



forest view care

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.**

Respite/Residential Codes (Services Australia):

Part Application

This form will assist 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.

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.):

Surname: _____ First Name(s): _____

Preferred Name:

Date of Birth: _____ Gender: Male Female Other

Marital Status: Single Married De Facto Divorced Widowed

Home Address:

Suburb: _____ State: _____ Postcode: _____

Pension Concession/DVA Card Number:

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)

Full Pension Part Pension DVA Gold DVA White None

What type of pension do you receive (e.g. aged, 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 *Enduring Power of Attorney (EPOA)*, and attach a photocopy of the authority to this application.

Details of your Nominated Representative

Surname: _____ First Name(s): _____

Home Address:

Suburb: _____ State: _____ Postcode: _____

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Approved by:	Operational Governance Committee	

Contact Details

Telephone:	Mobile:
Email:	
Relationship to you:	
Type of Authority (<i>if applicable</i>):	

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 within the home?

Yes, I would like to receive all correspondence; or

No, I would like _____ (nominated representative in Q3) to receive my correspondence; or

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

Second Nominated Person(s) Details

If you have chosen to nominate someone else to receive correspondence from the aged care home, please provide their details below:

Surname:	First Name(s):	
or, if applicable		
Organisation:		
Position in Organisation:		
Postal Address:		
Suburb:	State:	Postcode:
Telephone:	Mobile:	
Email:		
If this person has legal authority to make decisions for you, please advise the kind of authority it is that they have (<i>e.g. Enduring Power of Attorney</i>): _____		
<p>5. If you need an interpreter to help you with everyday English, please write the language you speak here:</p> <p>_____</p>		

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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 the 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 below:

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 you this? 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 yes, please complete the details below:

Name of current or previous residential aged care home:

Address of current or previous residential aged care home:

Suburb: State: Postcode:

Date you accepted a place:

Date of Departure (if applicable):

11. Spouse/Partner Information

Are you and/or 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 yes, please complete the details below:

Spouse/Partners Residential
Aged Care Home:

12. Important, please:


- a. **do not** sign this form once you have completed it. **First**, make a photocopy of the completed form, **then** sign each copy. Keep the original, as may be required at the time you enter a residential aged care home;
- b. **attach** a photocopy of your current Aged Care Assessment approval; and
- c. **attach** a photocopy of the relevant authority, such as an *Enduring Power of Attorney* 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. *Enduring Power of Attorney*.

Signature:	Date:
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IMPORTANT NOTE

This form is retained by the aged care home and is not passed to Services Australia 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 fill it out when you are offered and have accepted a place within an aged care home.

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PART B

Further information, needed at the time you enter care

1. Application Details

Title (Mr, Mrs, Miss etc.):

Surname: First Name(s):

Preferred Name:

If you have a Department of Veterans' Affairs Gold Repatriation Health Care Card, please provide details below:

DVA Card Number: Expiry Date:

Medicare Number: Ref Number: Expiry Date:

If you have **Private Health Insurance**, please provide details below:

Name of Health Fund: Membership Number:

Level of Cover:

If you have **Ambulance Cover**, please provide details below:

Name of Fund: Membership Number:

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 (or Other Health Specialists)

Name:

Street Address:

Suburb: State: Postcode:

Phone Number:

Email:

Name:

Field (e.g. audiologist, heart specialist etc):

Street Address:

Suburb: State: Postcode:

Phone Number:

Email:

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Please advise the aged care home if there are other health professionals that you may need to consult with while residing within the home.

Medical History:

Current/Past Conditions:

Current Medications:

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2. 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 details below:

Name:		
Position/Occupation:		
Organisation:		
Street Address:		
Suburb:	State:	Postcode:
Phone Number:	Mobile:	
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. *Enduring Power of Attorney*), has already been provided to the home.

Signature:	Date:
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forest view care

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**caring for the aged
in their home or ours**

accommodation • villages • supports
