



Application for Residential Aged Care

APPLICATION FOR RESIDENTIAL AGED CARE

Date of application: / /

Application to include (please tick):

- Copy of ACAT assessment
- Copy of Centrelink/DVA financial assessment (if applicable)
- Copy of Power of Attorney (if applicable)
- Copy of Enduring Guardianship (if applicable)

PROSPECTIVE RESIDENT INFORMATION

Title (please tick) Mr Mrs Miss Ms Other _____

First name: _____ Middle Name: _____

Last name: _____ Preferred Name: _____

Date of Birth: / / Gender: Male Female

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Country of birth: _____ Languages: _____

Do you need an interpreter? Yes No

SUPPORT NEEDS

- Permanent
- Respite
- Memory Support

ACAT referral code: _____

RESIDENT'S PERSONAL INFORMATION

Religious or spiritual needs: _____

Do you have any specific cultural requirements? Yes No

If yes, please provide details: _____

Are you: Aboriginal Torres Strait Islander

Marital status: Single Married Widowed Divorced Separated

PENSION AND BENEFITS

Do you hold an Australian Pension Concession Card? Yes No

If yes, indicate the type of pension: Age Disability Widow DVA Blind Overseas

What is your pension number? Exp. / /

What is your Medicare number? _____ Exp. /

What type of pension do you receive? Full Part

If you hold a DVA card, what type is it? Gold White Orange

What is your DVA number? _____

Are you an Australian ex-Prisoner of War? Yes No

MEDICAL

Do you have a General Practitioner who has agreed to care for you at Garden Village? Yes No

Please note: It is essential that your General Practitioner agrees to visit you at Garden Village or provides a locum service, outside of normal business hours, in the event of illness or injury.

If yes, please provide your General Practitioner's details:

GP's name/practice: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

If not, there are General Practitioners who routinely visit Garden Village who can be our nominated Medical Practitioner. We can provide you with their information.

LEGAL AND FINANCIAL MANAGEMENT

Has anyone been appointed on your behalf as an:

Power of Attorney Enduring Guardian Financial Manager

Please note: A copy of each document will be required prior to admission

Who should we send your monthly statements to?

Resident Representative (as completed on page 5) Other (provide details below)

Name: _____ Telephone: _____

Address: _____

Email: _____

ASSET AND INCOME DETAILS

The following information is required to enable aged care residences to determine whether the resident will be required to pay and Accommodation Payment or Accommodation Contribution.

Garden Village suggests you seek independent legal and financial advice.

If part of a couple, please complete total assets and income at 50% of the total.

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 regards to the property:

Address of property:

Current market value of the property: Share of property value (%):

To determine if your home can be excluded from your assets assessment, please answer the following questions:

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

If yes, please indicate: Spouse Dependant child

Have you had a carer, who is eligible for a pension or other income support, living in your home for at least the past 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, part own, any other residential or commercial property? Yes No

Have you any loans to repay? Yes No If yes, please give value:

Other assets:

Shares & debentures: Property & managed trusts:

Cash(Term Deposits, Savings, Cheque Accounts): Other assets:

Do you receive a pension, superannuation or annuity of any type? (Amount received per fortnight)

Centrelink/DVA pension: Overseas pension:

Disability pension: Superannuation:

Annuity: Other:

Signature: Date: / /

PREVIOUS AGED CARE EXPERIENCE

Have you paid and Accommodation Bond or Accommodation Payment Contribution to another residence? Yes No

Paid as: Lump sum Daily fee

If yes, please provide the following details:

Residence name:

Address:

Telephone: Email:

Date of 1st admission: / / RAD/Bond value:

PROSPECTIVE RESIDENT'S REPRESENTATIVE

First name: Surname:

Address:

Suburb: Postcode:

Telephone: Mobile:

Email:

Relationship to resident: POA EG

Who would you like us to contact regarding this application? Resident Representative

NEXT OF KIN OR EMERGENCY CONTACTS

First contact Resident Representative (as above) Yes No

Second contact First name: Surname:

Relationship to resident:

Address:

Suburb: Postcode:

Telephone: Mobile:

Email:

Third contact First name: Surname:

Relationship to resident:

Address:

Suburb: Postcode:

Telephone: Mobile:

Email:

PRIVACY

Garden Village is bound by the Privacy Act 1988 (Cth) ("Privacy Act), including the Australian Privacy Principles ("APPs"). Garden Village collects, holds and uses personal information subject to its privacy policy which is available via the Garden Village website. The privacy policy is intended to explain how Garden Village complies with its obligations under the APPs and the Privacy Act, and to set out how you can request access to your personal information, how you can request changes be made to the information Garden Village holds and explains how you can make a complaint about Garden Village's handling of your information. Garden Village will ensure that the information it collects will be collected in a lawful and fair manner.

If you do not provide the information Garden Village requests, then Garden Village may be unable to fulfil the purpose(s) for which the information is requested. The purposes for which the information is requested are set out in the privacy policy, together with any secondary purposes as permitted or required by law. They may include dealing with your application or subsequent admission, determining the accommodation amount payable, or determining your health and care needs once you are admitted.

Without limiting Garden Village's privacy policy, Garden Village may also disclose your information to third parties, including service providers, for the purpose of facilitating Garden Village's provision of services to you or others, or to Government agencies, for the purpose of fulfilling Garden Village's legal obligations. We may also use the information we collect from this completed form for the purpose of directly marketing Garden Village and its services to you, unless you opt out.

Where you complete this form on behalf of another individual, then you must ensure that you have the consent of the third party to the disclosure to Garden Village of the information set out on this form.

OFFICE USE ONLY

Date received: / / Pre entry date: / /

Room number: _____ GL WW WG Entry date: / /

Fully supported: Partially supported: Unsupported:

RAC: RAD:

DAC: DAP:

Coming from: Home Hospital Transitional care Respite Other aged care residence

Other (provide details):

Checklist

ACAT approved GP summary Power of Attorney Enduring guardian

Centrelink/DVA letter Resident agreement Disclosure Direct debit

Medication chart Pharmacy form Welcome letter

Other details: