



# Finding a home

After navigating the aged-care system for his own elderly relatives, **Brad Crouch** has compiled a guide to help others planning their loved ones' next stage of life



**A**BOUT 18 months ago I found myself on a collision course with the residential aged-care system, a journey I really should have started earlier so I was at least familiar with acronyms such as ACAT and forms like SA485.

However, it is easy to have a little denial about such things. No one wants to see their parents go from being your heroes to losing their independence.

Nevertheless, as we are living so much longer than a century ago, for many people there will come a time.

Here are three things I learnt from helping my stepfather with advanced dementia into a residential aged-care home, followed some time after his death in 2019 by my mother:

**NO ONE** is prepared for the emotional, legal, bureaucratic and fi-

nancial labyrinths you need to negotiate; **ALL** the online government advice will still leave you with questions and won't fully prepare you for what you need to do; and **GOOD** friends and supportive family are priceless, especially when you live in a different state from your parents.

With this in mind here is my "novice guide" to helping a loved one into aged care while retaining your own sanity. Because, and trust me on this, there will be times when you will be close to tears from the paperwork and anxiety as much as from the emotional wrench of becoming the carer for the person who cared for you.

If you want the short version of facts associated with aged-care homes, go to My Aged Care. If you want a longer, more human version that will answer many more questions, read on.

## Papers, please

Be prepared in advance with power of attorney (PoA) and advance care directive (ACD) and Centrelink nominee forms. If you have ageing parents, get these done early – the person needs to understand what they are signing.

PoA gives you control over legal aspects including financial affairs, while the ACD covers the person's wishes for future healthcare, including whether they want life-prolonging care in the event of an emergency when they cannot make a decision (for example: unconscious, has dementia).

Both can be done with DIY kits but must be properly witnessed. I went to a lawyer for ours. A general PoA can be created for a specific time; an enduring PoA continues to operate even after the person becomes legally incapacitated.

Also register with Centrelink as the nominee for the person you are looking after and ensure they are registered with the myGov website so you can act on their behalf with Centrelink and receive relevant notifications.

Keep the person's Centrelink number, Medicare number and birthdate somewhere handy – you will need them repeatedly.

## Dollar sense

Be aware of your parents' financial affairs. My stepfather handled all the finances so Mum didn't know about their shares, investments, superannuation and so on. As dementia stole his memory, we lost the trail to ask him about these.

Fortunately, he kept paper records and had information delivered by snail mail, rather than to an unknown email address.

Can you imagine asking someone unable to recognise you about their online passwords, their online bank accounts, web-based share accounts or email addresses? Or if there was cash stashed under the floorboards?

I've spent countless hours going through reams of papers only to realise shares still listed by Centrelink as assets were sold a decade ago and that another investment still listed by Centrelink as an asset collapsed with no payout.

The Australian Securities and Investments Commission says there is about \$1.1bn of lost money to be claimed from forgotten bank accounts, shares, investments and life insurance policies.

Go to their unclaimed money link to see if your relatives, who cannot recall their names let alone finances, have any lost bank accounts accruing dividends – there is no time limit to claim. You will need all this information – with documents to back it – when applying for aged-care subsidies.

## If there's no choice

Sometimes the decision to go into aged care is taken from you – and can happen in a blink.

My elderly Mum insisted on looking after her husband at home as dementia robbed him of so much. Eventually she was exhausted, physically and emotionally, and after an emergency he was put into respite at an aged-care home.



St Louis by the Sea residents Faye Fitzgerald, Waltraud Rannu, Mark Longdolen and Barry Harding. Picture: Tom Huntley

Thank God for an angel friend who helped, while I tried to get flights to Lismore, NSW, and my brother figured out how to get there from his base in Jakarta.

She did a hero's job of the paperwork to get him in. Once in care it was clear he was not coming out, both because my mother could no longer look after him and because he had become so frail and – completely out of character – was getting hard to handle. A true gentleman who didn't smoke or drink, he also refused to eat and was fading away before our eyes.

## Procrastination peril

My wife and I had discreetly scouted out the aged-care options on a previous trip to Lismore and came away with large folders of paperwork that were so daunting I put them to one side. Big mistake.

Having the paperwork done

doesn't mean you are going into care. It means you are prepared so that if you need care the paperwork has been done.

If the person has control of their faculties they can fill it out and sign it but, if not, this is where you need enduring PoA to legally sign it on their behalf.

