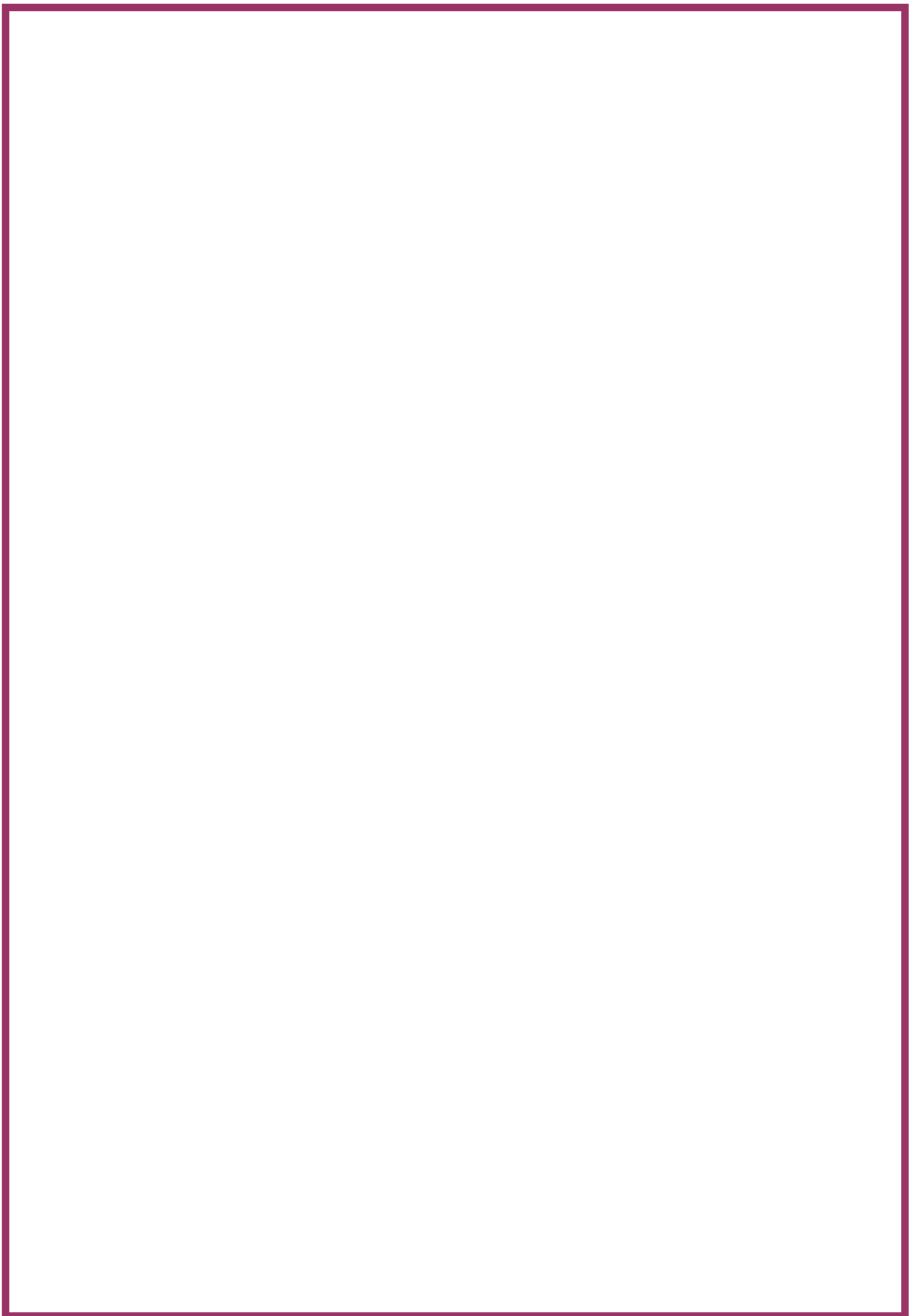


San Carlo Homes for the Aged

Admission Financial Paperwork







San Carlo Homes For The Aged Ltd

FINANCIAL STATEMENT

STRICTLY CONFIDENTIAL

TO BE COMPLETED BY APPLICANT/POA/GUARDIAN

This form may be completed by a person holding either a Power of Attorney or an Enduring Power of Attorney for the Applicant or by a person who has been appointed Guardian or Administrator for the Applicant.

