APPLICATION FOR ADMISSION TO
A RESIDENTIAL CARE SERVICE

DATE FORM COMPLETED: / / 

This form is a Common Form and can be used when applying for Residential Care Services throughout Queensland. Please complete and photocopy for presenting to each service to which you are applying.

Please remember to write Applicant's Name at the top of each page.

The information you provide in this form is information that a Residential Care Service would normally require to assess and meet your assessed care needs.

You should consult the aged care service directly for information about how your privacy is protected.

Please use a Black Biro, BLOCK LETTERS and, where indicated, tick the box or write a comment.

Person requiring residential care: (applicant)
Surname: ...........................................................................................................................................................................

Given Names: ........................................................................................................................................................................

Current Location: ...............................................................................................................................................................

Postcode: ........................................................................ Telephone: ..................................................................................

Date of ACAT Approval: / / 20__ (Please attach a legible copy)

Permanent Care ☐ Respite Care ☐ High Level Care (Nursing Home) ☐ Low Level Care (Hostel) ☐

Urgent ☐ Semi Urgent ☐ Non Urgent ☐ Dementia Unit ☐ Non Dementia Unit ☐

CENTRELINK / DVA ASSET ASSESSMENT (Please attach copy, if available) ☐

Person completing the application: (applicant or representative)
Surname: ...........................................................................................................................................................................

Given Name: ......................................................................................................................................................................

Address: .............................................................................................................................................................................

Postcode: ................................................................ .......... Telephone (Day): ............................................................

Telephone (A/hours): ............................................................

Mobile: ............................................................................................................................

Email address (if applicable): .............................................................

Relationship to the applicant: .................................................................................................................................

REVISED JUNE 2013 (REPLACES VERSION 06/03/2006)
### Application for Residential Care Services Checklist

Please ensure you have completed all sections of the Application Form.

Place tick ✔️ in the boxes on the right hand side indicating that you have completed the sections of the form and included relevant documents.

<table>
<thead>
<tr>
<th>Section</th>
<th>✔️</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details re person requiring residential care including personal details</td>
<td></td>
</tr>
<tr>
<td>Details re person completing the application including contact details</td>
<td></td>
</tr>
<tr>
<td>Health Insurance and Medicare details</td>
<td></td>
</tr>
<tr>
<td>Legal and financial management details</td>
<td></td>
</tr>
<tr>
<td>Attached photocopy of Applicant’s Centrelink or DVA Pension Card and/or Medicare Care</td>
<td></td>
</tr>
<tr>
<td>Attached a copy of Applicant’s current Aged Care Client Record Assessment (ACCR) approval (ACAT Assessment)</td>
<td></td>
</tr>
<tr>
<td>Completed and forwarded a “Request for an Assets Assessment” form to the relevant Agency (Centrelink or DVA).</td>
<td></td>
</tr>
<tr>
<td>Attached copy of Centrelink or DVA Assessment if available</td>
<td></td>
</tr>
<tr>
<td>Attached certified copies of current Enduring Power of Attorney and/or Advanced Health Directive (if these documents exist)</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Please note, failure to complete this application document and supply required information may delay the processing of your application.
## Personal details of Applicant

- **Preferred name:**
- **Male** □
- **Female** □
- **Date of Birth:** / /19
- **Age:** .......years
- **Marital status:**
  - Married □
  - De Facto □
  - Single □
  - Widowed □
  - Divorced □
  - Separated □
- **Religion / organizational affiliations (optional):**
- **Do you have any specific cultural requirements?**
  - Yes □
  - No □
  - If yes, please attach details:
- **Country of birth:**
- **Are you an Australian Citizen?**
  - Yes □
  - No □
- **Preferred language(s):**
- **Do you intend to remain on the electoral roll?**
  - Yes □
  - No □

## Family and other contacts

**FIRST CONTACT**

- **Surname:** .................................... Given Name: ...........................................
- **Address:** .................................................................Postcode: ...........
- **Telephone (Day):** .............................................Telephone (Mobile): .............................................
- **Telephone (A/Hours):** .............................................Relationship to applicant: .............................................
- **Email address (if applicable):** .................................................................

**SECOND CONTACT**

(if above contact does not answer)

- **Surname:** .................................... Given Name: ...........................................
- **Address:** .................................................................Postcode: ...........
- **Telephone (Day):** .............................................Telephone (Mobile): .............................................
- **Telephone (A/Hours):** .............................................Relationship to applicant: .............................................
- **Email address (if applicable):** .................................................................

## Correspondence relating to this application should be sent to:

If this is the same person who is **completing** this application form, please circle: **AS ABOVE**

- **Surname:** .................................... Given Name: ...........................................
- **Address:** .................................................................Postcode: ...........
- **Telephone (Day):** .............................................Telephone (Mobile): .............................................
- **Email address (if applicable):** .................................................................
Legal and financial management details

Have any of the following people been appointed on your behalf?  Guardian □  Administrator □

If yes please advise contact details: .................................................................

Have you made a will?  Yes □  No □

If yes, please provide the name and address of person/organization holding the will

Name of person/Company: ........................................................................................................

Address: .................................................................................................................................

Postcode: ................................................................. Telephone: ............................................

ENDURING POWER OF ATTORNEY/S:

Financial:  □ Yes  □ No  □ Yes Severally: □ if more than one EPA

Advanced Health Directive:  □ Yes  □ No  Please provide a copy

If yes, please provide the names and addresses of persons/organizations appointed

Surname: ................................................................................................................................

Given name: ..........................................................................................................................

Address: ................................................................................................................................

Postcode: ................................................................. Telephone: ............................................

If Enduring Power of Attorney and/or Advanced Health Directive exists, you must attach a certified photocopy
with this application

Funeral arrangements

HAS A DECISION BEEN MADE IN RESPECT TO THE PREFERRED FUNERAL SERVICE?  □ Yes □ No

Funeral Service Provider:  ................................................................. Telephone:  ................................

(If known)

Please indicate your wishes (if known)  Cremation  Yes □  No □

.................................................................  Burial  Yes □  No □

Any other arrangements:

# It is important for potential residents and/or families to discuss this topic and provide a response. Further “end of life”
wishes and/or instructions will be sought following admission in conjunction with development of the Plan of Care.
### Pension and benefit details (please provide a copy of your Pension Card)

- **Do you hold an Australian Pensioner Concession Card?**
  - Yes [ ]
  - No [ ]

- **If yes, indicate type of pension:**
  - Age [ ]
  - Disability [ ]
  - Widow [ ]
  - Blind [ ]
  - Overseas [ ]
  - DVA [ ]
  - Other [ ]

- **What is your Pension Number?**
  - Full Pension [ ]
  - Part Pension [ ]

- **Expiry Date:**

- **Are you an Australian Ex-Prisoner of War?**
  - Yes [ ]
  - No [ ]

### Health Insurance and Medicare details (please provide a copy of your Medicare and Health Insurance Cards)

- **Do you have Private Health Insurance?**
  - Yes [ ]
  - No [ ]

- **Name of Fund:**

- **Membership Number:**

- **Level of Cover:**

- **What is your Medicare Number?**
  - □□□□
  - □□□□□
  - □

- **Position on Card:**

- **Expiry Date:**

### Medical details NB Full medical details will be required on admission

- **Who is your current General Practitioner?**

- **Name:**

- **Telephone:**

- **Address:**

- **Postcode:**

- **Expiry Date:**

### Do you currently receive or have you received any of the following:

- **Home Nursing Service**
  - Yes [ ]
  - No [ ]

- **Meals on Wheels**
  - Yes [ ]
  - No [ ]

- **Community Home Care**
  - Yes [ ]
  - No [ ]

If yes to any of the above, please advise from whom these services are received:

- **Address:**

- **Postcode:**

- **Telephone:**

- **Other Relevant Details:**

### Present Living Situation

- **Living with Family** [ ]
- **Rented Accommodation** [ ]
- **Own House / Unit** [ ]
- **Hospital** [ ]
- **Other** [ ]

- **Comments:**

- **Are you currently a smoker?**
  - Yes [ ]
  - No [ ]

- **Have you previously been a smoker?**
  - Yes [ ]
  - No [ ]
Assets Assessment

Appendix 1 (pages 7 and 8) of this document provides you with a personal worksheet to establish your level of assets. You do not have to complete this document however you must complete the Request for Assets Assessment Form and submit this to either Centrelink or DVA.

PLEASE NOTE: if you do not wish to disclose financial details to Centrelink/DVA, you may be required to pay maximum fees and charges.

Centrelink/DVA will advise you of the fees that you are required to pay. Please attach a copy of this advice (the letter that Centrelink/DVA send to you which details your fees) to your Application Form or bring it with you so that the facility staff can copy it. These are the fees and charges the Federal Government has assessed you must pay.

You do not have to complete the remainder of this form if you have attached the financial advice from Centrelink/DVA.

