

Application for Respite Care or Permanent Entry to an Aged Care Home



В

Part

Further information, needed at the time you enter care

Applicant Name:		
Date ACAT approval signed /	/ ACAT	ID
Residential Aged Care	Respite Care	Dementia
Hig	gh Low	Yes No
Other		



This form will help you to apply for respite or permanent care in a residential aged care home.

It is important to note that you cannot apply for a place in a residential aged care home unless you have a current aged care assessment

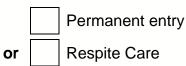
Please use black pen to complete this form.



1

Application

Are you applying for:



Applicant Details: If applicable, please write your name exactly as shown on your *Pensioner Concession Card*

Title (Mr, Mrs, Miss etc)				
Last Name				
First Name(s)				
Preferred Name				
Gender	Male Female			
Date of Birth	/ /]		
Marital Status]		
Home Address				
			Postcode	

If you have a Pensioner Concession Card, please write the card number here:

Please tick whether your Pensioner Concession Card is from:

Department of Veterans' Affairs

2 Do you receive a full or part pension (or other income support payment) from Centrelink or the Department of Veterans' Affairs? (Tick one box)

Yes, I receive a full pension	
Yes, I receive a part pension	
No , I do not receive a pension	
What type of pension do you rec	eive (eg., age, disability, service pension)?:

3 Nominated representative

If you would like the aged care home to contact a representative on your behalf about this application or about your care after you enter the home, please provide their details below.

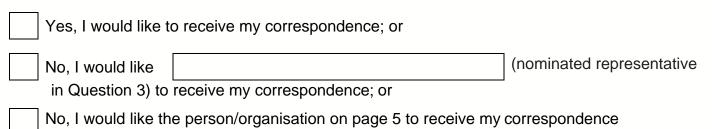
If you are nominating a person who has the legal authority to make decisions for you, please advise the type of authority that they have, such as *Power of Attorney*, and attach a photocopy of the authority to this application.

Details of your nominated representative

Last Name	
First Name(s)	
Address	
	Postcode
Contact numbers	Daytime telephone: ()
	Evening telephone: ()
	Mobile telephone: ()
	Email address:
Deletionship to you	
Relationship to you	
Type of authority (if applic	able)

4 Responsibility for Paying Accounts and Receiving Correspondence

Do you wish to be responsible for receiving correspondence from the aged care home, including accounts, once you have accepted a place in the home?



PART A

Application

If you have chosen to nominate someone else to receive correspondence from the aged care home, please provide their details below:

Last Name	
First Name(s)	
	or, if applicable
Organisation	
Position in Organisation	
Postal Address	
	Postcode
Contact numbers	Daytime telephone: ()
	Evening telephone: ()
	Mobile telephone: ()
	Email address:

If this person has the legal authority to make decisions for you, please advise the kind of authority that they have (eg *Power of Attorney*):

5 If you need an interpreter to help you with everyday English, please write the language you speak here

6 Please advise whether there are any cultural, religious or other organisations that you would like to remain in contact with once you have accepted a place in a residential aged care home PART A

Application

7	Please advise whether you have any cultural or religious requirements, such as specific dietary needs			
	If you are applying for a <i>respite care</i> place, go to Question 12 now.			
8	Compensation Payments			
Have	e you claimed and received a compensation award or settlement? If so, please indicate the type:			
	Workers Compensation Third Party Common Law			
9	Extra Service Place			
	ld you like to find out about applying for an Extra Service Place, if your prospective aged care e can offer this to you?			
	Yes No			

10 **Existing/Previous Resident of an Aged Care Home**

Do you currently receive, or have you ever received, permanent care in a residential aged care home? If so, please complete the following details:

Name of current, or previous, residential aged care home:

Address of current, or previous, residential aged care home

			Postc	ode	
Date	you accepted a place	/	/		
Date	of Departure (if applicable)	/	/		

PART A	Application	
11 Spouse/Partner Information		
Are you and your spouse/partner applying together for a place in an aged care home?		
Yes No	Not applicable	
Does your spouse/partner already live in a residential aged care home?		
Yes No		
If so, complete the following details:		
Spouse/partner's name		
Spouse/partner's residential aged care home		

12 Important, please:

- a. **do not** sign this form once you have completed it. **First**, make photocopies of the completed form, **then** sign each copy. Keep the original, as it may be required at the time you enter a residential aged care home;
- b. attach a photocopy of your current Aged Care Assessment approval; and
- c. **attach** a photocopy of the relevant authority, such as a *Power of Attorney* or Guardianship Papers, if someone else has the legal power to make decisions on your behalf.
- d. If an authorised representative is signing this application on your behalf, please attach a copy of the documentation authorising the representative to act on your behalf, e.g. *Power of Attorney*.

Signature	Date / /

IMPORTANT NOTE

This form is retained by the aged care home and is not passed to the Department of Social Services or any other Government agency.

Therefore if you have nominated an authorised representative in this form, this relates only to dealings with the **aged care home** on your behalf.



Further information, needed at the time you enter care

This part of the form can be completed and provided to each residential aged care home (along with Part A) when you apply for a place

OR you can wait and fill it out when you are offered and have accepted a place in an aged care home.

PART B

Further information, needed at the time you enter care

1 Applicant Details
Title (Mr, Mrs, Miss etc)
Last Name
First Name(s)
Preferred Name
If you have a <i>Department of Veterans' Affairs Gold Repatriation Health Care Card</i> , please write the card number here:
Please write your Medicare details here:
Card Number
Expiry date / /
The number that appears at the left of your name (eg., 1, 2):
If you have private health insurance, please write your details here:
Name of Fund
Membership Number
Level of Cover
If you have ambulance cover , please write your details here:
Name of Fund
Membership Number

2 Medical and Health Professional Contacts

The following details are required to advise your residential aged care home of the contact information of the people who provide your health care:

Your General Practitioner:

Name			
Address			
			Postcode
Contact numbers	Daytime telephone: ()	
	Evening telephone: ()	
	Mobile telephone: ()	
	Email address:		
Other Health Profession	al:		
Name			
Field (e.g. audiologist, heart specialist)			
Address			
			Postcode
Contact numbers	Daytime telephone: ()	
	Evening telephone: ()	
	Mobile telephone: ()	
	Email address:		

Please advise the aged care home if there are other health professionals that you may need to consult while in the home.

3 Religious, Spiritual and Cultural Information

If there is someone you would like the residential aged care home to record as your religious, spiritual and/or cultural support person (such as a Minister) please complete the following details:

	Postcode
	1 000000
Daytime telephone: ()	
Evening telephone: ()	
Mobile telephone: ()	
Email address:	
	Evening telephone: () Mobile telephone: ()

If an authorised representative is signing this form on your behalf, please ensure that a copy of the documentation authorising the representative to act on your behalf, e.g. *Power of Attorney*, has already been provided to the home.

Signature	Date //

www.dss.gov.au

All information in this publication is correct as of July 2015