Name of Applicant:Date:

Applicants Current Address:

Telephone Number:

Applicants Previous Residential Address:
(If applicable)



San Carlo Homes For The Aged Ltd

Pension Number _____ Medicare Number _____

Tax File Number _____

Do you have a Health Benefits Card? Yes /No

Do you have Private Health Insurance? Yes /No

If yes please provide details: _____

Do you (the Applicant) receive	Yes/No	Weekly Amount
Age Pension	Yes/No	_____
Widow's Pension	Yes/No	_____
War or Service Pension	Yes/No	_____
Invalid Pension	Yes/No	_____
Italian Pension	Yes/No	_____
WorkCover	Yes/No	_____
Superannuation	Yes/No	_____
Annuity	Yes/No	_____
Interest on an Estate	Yes/No	_____
Investment Income	Yes/No	_____
Third Party Insurance	Yes/No	_____
Any other source of Income	Yes/No	_____

Do you own or have you ever owned a place of residence? Yes /No

(E.g. house or flat)

If yes, what is the address: _____

Please attach a copy of the latest Council Rates Notice.

Do you have a mortgage on the property: Yes/No
Amount owing: \$ _____

Does anyone else reside at that address now: Yes/No

Relationship to applicant: _____

Is this person a recognised carer by DOHS? Yes/No

If you no longer own the residence state the date you sold the property: _____

Are you paying rent or board: Yes/No

Weekly Amount \$ _____



San Carlo Homes For The Aged Ltd

Assets owned by you and/or your spouse

Total Value

Money in Bank, Building Society (other) _____
Stocks / Shares / Bonds _____
Interest in any Company, Partnership or Trust etc. _____
Value of place of residence (e.g. house) _____
Value of other Real Estate _____
Value of gifts / loans made to family or Family Trust
during the last seven years. _____
Any other assets of more than \$5000 _____

TOTAL VALUE \$ _____

Give details of any liabilities _____

TOTAL VALUE \$ _____

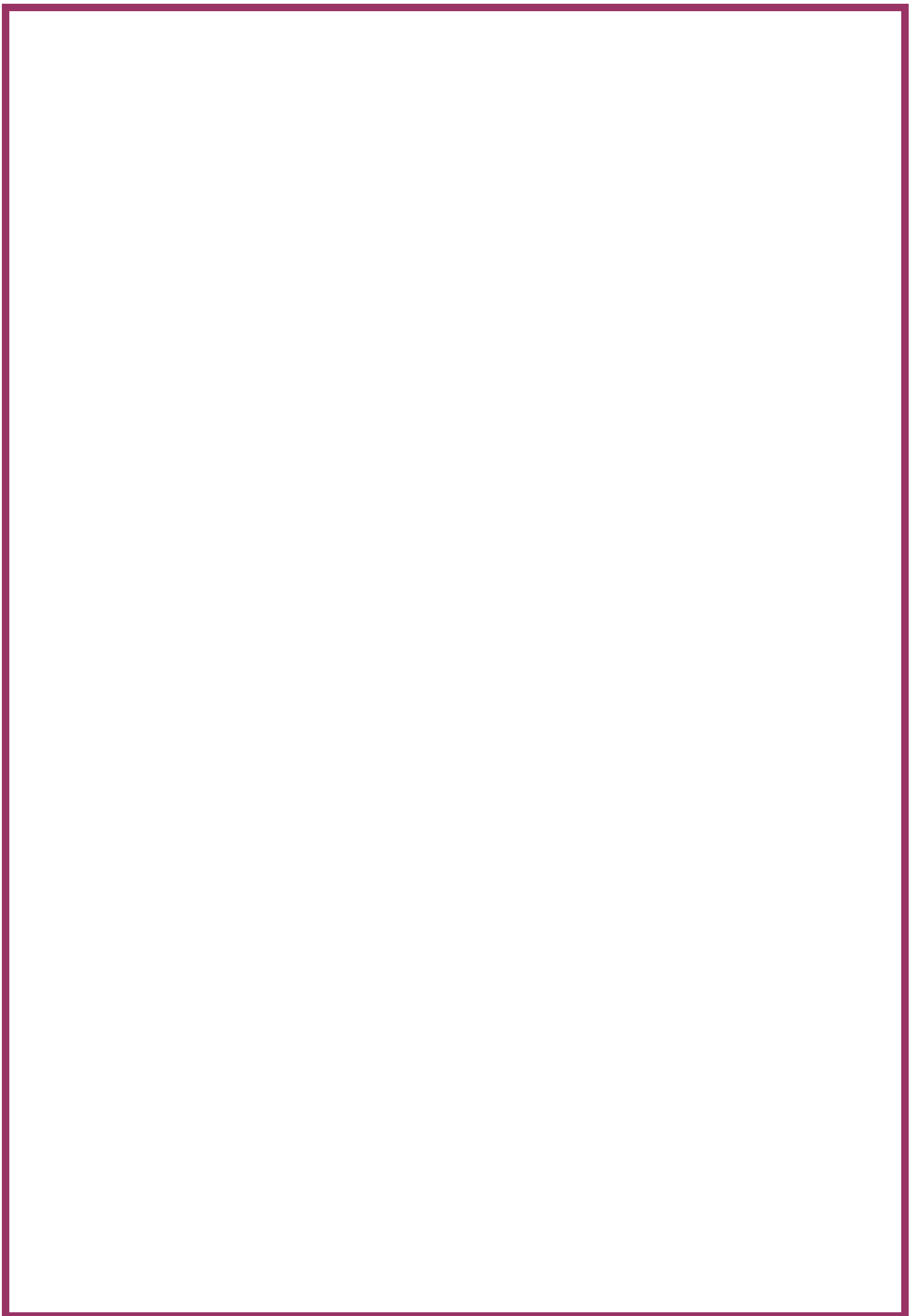
Please attach documentary evidence (e.g. photocopy) for any assets or liabilities as listed above.