Respite Care: Financial Details are not required if this application is for respite care only.

Statutory Declaration

I, Name .....................................................................  .................................................................................
Of Address ...............................................................  .................................................................................
.................................................................................
Postcode ............................................................
In the state of Queensland       (Occupation) ...........

sincerely declare that the answers to all the questions in regard to the Financial Details of myself, or on behalf of the applicant, and other information therein is to the best of my belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. I agree that to allow the accurate determination of financial status of the applicant, I will provide further information or proof upon request.

AND I make this solemn declaration conscientiously believing that same to be true and by virtue of an Act of the Parliament of Queensland rendering persons making a false declaration punishable for willful and corrupt perjury.

Signature of or on behalf of applicant:………………………………………………………

Before me:………………………………………………………………………………………
(To be signed by a Justice of the Peace or such other person - having power to take a declaration within Queensland)

Declared at ...............................................................Queensland
this………………..day of ........................………20…..
Appendix 1

Property assets

The following information is required to enable Aged Care Facilities to determine whether the applicant will be requested to pay an Accommodation Bond or Charge.

Have you completed the Centrelink/DVA Asset Assessment Form? Yes ☐ No ☐

Do you own or part own the house, unit or flat in which you normally live? Yes ☐ No ☐

If Yes, please provide the following information in regard to the property:

Address: .................................................................................................................................
.................................................................................................................................Postcode

Current Market Value of Property: $…………

Please answer the following questions

Do you have a spouse or dependent child living in your home? Yes ☐ No ☐

If Yes, please indicate: Spouse ☐ Dependent ☐

Have you had a carer who is eligible for a pension or other support payment living in your home for at least the past two years? Yes ☐ No ☐

Have you had a close relative who is eligible for a pension or other income support living in your home for at least five years? Yes ☐ No ☐

Have you disposed of any property in which you were living in the past two years? Yes ☐ No ☐

Do you own, or part own any other residential or commercial property? Yes ☐ No ☐

Have you any loans to repay? Yes ☐ No ☐ If Yes, please give details. $…………

Previous Aged Care Residential Accommodation details:

Are you currently a resident of a Commonwealth Funded Aged Care Facility? ☐ Yes ☐ No

If so, did you pay an Accommodation Bond/charge to the facility? ☐ Yes ☐ No

If Yes, please provide the following details: Name of Facility: ……………………………………………………………………………………..

Address……………………………………………………………………………………………………………………………………………………………………..Postcode:

Telephone………………………………………………………………………………………………………Date of Admission to first facility / /

Amount of Accommodation Bond Paid $ …………………

During the last 12 months, have you had Residential Respite (in an Aged Care Facility)? ☐ Yes ☐ No

If Yes, how many days respite have you had? ……………………………………………………………………………………………………………………………
<table>
<thead>
<tr>
<th>ASSETS</th>
<th>YOURS</th>
<th>YOUR PARTNER'S</th>
<th>JOINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Accounts</td>
<td></td>
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<tr>
<td>Building Society &amp; Credit Union Accounts</td>
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<tr>
<td>Interest Bearing Deposits &amp; Fixed Deposits</td>
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<tr>
<td>Bonds; Debentures &amp; Shares</td>
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<tr>
<td>Investments in Property Trusts; Friendly Societies; Equity Trusts;</td>
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<tr>
<td>Mortgage Trusts &amp; Bond Trusts</td>
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<tr>
<td>Superannuation Assets from which lump sums may be withdrawn</td>
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<tr>
<td>Home – Market Value (refer Page 4 – Property Assets)</td>
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<tr>
<td>Real Estate (net after any charges)</td>
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<td>includes properties you own outside Australia</td>
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<td>Businesses</td>
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<td>Farm Property (net after any charges)</td>
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<tr>
<td>Loans to Others (including interest free loans &amp; monies owed to you)</td>
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<tr>
<td>Motor Vehicles; Boats and Caravans</td>
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<tr>
<td>Investment Collections (including coins and stamps)</td>
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<tr>
<td>Household Contents &amp; Personal Items – taken as $5,000 per household</td>
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<td>(unless stated otherwise)</td>
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<tr>
<td>Surrender Value of Life Insurance Policies</td>
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<tr>
<td>Any other Assets (including entry contribution / accommodation bond</td>
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<tr>
<td>refunds due)</td>
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<tr>
<td>TOTAL VALUE OF ASSETS</td>
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<tr>
<td>LESS LOANS TO BE REPAYED</td>
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<tr>
<td>NET ASSETS $</td>
<td></td>
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