



**Residential Care Service - Application for Admission**

Name of Applicant: .....

***Application for Admission to a Residential Care Service: 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*

	✓
<b>Details re person requiring residential care including personal details</b>	
<b>Details re person completing the application including contact details</b>	
<b>Health Insurance and Medicare details</b>	
<b>Legal and financial management details</b>	
<b>Attached photocopy of Applicant’s Centrelink or DVA Pension Card and/or Medicare Care</b>	
<b>Attached a copy of Applicant’s current Aged Care Client Record Assessment (ACCR) approval (ACAT Assessment) or Letter re same if available</b>	
<b>Completed and forwarded a “Permanent Residential Aged Care Request for a Combined Assets and Income Assessment” form to the relevant Agency (Centrelink or DVA).</b>	
<b>Attached copy of Centrelink or DVA Assessment if available</b>	
<b>Attached certified copies of current Enduring Power of Attorney and/or Advanced Health Directive (if these documents exist) <u>(These do not need to be provided on application, but must be provided before admission)</u></b>	

*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

City of birth if born in Australia: .....

Preferred language(s): .....

Are you still on the electoral roll?        Yes         No

**Family and other contacts**        If admitted, who do you want to nominate as your contact(s)?

**FIRST CONTACT**

Title:..... 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)

Title:..... Surname: ..... Given Name: .....

Address: .....Postcode: .....

Telephone (Day): .....Telephone (Mobile): .....

Telephone (A/Hours): .....Relationship to applicant: .....

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

If **yes**, please provide the names and addresses of persons/organizations appointed:

Surname:..... Given name:.....

Address: .....

Postcode: ..... Telephone: .....

Surname:..... Given name:.....

Address: .....

Postcode: ..... Telephone: .....

**If Enduring Power of Attorney and/or Advanced Health Directive exists, you must provide a certified copy prior to admission.**

### 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.

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**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: .....

Preferred Emergency Department:  Toowoomba Base Hospital  St Vincent's Hospital

**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 Other (Specify) .....

If yes to any of the above, advise from whom these services are received: .....

Contact details: .....

Other Relevant Details: .....

**Present Living Situation**

Living with Family  Rented Accommodation  Other (Specify)  
 Own House / Unit  Hospital

Comments: .....

Are you currently a smoker? Yes  No  Have you previously been a smoker Yes  No

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### STEP 2 - PHARMACY

Brodribb Home has a contract with the Range Pharmacy to supply the Home's residents with medications. As part of this contract Range Pharmacy provides us with the following services:

- The Range Pharmacy maintains a range of medications held onsite at Brodribb Home that can be accessed after hours by residents who are clients of Range Pharmacy;
- The Range Pharmacy undertakes to supply required medications to Brodribb Home residents 24 hours a day, 7 days a week;
- The Range Pharmacy collects resident's prescriptions directly from the resident's medical practitioner;
- The Range Pharmacy's Clinical Pharmacist conducts yearly or as required medication reviews for residents of the facility;
- The Range Pharmacy does not charge Brodribb clients the cost of packaging and delivering medications. **If an alternative Pharmacy is used, the Resident must pay for the packaging and delivery.**

Residents do have the right to exercise choice and use another pharmacy, however the following guidelines will apply if an alternative pharmacy is used:

1. The Enduring Power of Attorney or suitably appointed next of kin is responsible for liaising with their pharmacy of choice and their medical practitioner to ensure a continuing supply of prescriptions for regular medications and any medications required at short notice e.g. antibiotic ;
2. Any medications required outside the normal operating hours of the pharmacy of their choice will need to be obtained by the EPA or suitably appointed next of kin. Only Range Pharmacy clients have the right to access the stock of medications held onsite at Brodribb Home;
3. All medications are to be packed using a Single Dose Packing System e.g. Webster Pack;
4. The resident is responsible for the cost of medication, packaging and delivery if a pharmacy other than Range Pharmacy is used;
5. The EPA or next of kin will be responsible for ensuring eye drops are renewed on a monthly basis.
6. **From the date of permanent admission Brodribb Home must be given in writing the name of the person responsible for ensuring the continuing supply of appropriately packaged (Single Dose Packing System) regular medications, and any medications required at short notice.**

What is the name of your current Pharmacy? .....

