Application for Residential Aged Care Accommodation

Applicant details

Title: (Miss/ Mrs/ Ms/ Mr/ Dr) Date of Application_____

Surname: _____ Given Names: _____

Gender: ☐ Male ☐ Female Date of Birth: ___ / ___ / _____

Address: _____

_____ Postcode: _____

Mobile: _____ Home Phone: _____ - _____

Email: _____

Do you have a current aged care assessment? ☐ Yes ☐ No

Respite/ Permanent Referral Code_____

Have you lodged the Combined Assets and Income Assessment? ☐ Yes ☐ No

Pension or Veteran Affairs No: _____Expires: _____

(please provide the proof) ☐ Not applicable ☐ Part Pension ☐ Full Pension

Medicare No: _____ Expires: _____

Current Flu Vaccine? ☐ Yes ☐ No

Current Covid-19 Vaccination? ☐ Yes ☐ No

Details of the person making the enquiry/ next of kin (if different to applicant)

Surname: _____ Given Names: _____

Relationship to applicant: _____

Address: _____

_____ Postcode: _____

Mobile: _____ Home Phone: _____ - _____

Email: _____

Do you wish to be the contact person for the applicant? ☐ Yes ☐ No

Power of Attorney: □ Yes □ No Enduring Guardianship: □ Yes □ No

If yes, please provide copy of the document.

Give details of an additional contact person/NOK (if any):

Surname: _____ Given Names: _____

Relationship to applicant: _____

Address: _____

_____ Postcode: _____

Mobile: _____ Home Phone: _____

Power of Attorney: □ Yes □ No Enduring Guardianship: □ Yes □ No

If yes, please provide copy of the document.

Give details of an additional contact person /NOK (if any):

Surname: _____ Given Names: _____

Relationship to applicant: _____

Address: _____

_____ Postcode: _____

Mobile: _____ Home Phone: _____ - _____

Email: _____

Power of Attorney: □ Yes □ No Enduring Guardianship: □ Yes □ No

If yes, please provide copy of the document.

Give details of an additional contact person/ NOK (if any):

Surname: _____ Given Names: _____

Relationship to applicant: _____

Address: _____

_____ Postcode: _____

Mobile: _____ Home Phone: _____ - _____

Email: _____

Power of Attorney: □ Yes □ No Enduring Guardianship: □ Yes □ No

If yes, please provide copy of the document.

P/S: Additional Next of Kins to be manually entered below with name and contact details:

Timeframe for Accommodation Request:

1.	I request urgent or immediate Residential Aged Care Accommodation	□ Yes
2.	I request Residential Aged Care Accommodation within 3 months	□ Yes
3.	I request Residential Aged Care Accommodation with 6 months	□ Yes
4.	I request Residential Aged Care Accommodation with 12 months	□ Yes
5.	I request my name to be included on the waiting list for possible future requirements	□ Yes

_____ _____ _____

Name (print) Signature Date

Details of the Applicant

Country of Birth: _____

Place of Birth: __ _____ Marital Status: _____

Languages spoken: _____

Preferred Language: _____ Do you require a translator? ☐Yes ☐No

Religion: _____ Special religious needs: ☐Yes ☐No

Year arrived in Australia_____

Status: Citizen / Permanent Resident/ Other_____ (Please circle)

Do you have any special dietary requirements? ☐ Yes ☐ No

If YES, please give details: _ _____

_____

Please describe the kind of problems you are experiencing living in the home you occupy at present:

__ _____

_____

_____

Please describe the type of support that family, close friends or neighbours currently provide you, and how often they provide this support.

____

_____

Please indicate how often you use community support services:

Meals on Wheels: _____

Home Care cleaning: __ _____

Other: _____

Do you attend Day Centres, Senior Citizen or other community social groups? ☐ Yes ☐ No

Please provide a brief summary of your medical history, eg. Stroke, heart attack, diabetes, short term memory loss, other illnesses.

_____

_____

Present Medications: (If more than 5, please provide a separate list)

Name of Medication: _Refer to attached Patient Summary
Dosage: _____ Frequency: _____

Name of Medication: _____Dosage: _____ Frequency: _____

Name of Medication: _____Dosage: _____ Frequency: _____

Name of Medication: _____Dosage: _____ Frequency: _____

Name of Medication: _____Dosage: _____ Frequency: _____

Do you require assistance with:	Toileting	☐ Yes ☐ No
	Bathing	☐ Yes ☐ No
	Feeding	☐ Yes ☐ No
	Dressing	☐ Yes ☐ No

Are you continent of urine? ☐ Yes ☐ No IDC insitu

Are you continent of faeces? ☐ Yes ☐ No but requires assistance for transfers

Do you suffer from any sensory defects:	Sight	☐ Yes ☐ No
	Hearing	☐ Yes ☐ No
	Taste	☐ Yes ☐ No
	Touch	☐ Yes ☐ No
	Smell	☐ Yes ☐ No

Are you a smoker? ☐ Yes ☐ No

Australian Government
Department of Health

Charter of Aged Care Rights

I have the right to:

1. safe and high-quality care and services.
2. be treated with dignity and respect.
3. have my identity, culture and diversity valued and supported.
4. live without abuse and neglect.
5. be informed about my care and services in a way I understand.
6. access all information about myself, including information about my rights, care and services.
7. have control over and make choices about my care, and personal and social life, including where the choices involve personal risk.
8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions.
9. my independence.
10. be listened to and understood.
11. have a person of my choice, including an aged care advocate, support me or speak on my behalf.
12. complain free from reprisal, and to have my complaints dealt with fairly and promptly.
13. personal privacy and to have my personal information protected.
14. exercise my rights without it adversely affecting the way I am treated.

Charter of Aged Care Rights takes effect from 1 July 2019

Australian Government
Department of Health

Australian Government
Aged Care Quality and Safety Commission

Charter of Aged Care Rights

Consumers

Consumers have the option of signing the Charter of Aged Care Rights (the Charter). Consumers can receive care and services even if they choose not to sign.

If a consumer decides to sign the Charter, they are acknowledging that their provider has given them a copy of the Charter, and assisted them to understand:

- information about consumer rights in relation to the aged care service; and
- information about consumer rights under the Charter.

Providers

Under the aged care law, providers are required to assist consumers to understand their rights and give each consumer a reasonable opportunity to sign the Charter. Providers must give consumers a copy of the Charter that sets out:

- signature of provider's staff member.
- the date on which the provider gave the consumer a copy of the Charter; and
- the date on which the provider gave the consumer (or their authorised person) the opportunity to sign the Charter.
- the consumer (or authorised person)'s signature (if they choose to sign); and
- the full name of the consumer (and authorised person, if applicable).

The provider will need to retain a copy of the signed Charter for their records.

Charter of Aged Care Rights takes effect from 1 July 2019