Please attach the latest copies of Pension Statement and Taxation Return.

Signature _____
(Applicant or Authorised Person)

Name _____

DO NOT FORGET TO COMPLETE THE ATTACHED STATUTORY DECLARATION



STATUTORY DECLARATION

I,

.....of

.....

in the State of Victoria do solemnly and sincerely declare that the information given in the Financial Statement and signed by me is true and correct in every detail.

And I make this solemn declaration, conscientiously believing the same to be true, and by virtue of the provisions of an Act of Parliament of Victoria rendering persons making a false declaration punishable for willful and corrupt perjury and liable for penalties.

Declared at in the State of Victoria this day

of in the year

Signature of Applicant:

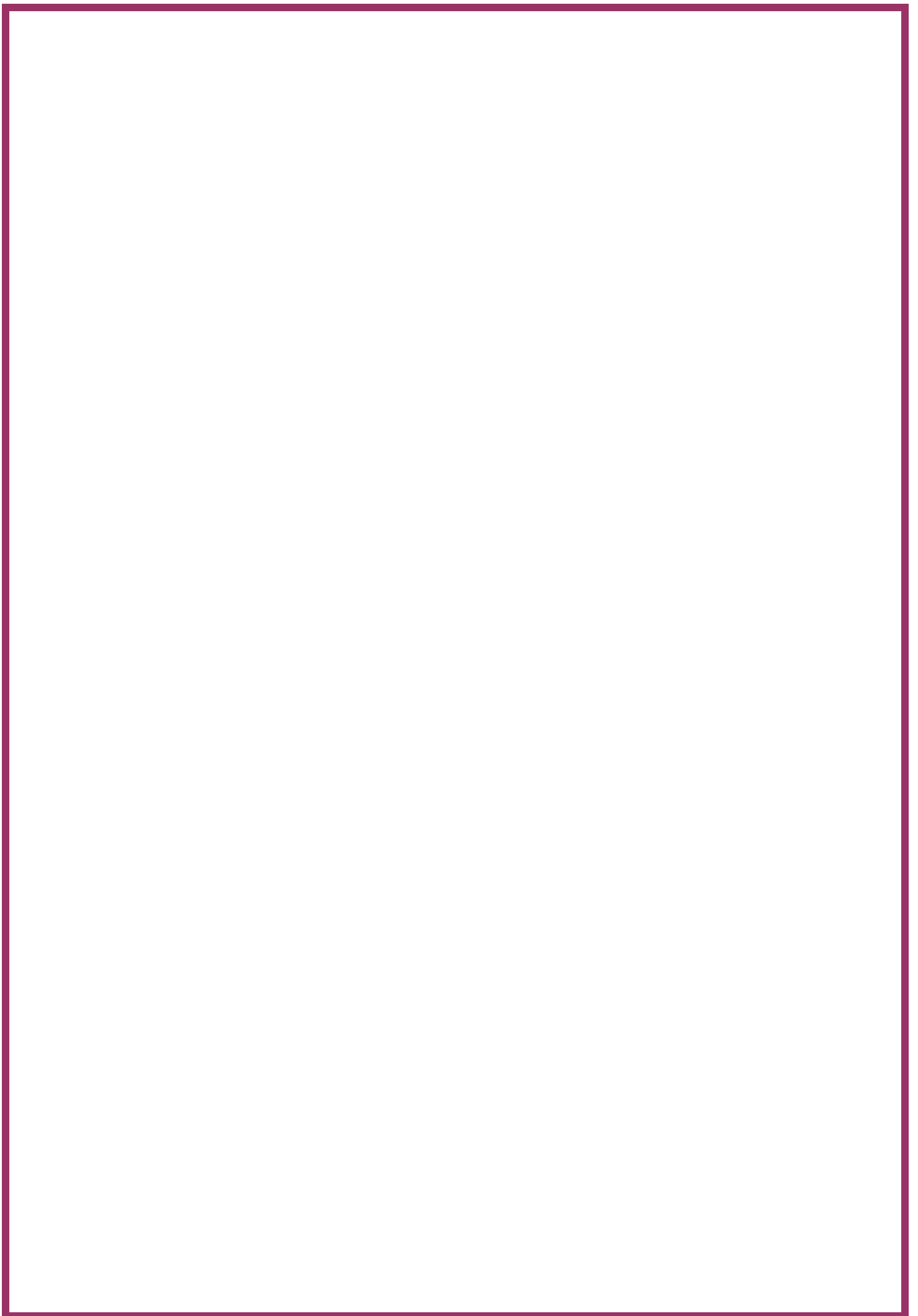
Before Me:

Name (print):

Address:

.....

Qualification:





DIRECT DEBIT REQUEST FORM (DDR)

I / We request you, San Carlo Homes for the Aged Ltd ABN 57 131 178 759 (User ID 408347), to debit funds from my / our nominated account at the financial institution shown below according to the details specified.

YOUR DETAILS

Name(s)	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
Telephone	Home	Work
	<input type="text"/>	<input type="text"/>

DETAILS OF YOUR BANK ACCOUNT

Account Holder	<input type="text"/>
Name and Branch of Financial Institution where account is held	<input type="text"/>
BSB No.	<input type="text"/>
Account Number	<input type="text"/>

DETAILS OF THE AMOUNT TO BE DEBITED

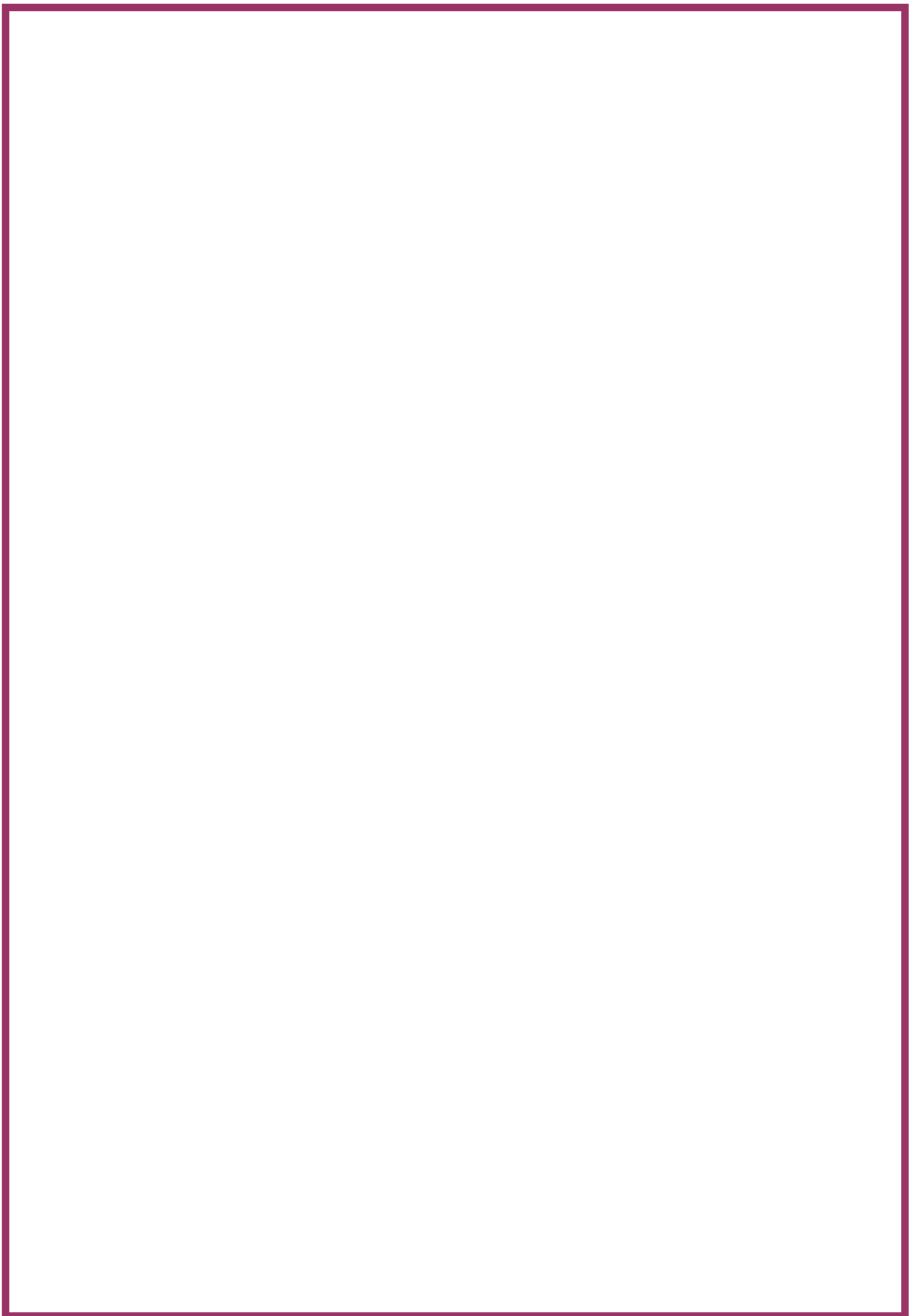
Commencing on you are authorised to debit a maximum of (the full amount of account) from the above account on the 15th day of each month.

YOUR AUTHORISATION

Signature(s)	<input type="text"/>
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If debiting from a joint bank account, all signatures may be required

Date	<input type="text"/>
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DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT

OUR COMMITMENT TO YOU

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between San Carlo Homes for the Aged Ltd ABN 57 131 178 759 (User ID 408347) and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

INITIAL TERMS OF THE ARRANGEMENT

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for Consumer Fees and Charges.

DRAWING ARRANGEMENTS

- The first drawing under this Direct Debit arrangement will occur on a nominated day.
- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days' notice in writing when changes to the initial terms of the arrangement are made.
- If you wish to discuss any changes to the initial terms, please phone the accounts office on (03) 9404 1490 during business hours.