Doing it in advance gives you the breathing space to gather all the information needed, rather than scrambling for it in an emergency.

## Get in the system

You'll become very familiar with My Aged Care, the Federal Government

agency taking care of this area. If you are now looking at residential home care, you may already be in the system, as there is every chance you previously have applied for an assessment to get home help such as cleaning and gardening assistance so the ageing family member can stay independent in their own home. We had done this but my independent mother had refused all help after the assessment – she didn't want strangers coming in to clean when she could do it herself, thanks very much. However, as I discovered, this is only half the battle.





# for ones we love



## A sea change for caring

A NEW style of aged care for people with dementia or complex health needs opened at Victor Harbor last year in a beachfront property on The Esplanade.

St Louis On Sea, in a purpose-built, family-style home, takes just eight residents in a group-home model where residents are encouraged to participate in daily life, including cooking and cleaning.

Maris Naish, from St Louis Aged Care, said it was based on the Montessori philosophy of joining in if you wish.

"It is a model that has been tried successfully in the US and in Sydney but this is the first in South Australia," he said.

"It is absolute beachfront with beautiful views.

"It is designed, and services are tailored, specifically to enhance the lives of those living with dementia by enabling them to become involved with daily activities such as cooking, gardening and so on, in a beautiful seafront setting.

"Feedback we have been getting from residents and their families has been fantastic."

The home offers respite care as well as permanent residency, and is also an option for people transitioning from hospital either back to their home or to a traditional aged care facility.

It is a user-pays facility rather than being subsidised by the Federal Government, although people with home care packages or NDIS money can use that funding if they stay.

Mr Naish said it was at the "top end of the market", with overnight respite care costing from \$395.

## House jitters

The great fear among many elderly couples is they will lose the family home if one goes into care. They won't.

The family home is not counted as an asset, provided a dependent lives in it. So, when my stepfather went into care, Mum stayed securely in their home. But when it was time for her to move out, leaving it empty, it was counted as an asset.

## Choosing a home

Horror stories get the headlines, but there are many good homes out there with dedicated staff quietly getting on with providing quality care.

Talk to friends and try to get first-hand knowledge if they know of someone in care. We were fortunate to know several people who had families at our home of choice who spoke glowingly of it. Take tours of the homes if offered. Check their websites – there will be photos, maybe videos.

Check the Aged Care Quality and Safety Commission website, which lists homes with complaints directions, and with noncompliance issues. Use the My Aged Care provider tool to find homes in your area with the type of care needed (eg, dementia, terminal illness), special background needs (eg, homeless, gay), room type (eg, single with en suite), language and faith. See if the facility has nice gardens, an auditorium, regular activities and entertainment.

## Fees

Be clear about this, and double-check it, as it can be confusing – and costly if you're not careful. Residential aged-care fees have three components.

**1. Basic daily fee.** Everyone pays this, for the hotel-type services such as meals and cleaning. The maximum currently is \$52.25 a day, or 85 per cent of the single pension, paid fortnightly direct to the provider.

**2. Means-tested care fee.** This is for the actual care, from ensuring people take their meds through to, in extreme cases, daily washing, toileting and feeding of residents.

The maximum is currently \$256.44 a day. This is capped at \$28,087.41 a year, or \$67,409.85 in a lifetime. If you have assets you will be expected to pay something but if you don't, you don't pay anything. So to be clear, it ranges from \$0 to \$256.44 a day depending on income and assets as assessed by Centrelink based on the information you provide.

**3. The accommodation cost charged by the provider.** This is also means-tested – if you don't have much in the way of assets you won't pay anything as the government will pick up the tab.

The bottom line is, if you are doing it tough you will still get into care, paying 85 per cent of your pension, but if you are affluent you will be expected to pay at least some of your way. This may be why some older folk hide their cash under the bed – money in bank accounts is included in these assessments.

So, remember – three payments, two of which are means-tested. You can get an idea of what you may have to pay by using this residential care fee estimator.

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## The codes

If applying for a permanent place in an aged-care home you will also need a My Aged Care referral code that starts with 1 and then is followed by 10 digits.

When the time came to apply, we discovered we had no such number. To get it we had to arrange a second assessment to see if Mum was eligible for residential aged care due to no longer being able to live independently in her own home, and what sort would be suitable.

Phone 1800 200 422 for a free check by someone from the Aged Care Assessment Team. This is normally face-to-face but COVID-19 meant it was done over the phone, which has its pitfalls.

