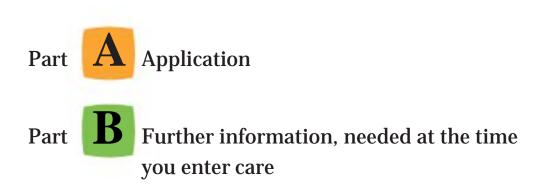


Application for Respite Care or Permanent Entry to an Aged Care Home



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

Part Application

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.

Are you applying for:			
Permaner	nt entry		
or Respite Care			
1 Applicant Details: If applicable, please Concession Card	write your name exactly as shown on your <i>Pensioner</i>		
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 Po	ensioner Concession Card is from:		
	Centrelink Department of Veterans' Affairs		
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 pens	sion		
What type of pension do yo	ou 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 nomin	ated repr	resentative		
Last Name				
First Name(s)				
Address				
				Postcode
Contact numbers	Daytim	e telephone: ()	
	Evening	g telephone: ()	
	Mobile	telephone: ()	
	Email a	address:		
Relationship to you				
Type of authority (if app	licable)			
, , , , , , , , , , , , , , , , , , ,	,	L		
4 Responsibility for	or Paying	g Accounts an	d Receiving Corre	espondence
Do you wish to be response accounts, once you have		•	•	aged care home, including
Yes, I would like to	receive m	y corresponder	ce; or	
No, I would like				(nominated representative
in Question 3) to re	eceive my	correspondenc	e; or	1

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

Application

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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		
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) / /		

ART A	Application		
11 Spouse/Partner Information			
Are you and your spouse/	partner applying together for a place in an aged care home?		
Yes	Yes No Not applicable		
Does your spouse/partner already live in a residential aged care home?			
Yes N	o		
If so, complete the following	ng details:		
Spouse/partner's name			
Spouse/partner's residential aged care home			
12 Important, please	:		
completed form, th	m once you have completed it. First , make photocopies of the en sign each copy. Keep the original, as it may be required at the time atial aged care home;		
b. attach a photocopy	b. attach a photocopy of your current Aged Care Assessment approval; and		
	c. attach a photocopy of the relevant authority, such as a <i>Power of Attorney</i> 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.			

IMPORTANT NOTE

Signature

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.

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.

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 Practitio	ner:	
Name		
Address		
71441000		
		Postcode
Contact numbers	Daytime telephone: ()	
	Evening telephone: ()	
	Mobile telephone: ()	
	Email address:	
Other Health Professio	nal:	
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		
O	D	`		
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. <i>Power of Attorney</i> , has already been provided to the home.				
Signature		Date //		
Signature		Date / / /		

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