

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:

Name of Applicant:

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

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

Please note, failure to complete this application document and supply required information may delay the processing of your application

Residential Care Service - Application for Admission

Name of Applicant:

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 If admitted, who do you want to nominate as your contact(s)?

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):

Residential Care Service - Application for Admission

Name of Applicant:

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 **Health:** 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.



Residential Care Service - Application for Admission

Name of Applicant:

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? (e.g. MBF, Medibank Private) 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:

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



Residential Care Service - Application for Admission

Name of Applicant:

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 of20.....

Name of Applicant:

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?.....

Residential Care Service - Application for Admission

Name of Applicant:

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Superannuation Assets from which lump sums may be withdrawn			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