

Arcare – Application for Residential Care

Insert the Arcare residence/s below in order of preference

Residence 1: _____ Residence 2: _____

Residence 3: _____ Date completed: _____

Prospective Client Information

Title: _____

First name: _____ Middle name: _____

Last name: _____ Chosen name: _____

Date of birth: _____ Gender identity: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

Country of birth: _____ Languages: _____

Do you need an interpreter? _____

Support Needs

What type of support/accommodation are you interested in? _____

Has the prospective client had an ACAT/ACAS/NSAF Assessment completed? _____

ACAT/ACAS/NSAF referral code: _____

Client's Personal Information

Religious or spiritual needs: _____

Do you have any specific cultural requirements? _____

If yes, please provide details:

Aboriginal/Torres Strait Islander status: _____

Relationship status: _____

Medicare, Pension & Benefits

Medicare Card number: _____ No. on card: _____ Expiry date: _____

If applicable, what is your PBS Safety Net Card number: _____

Pension Status: _____ Pension Type: _____

Pension Number: _____ Expiry date: _____

DVA Number: _____ DVA Type: _____

Are you an Australian ex-Prisoner of War? _____

Health and Ambulance Insurance

Do you have private health insurance? _____

Name of Provider: _____

Private health insurance membership number: _____

Do you have ambulance cover (not applicable in QLD)? _____

Ambulance cover membership number: _____

Medical

Do you have a GP who has agreed to provide medical care for you at Arcare? _____

Please note: It is essential that your GP agrees to visit you at Arcare or provides a locum service, outside of normal business hours, in the event of illness or injury.

If yes, please provide your GP's details

GP's name/practice: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

If not, there are GP who routinely visit Arcare residences who can be your nominated Medical Practitioner. We can provide you with their information.

Client's Representative/s

First name: _____ Last name: _____

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Postal address as above

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Relationship to client: _____

Has this representative been appointed as any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Enduring Power of Attorney | <input type="checkbox"/> Power of Attorney (Financial) |
| <input type="checkbox"/> Power of Attorney (Medical Treatment) | <input type="checkbox"/> Power of Attorney (Guardianship) |

Please note a copy of each document will be required prior to admission.

Second Representative

First name: _____ Last name: _____

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Postal address as above

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Relationship to client: _____

Has this representative been appointed as any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Enduring Power of Attorney | <input type="checkbox"/> Power of Attorney (Financial) |
| <input type="checkbox"/> Power of Attorney (Medical Treatment) | <input type="checkbox"/> Power of Attorney (Guardianship) |

Please note a copy of each document will be required prior to admission.

Third Representative

First name: _____ Last name: _____

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Postal address as above

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Relationship to client: _____

Has this representative been appointed as any of the following:

- Enduring Power of Attorney Power of Attorney (Financial)
 Power of Attorney (Medical Treatment) Power of Attorney (Guardianship)

Please note a copy of each document will be required prior to admission.

Financial Management

If entry occurs, please specify who should receive and be responsible for the monthly statement:

- Client First Representative Second Representative Third Representative

How should we send the monthly statements? _____

Asset and Income Details

The following information is required to enable aged care residences to determine whether the resident will be required to pay an Accommodation Payment or Accommodation Contribution for permanent accommodation. This doesn't need to be completed for respite accommodation.

**Arcare suggests you seek independent legal and financial advice.
If part of a couple, please complete total assets & income at 50% of the total.**

Property Details

Do you own, or part own, the house, unit or flat in which you normally live? _____

If yes, please provide the following information, in regards to the property:

Address of property: _____

Current market value of the property: \$ _____ Share of property value: _____ %

The below questions will help determine if your home can be excluded from your assets assessment

Do you have a spouse or dependent child living in your home? _____

If yes, please indicate whom: _____

Have you had a carer, who is eligible for a pension or other support payment, living in your home for at least the past two years? _____

Have you had a close relative, who is eligible for a pension or other income support, living in your home for at least the past five years? _____

Have you disposed of any property, in which you were living, in the past two years? _____

Do you own, part own, any other residential or commercial property? _____

Do you have any loans to repay? _____ If yes, please give value details: \$ _____