YOUR RIGHTS

CHANGES TO THE ARRANGEMENT

If you want to make changes to the drawing arrangements, please phone the accounts office on (03) 9404 1490 during business hours. These changes may include:

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

ENQUIRIES

Direct all enquiries to us, rather than to your financial institution, and these should be made at least 7 working days prior to the next scheduled drawing date. All communication addressed to us should include your name, and address and the name of the consumer concerned.

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.



San Carlo Homes For The Aged Ltd

DISPUTES

- If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting Vince Di Stefano (CFO) on (03) 9404 1490.
- If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim:
 - within 5 business days (for claims lodged within 12 months of the disputed drawing); or
 - within 30 business days (for claims lodged more than 12 months after the disputed drawing)
- You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

YOUR COMMITMENT TO US

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, a letter will be sent requesting payment. Any transaction fees payable by us in respect of the above will be added to your account.



San Carlo Homes For The Aged Ltd

Permission Form Donations to San Carlo

San Carlo conducts many in house social and cultural activities for the consumers every month. These include musical performers and holiday celebrations/activities. These activities are offered free of charge.

We ask that each family can donate \$6.00 per month to help cover the cost of these activities. This is billed once a month and added to the consumer's account.

Do you give permission to this charge being billed to your monthly account?

Yes No

Please sign below:

Consumer's Name: _____

Signed by: _____

Date: _____