apply

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

Part A Application

Part B Further information, needed at the time you enter care

OFFICE USE ONLY

Applicant Name:

Date ACAT approval signed / /

ACAT ID

Residential Aged Care	Respite Care	Dementia
High ☐ Low ☐	High ☐ Low ☐	Yes ☐ No ☐

Other

(0111)

Part A Application

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

Please refer to the accompanying booklet *5 Steps to Entry into Residential Aged Care* for an explanation of respite and permanent care.

The booklet also provides information to help you make decisions about the process of entering residential aged care. Information provided in the booklet may help you in completing this form.

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. Information about aged care assessments can be found in the accompanying booklet.

Please use black pen to complete this form.

part **A** **Application**

Are you applying for:

☐ Permanent entry

or ☐ Respite Care

1 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:

☐ Centrelink ☐ 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 receive (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	
Address	
	Postcode
Contact numbers	Daytime telephone: ( )
	Evening telephone: ( )
	Mobile telephone: ( )
	Email address:
Relationship to you	
Type of authority (if applicable)	

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?

☐ Yes, I would like to receive my correspondence; or

☐ No, I would like _____ (nominated representative in Question 3) to receive my correspondence; or

☐ No, I would like the person/organisation on page 5 to receive my correspondence

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

7 Please advise whether you have any cultural or religious requirements, such as specific dietary needs

If you are applying for a *respite care* place, go to Question 12 now.

8 Compensation Payments

Have 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

Would you like to find out about applying for an Extra Service Place, if your prospective aged care home can offer this to you?

☐ Yes ☐ No

Please refer to the booklet *5 Steps to Entry into Residential Aged Care* for information about extra service places.

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

Postcode

Date you accepted a place / /

Date of Departure (if applicable) / /

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:

- **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;
- **attach** a photocopy of your current Aged Care Assessment approval; and
- **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.
- 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 Health and Ageing 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.

If you need your authorised representative to act on your behalf in dealings with the Department of Health and Ageing, you will also need to complete a separate 'Residential Aged Care: Appointment of a Nominee' form and send it to the Department. This can only be done after you have entered aged care.

Part B

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.

The accompanying booklet, *5 Steps to Entry into Residential Aged Care*, may help you in completing this part of the form.

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 *Department of Veterans' Affairs Gold Repatriation Health Care Card* , 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 Professional:

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:

Name	
Position/Occupation	
Organisation	
Address	
	Postcode

Contact numbers	Daytime telephone: ( )
	Evening telephone: ( )
	Mobile telephone: ( )
	Email address:

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.health.gov.au

All information in this publication is correct as of January 2011

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