Mum has a robust voice and a good phone manner. Yes, she can shower herself, cook for herself and she even drives to the shops, she told

the woman who called. I had to gently butt in with some facts you can't see over the phone, such as her knee arthritis is so bad that walking is difficult, and her memory is fading. We got the 1-plus-10-digit number.

## Bring a book

The government needs the person's assets and income information to calculate whether they are entitled to a subsidy for aged care and, if so, how much.

Centrelink offices are fine but the waits can be long; ditto if ringing in. You can do a lot online but some things are best done face-to-face.

Theoretically, if the person going into care is on the age pension, Centrelink will have their assets and income details but there is every chance these will need to be updated, as in my case, which required documents such as bank statements

and income product stream statements from allocated pensions.

You will also need to fill in a form regarding your property – choose your form carefully or you may spend considerable time filling in the wrong one.

There is the online Aged Care Calculation of Your Cost of Care form (SA486), and there is also the Residential Aged Care Calculation of Your Cost of Care form (SA457) for people who own their home and do not get a government support payment.

If you own or part-own your home and receive a means-tested payment such as the age pension from Centrelink or Department of Veterans' Affairs (DVA) – they already have your income information – you can fill out the Residential Aged Care Property Details for Centrelink and DVA

customers (SA485) giving asset details. Simple, huh?

## More papers, please

I chose form SA485, which is for people who are on the pension, and own or part-own their home including in a retirement village.

The explanatory notes alone run to four pages so you can imagine there is a lot to fill in. This includes ownership, mortgage, type of property (eg, duplex), age of house, number of rooms, size of land, construction materials, if it is used for business or if it could be subdivided.

You'll need documents showing mortgage and council rates, and confirming if the home is a boat, caravan or mobile home. And if the person cannot sign the form, a copy of the PoA proving you are authorised to sign it.



# It's worth the effort for ones we love

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## But wait, there's more

The accommodation cost charged by the provider (No 3 in the previous section), which varies from home to home depending on location, size of room and so on, can run into hundreds of thousands of dollars if paid as a lump sum and needs careful consideration.

You may have the choice of paying this as a daily fee, like paying rent. Or paying it as a Refundable Accommodation Deposit (RAD), where you pay a big fat lump sum that is refunded when the person leaves (usually due to death). Or a combination of both.

If you have income below \$27,840 and assets below \$50,500, the government will pay your accommodation costs.

Above this figure you may qualify for a partial subsidy, but when you have income above \$70,320 or assets above \$171,535.20, you will need to pay for the full cost of your accommodation.

So, if you live alone in your own home you may have to sell it – but the money that goes into the RAD will be refunded to your heirs on your death.

You have 28 days from the day you move in to decide how you would like to structure these payments, but you will have to pay the rental-style daily payments while you decide. Some homes will also charge fees for optional extras, such as day trips.

For example, say you come across a particularly nice room in a lovely facility in a nice area, quite large with private en suite. Your payment option for the accommodation component of the three charges might be \$71 a day, or \$530,000 if paid as a RAD. Or, you could decide on a combination of the two, say 50 per cent, which would mean a \$265,000 RAD bringing the daily accommodation fee down to \$35.50.

Remember, this is just one of the three fees. So, in this scenario you would pay:

1. The basic daily fee that everyone pays of a maximum of \$52.25 a day.
2. The means-tested care fee, of \$0 to a maximum of \$256.44 a day, depending on your income and assets.
3. The accommodation cost, in this theoretical scenario it would be \$71 a day, or \$530,000 if paid as a refundable lump-sum deposit, but this is also means-tested so may be subsidised.

If you are rolling in income and assets and did not qualify for any subsidy for No 2 and No 3, and opted for a daily payment for No 3 rather than a lump sum, you would be looking at a total of just under \$380 a day (\$52.24 + \$256.44 + \$71).

## Bond pitfall

When my stepfather initially went into care I naively was preparing to pull together some cash, including taking out a loan, to pay for a RAD.

I innocently thought that when he passed away, the portion I stumped up would be refunded to me, rather than burning through cash paying a daily fee.

Big mistake – the RAD is refunded into the person's estate. So, the proceeds would then be allocated according to his will.

If, theoretically, my stepfather left all his worldly possession to the local stray cats' home, they would have received the refund, not me. So get some sound financial advice in this matter.

## Timing is everything

We initially decided to pay the daily accommodation fee for my stepfather, rather than the RAD (as mentioned earlier, this is in addition to the other two fees).

This gave us some time to figure out matters including if he was eligible for a subsidy. But in all our heart of hearts, we knew his time was near.

Mum was in fact praying for it, for release for this wonderful man who had looked after her for so long. In the rare moment of flickering lucidity when he vaguely recognised Mum as someone who loved him, he asked for death.



He was refusing food and became skeletal, his mind a cloud of awful confusion. It is only when you visit an aged-care dementia ward, where people are physically refusing to be washed, dressed and fed, you realise what a huge job it is for carers.

He lasted a matter of weeks in care before merciful release.

From a cold, hard financial perspective, the daily accommodation fee was by far the best choice as there was no need to raise large funds, no worry about distribution of the refundable deposit.

## Hard conversations

Mum was a physical and emotional wreck after all this, left in a two-storey home she had trouble looking after, trying to come to grips with running the finances, which she had never handled and being freaked out by things like NBN salesmen.

Good friends and scattered family stayed in touch daily but the fear of her falling down the stairs, alone, haunted us.

And her memory was getting dodgy. She was forgetting her own medication, not eating well, amid deep grief.

After yet another Rex flight to Lismore, I carefully broached the idea of her moving to Adelaide and into care to be near family including grandchildren.

I made the point this was residential care, not the dormitory-style nursing homes of decades past, where she would get her own room and ensuite and be free to come and go as she pleased, health permitting.

Bush-raised with a good work ethic and practical wisdom and nudging 90, she was reluctant but could see the sense in the plan.

No one wants to leave their own home, give up their independence and make the admission they are in their twilight years, but doing it before a crisis can mean those years are better than expected.

## Wheels in motion

As executor of my stepfather's will, there was paperwork to deal with, then putting the house on the market, and packing it up as much as we could while Mum was still living there. More Rex flights.

There was also the challenge of balancing exactly when we lodged the application for the aged-care home of our choice, with our estimation of how fast the house would sell. It was a lovely house with sweeping views to Mt Warning, but real estate in a regional town can be a tricky beast.

The catch was, if a place was offered by the home of choice we had just a few days to accept and move in. It would be all systems go moving Mum from Lismore to Adelaide if accepted, so we held off lodging the application while waiting to see how the house sale went.

## Boom!

COVID-19 changed everything, and fast. As I got wind that borders may close, I made the executive decision to again dash, alone, to Lismore, on March 22.

In less than 48 hours of frantic packing, we bundled up the remaining belongings into four suitcases and sold the car. Previous trips with my wife and my brother had seen much of the furniture sold, and the remainder was moved.

## The paperwork deluge

THESE are just some of the papers and forms you will need when assisting someone into residential aged care.

Each circumstance is different, this is based on someone living alone in their own home, with no dependants, receiving a full or part aged pension. Have fun hunting for them.

- Identification papers such as birth certificate, driver's licence, passport.
- Land title certificate showing ownership of house.

- Any mortgage documents.
- Any documents showing debts.
- Council rates documents.
- Bank statements.
- Shares certificates.

- Investment property documents.
- Car ownership and valuation.
- Papers showing the value of any other investments and major assets.

- Enduring power of attorney (signed and witnessed, make multiple certified copies as everyone from allocated pension providers to the aged care facility will want one).
- Advance care directive (signed and witnessed).

- Centrelink nominee form to act on behalf of the person going into care.
- Centrelink Permanent Residential Aged Care Request for a Combined Assets and Income Assessment to see if the person qualifies for any subsidies – the appropriate form will depend on things like home ownership and if the person receives a pension.

- The pre-commencement letter from Services Australia or Department of Veterans Affairs after they have assessed your income and assets showing the facility if you need to pay any means-tested care fees or accommodation costs.
- Superannuation papers



Again, thank goodness for Mum's circle of stalwart friends who helped, then mopped up the leftover bits and pieces after we left.

One drove us to Gold Coast Airport, amid fears the Queensland-NSW border would shut, and we made the last Virgin flight into Adelaide on March 24 before the South Australian border closed, which would have meant quarantine.

Our private "Mission: Impossible, Operation Hot Extraction" dash left Mum dazed, and me pumped with adrenaline. It also meant we left an empty house with the vague hope it would sell as the true impact of the pandemic struck the nation.