If you are admitted to Brodribb Home as a permanent resident, do you give consent to having your prescription medications supplied by the Range Pharmacy? Yes  No

What is your Pharmaceutical Safety Net Number (if applicable)? .....

### Step 3 - Additional Information

Within 7 days of receipt of a written request from you, we will provide you with information and documents set out in the Act about our compliance, storage and use of Refundable Deposits and Accommodation Bonds for the previous financial year of when you enter into a Resident Agreement.

If your Accommodation Payment or Accommodation Contribution includes payment by Refundable Deposit, then in addition to the above, we will also provide you with a copy of your entry in the refundable deposit register made in accordance with the *Aged Care Act 1997* (Cth).

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### Step 4 - Financial Information

If you have already lodged a Combined Income & Assessment Form with Centrelink/DVA **AND** received a letter back from the Department of Human Services advising your Residential Aged Care Fees, you do not need to complete this Step 2 Financial Information (this page and the next). You may instead attach a copy of the letter you received from the Department re your Residential Aged Care Fees.

If you have not received a letter from the Department re your Residential Aged Care Fees, the information we have requested is necessary for us to determine your likely fees and charges.

If you are applying for an income and asset test with the Department of Human Services you will be required to complete and lodge the relevant form with them. The Department will make an assessment on your ability to contribute to the cost of your care and accommodation.

You are not required to apply for an income and asset test before entering our Service. However if you do not apply for an income and asset test we will need to charge you the maximum amount permitted under the *Aged Care Act 1997* (Cth) for your care and accommodation which is set out in the attached Schedule of Fees and Charges.

If you ask us, we can provide you with an estimate of the maximum amount we can charge you for care and accommodation. We cannot advise you of the exact amount you will be required to pay until the Department has completed the assessment of your ability to contribute to the cost of your care and accommodation.

Please ensure all questions are answered and that you do not leave any blank spaces.

#### Your means (income and assets) assessment (for couples this is joint income & assets)

Have you received a Centrelink or Department of Veteran's Affairs means assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>yes</b> , please provide a copy		

#### Your assets

Have you owned your own home within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently own your home, either by yourself or with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>yes</b> , do any of the following people reside with you?		
Partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependent child	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carer (for more than 2 years) ( <i>eligible for pension or income support</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Close relative (more than 5 years) ( <i>eligible for pension /income support</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the estimated value of your home, less any liabilities such as a mortgage or the value of another person's interest (other than your partner).		
Do you own any other real estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the estimated value of that real estate, less any liabilities such as a mortgage or the value of another person's interest (other than your partner)	\$	

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*What is the value of your furnishings and personal effects? * Value taken to be \$10,000 if there is no evidence of another value.	\$
Please estimate the value of any other assets as listed (if applicable)	
Bank, building society or credit union accounts	\$
Cash, term deposits, loans and debentures	\$
Motor vehicles, caravans, boats, trailers	\$
Shares	\$
Managed investments, bonds and trusts	\$
Investment collections	\$
Superannuation funds realisable as a lump sum	\$
Other: <i>(please specify)</i>	\$
If you have given away any assets in the last 5 years please estimate the value of those assets.	\$
<b>TOTAL</b>	<b>\$</b>
<b>LESS</b> Loans and other debts	<b>-\$</b>
<b><u>TOTAL VALUE OF ASSETS including real estate on previous page</u></b>	<b>\$</b>

***\*Married/De facto couples are to declare the value of their joint assets.***

**Your annual income – if you are a member of a couple please declare joint income**

Aged pension	\$
Other pension	
Superannuation (net)	\$
Dividends (net)	\$
Bank account interest	\$
Provide details of any other income you receive (Net)	\$
	\$
<b><u>TOTAL ANNUAL INCOME</u></b>	<b>\$</b>

**Remember for members of a couple, the above figures are joint**