Other assets

Cash (Term Deposits, Savings, Cheque Accounts, etc): \$ _____

Shares & debentures: \$ _____ Property & managed trusts: \$ _____

Other assets: \$ _____

Pension and Other Income

Do you receive a pension, superannuation or annuity of any type? (Amount per fortnight)

Centrelink/DVA pension: \$ _____ Overseas pension: \$ _____

Disability pension: \$ _____ Superannuation: \$ _____

Annuity: \$ _____ Other: \$ _____

Previous Aged Care Experience

Have you previously received a home care package? _____ Start date: _____

Do you currently reside in another aged care residence? _____

If yes, please answer the following questions

What was your payment method? RAD/DAP/Combination Partially or Fully Supported

Residence name: _____

Address: _____

Telephone: _____ Email: _____

Date of 1st admission: _____ RAD/Bond Value: \$ _____

Privacy

Arcare Pty Ltd and its related entities ("Arcare") are bound by the Privacy Act 1988 (Cth) ("Privacy Act"), including the Australian Privacy Principles ("APPs"). Arcare collects, holds and uses personal information subject to its privacy policy which is available via Arcare's website. The privacy policy is intended to explain how Arcare complies with its obligations under the APPs and the Privacy Act, and to set out how you can request access to your personal information, how you can request changes be made to the information Arcare holds and explains how you can make a complaint about Arcare's handling of your information. Arcare will ensure that the information it collects will be collected in a lawful and fair manner.

If you do not provide the information Arcare requests, then Arcare may be unable to fulfil the purpose(s) for which the information is requested. The purposes for which the information is requested are set out in the privacy policy, together with any secondary purposes as permitted or required by law. They may include dealing with your application or subsequent admission, determining the accommodation amount payable, or determining your health and care needs once you are admitted.

Without limiting Arcare's privacy policy, Arcare may also disclose your information to third parties, including service providers, for the purpose of facilitating Arcare's provision of services to you or others, or to Government agencies, for the purpose of fulfilling Arcare's legal obligations. We may also use the information we collect from this completed form for the purpose of directly marketing Arcare and its services to you, unless you opt out.

Where you complete this form on behalf of another individual, then you must ensure that you have the consent of the third party to the disclosure to Arcare of the information set out on this form.

Signature

Name: _____

Signature: _____ Date: _____

Please note that Arcare is a no smoking community

Document Upload for Application

As part of the application process, there's some documentation we need before we can proceed with entry into one of our aged care residences. These documents are the ACAS/ACAT/NSAF Assessment, Centrelink/DVA Financial Assessment and any Power of Attorney/s (PoA).

Please read the information and instructions below.

To upload an electronic copy of the below documents, please click on the paperclip button in each section below. If you have a hard copy of the prospective client's assessment, please scan it and save it to your computer to upload it. If you're unable to upload it, that's okay - please bring a copy of it to your tour or next meeting with the Client Service Manager at the residence.

ACAS/ACAT/NSAF Assessment Upload

This assessment lets us know what type of support the prospective client may require, and allows us to claim government funding to reduce their fees.

Please click on the paperclip button to the left to upload this file.

Centrelink/DVA Financial Assessment Upload

The government requires those who can afford to contribute more towards their care to do so. As such, every person entering aged care, including those applying for a financially supported place, must have this assessment completed or the government will charge the maximum amount.

Please click on the paperclip button to the left to upload this file.

Legal Document Upload (Power of Attorney/s – PoA)

If you or someone else has been appointed as the Power of Attorney (PoA) for financial or medical, it's imperative we have a copy of these documents. This ensures that any decisions made on behalf of the prospective client are done so in a legal and ethical capacity.

First Representative		Second Representative		Third Representative	
Enduring PoA	PoA (Medical)	Enduring PoA	PoA (Medical)	Enduring PoA	PoA (Medical)
PoA (Financial)	PoA (Guardianship)	PoA (Financial)	PoA (Guardianship)	PoA (Financial)	PoA (Guardianship)

Name: _____

Signature: _____ Date: _____