Thankfully it did, eventually, and at the asking price, which almost covered the refundable deposit for the aged-care home we wanted.

And, thankfully, I did grab Mum when the opportunity was there.

## Being in limbo

Mum lived with us for several months as her application was processed. Demand for places is high, and the blunt fact is that places come up as residents pass away.

You don't know how many

showing value and income, such as an income product stream statement from an allocated pension which the pension provider can give – if it is in your name, or you have power of attorney for the person involved.

- A My Aged Care referral code for residential aged care – requires making an appointment for assessment.
- Medicare number.
- Centrelink number.
- Person's date of birth.

- GP Management Plan showing meds, allergies etc for medical staff at the care facility – from person's GP.
- Residential Service Agreement from the facility when the person goes into care, to be signed and witnessed.
- Aged-care facility form on how you intend to pay accommodation fee.
- Direct debit forms for the aged care facility to take their fees.

- Agreement with a chemist to supply medications prescribed by the GP who visits the facility and to foot the bill.
- Any private health insurance papers.
- Ambulance cover, particularly if moving state.
- If selling the person's house to go into care, all the legal and real estate documents that go with this process.
- If selling the person's house, also forms/phone calls to cancel things like landline/phone, power, gas, insurance.
- Will – updated if needed, especially if a Refundable Accommodation Deposit is paid.
- Australia Post address redirection form and payment.
- Voucher for your own stiff drink and a good lie down when it is done.

applicants are ahead of you, and you don't really want to dwell on the turnover process.

The fact we had our sights set on one specific facility, with a great reputation and also within walking distance of my home, meant we limited the field but with good reason.

The operator, Resthaven, is long established, not-for-profit, with a Christian background and a good reputation, which suited us personally.

## Centrelink again ... and again

Selling the family home, even if it is to raise funds to go into aged care, triggers a major Centrelink change.

More paperwork, as Mum's age pension was cut because she was suddenly cash-rich, and the sums for how much she would be paying while in care significantly changed.

These would change again once the money from the house went towards a RAD. This deposit is not included when assessing the age pension, so once it was made, Mum's pension went back up.



**“Don't underestimate the improvement in quality of life such a change can make, daunting though it can be.”**



But – and this is a big but – it is included when assessing the means-tested daily care fee (No 2 of the three fees mentioned earlier).

So, this particular fee rocketed upwards from our earlier calculations when Mum was still living in her own home. Doing these figures is pretty stressful.

### More paperwork

This is not like booking into a motel. An application requires loads of documents. These include the applicant's GP management plan showing what meds they are on, medical history and problems, treatments, allergies and so on.

The person's GP will be able to give a printout. You'll need the Centrelink income and assets summary showing how much the

applicant will need to pay in daily care fees. And the My Aged Care referral code.

On accepting a place, we had to sign a residential service agreement, a legal document running to about 74 pages of not-so-light reading that covers things like tenure, access, care, fees, the complaints resolution mechanism, the facility's house rules, obligations when leaving, interest payable on any debts, privacy, guarantors and the residents' charter of rights.

If you have them, you will also need to submit copies of enduring PoA and ACD. There are also forms on how you intend to pay the accommodation fee (by refundable lump sum, a daily fee or combination) and direct debit forms.

### Hurry up and wait

While you'll be anxious to get things done, these processes move slowly.

Everything from changes lodged with Centrelink, to trying to get a My Aged Care assessment, to applying to a residential care facility, can take weeks.

### Change of life

An offer of a room came, though. Happy days – it was a room we had liked from the tour, with an ensuite, kitchenette, plenty of storage and sunny north-facing outlook. Mum was upbeat about a new stage of life.

The move meant us bringing in our own TV, bookcase, mini-fridge, writing desk with chair, separate

## Paying the bills

**Aged-care fees have three components:**

**1.** Basic daily care fee for things such as meals and cleaning. Everyone pays this. Usually 85 per cent of the age pension, adjusted twice a year in line with changes to the pension. Currently, a maximum of \$52.25 a day.

**PLUS**

**2.** Means-tested daily care fee, for personal and clinical care. Some people will pay nothing, others have to pay all or some of this towards the cost of care, based on income and assets. Currently ranges up to a maximum of \$256.44 per day. There is an annual cap of \$28,087.41, and a lifetime cap of \$67,409.85.

**PLUS**

**3.** Accommodation fee, charged by the provider for the room. This is means tested and the Federal Government may pay some or all of this. If you have income below \$27,840 and assets below \$50,500, the government will pay your accommodation costs; if you have income above \$70,320 or assets above \$171,535.20, you will need to pay for the full cost of your accommodation.

**There are three ways to pay the accommodation fee (No 3 in the list)**

**A.** Refundable Accommodation Deposit (RAD), which is a lump sum that is refunded when the person leaves. This can run into several hundred thousand dollars.

**OR**

**B.** A Daily Accommodation Payment (DAP), which is a daily payment, like rent, that is not refunded.

**OR**

**C.** A combination of A+B, so it is a smaller refundable lump sum which brings down the non-refundable daily fee.

comfortable chair with footstool, and photos and artwork for the walls. Tip: avoid clutter.

Staff check all electrical equipment (some appliances such as toasters are not permitted as they are a fire risk) and staff will hang whatever you want on the newly painted wall.

Experts advised us it may take several months to settle in. Mum went in saying she would keep to herself and write.

She still writes but now goes to all activities, from exercise classes and indoor bowls to trivia, bingo, concerts, craft and more.

She's made new friends among fellow residents and the staff. And her iPhone and Facetime keep her

connected with old friends. Her new GP visits the site regularly, and we've arranged for a local chemist to deal with the meds, which are sent by them in a Webster-pak sealed container for staff to give her as prescribed – I simply get a small monthly bill for whatever is not covered.

This is a world away from having to book Mum into a GP, take her to the clinic, then go to a chemist to get the prescription, and ensure she takes the meds at the appropriate time, as was happening when she lived with us for a while.

### Don't underestimate

Mum had been faltering, physically and mentally. She wasn't eating well, nor taking all her meds, as her life changed so dramatically in Lismore.

Living with us, and now in care, changed that significantly. She has good regular meals and if she chooses to skip one, staff are monitoring her diet to ensure her nutrition is taken care of.

Her new GP does regular on-site visits. Allied health professionals come in for things like podiatry and massage.

In-house nurses keep an eye on her and the team at the home ensures Mum takes her meds, rather than us hoping she remembers to take them.

The ever-cheerful activity team makes sure she joins in group activities – vital for mental health. This is the care you pay for.

In other cases, it may also include feeding and bathing, but Mum remains fiercely independent, such as insisting on making her own bed. She now encourages others to come to activities.

The result is a noticeable improvement in Mum's physical health, her mental health and also her cognitive function.

She is cheerful and can joke again and, while she misses her beloved husband every day, is buoyed by closer contact with family, including three SA-based grandchildren, and recently the news of her first great-granddaughter, born in New Zealand.

She no longer has to worry about bills, home maintenance, shopping, cooking, security and more, which is a big load off her mind.

She socialises, in the facility when she chooses and also on outings with family.

Don't underestimate the improvement in quality of life such a change can make, daunting though it can be.

### The small print

If you want to go on a holiday or visit family and friends, you can use up to 52 nights of social leave from your aged-care home in a financial year, but will still have to pay the usual fees and accommodation costs.

If you stay away longer, the government will stop paying subsidies and the aged-care home may ask you to make up the amount. Time in hospital is not counted towards this social leave.

Different facilities may have extra fees for extra services.

### Too hard?

If it all sounds too difficult there are consultants who can help with the paperwork and finding a suitable facility.



## AGED-CARE CHECKLIST

**GO** to the My Aged Care website as the first step in finding out about residential aged care, see [myagedcare.com.au](http://myagedcare.com.au)

**GET** your paperwork in order (see story above).

**HAVE** an assessment to see if you are eligible for subsidised aged care. This involves a two-part process, a simple eligibility check which can be done online or over the phone followed by an

in-person assessment, ph 1800 200 422.

**COMPLETE** an income and means assessment, to see if you qualify for government subsidies. This can be done online.

**FIND** a provider who is suitable for your needs, which will include

things such as location, type of care needed, services offered, special needs. My Aged Care has a provider search tool.

**FIND** out how much you will need to pay for accommodation and care. My Aged Care has an estimator.

**CHECK** if there are any noncompliance issues with the facility you are considering.

**APPLY** for the facility you have chosen, which will include paperwork such as a GP management plan.

**TALK** to friends who have

relatives in aged care, and see if providers run tours. Importantly talk among the family so such a move is prepared for.

**ONCE** you've made an application, be prepared to make a decision and to move in fairly quickly, as events can move fast.