Application for Residential Care

To submit your application for entry to Arcare:

- Email it to Client Service Manager at the residence (their email address is on their business card in the information pack you received after your tour); or
- Post it to the Arcare residence you'd like to apply for – attention to the Client Service Manager; or
- Drop it off to the Arcare residence you'd like to apply for.

Application for Residential Care

Insert the Arcare residence location below in order of preference:

Residence 1: _____ **Residence 2:** _____

Residence 3: _____ **Date completed** ☐☐ / ☐☐ / ☐☐☐☐

Application to include (please tick):

- ☐ *Copy of ACAS/ACAT/NSAF assessment*
- ☐ *Copy of Centrelink/DVA financial assessment (if applicable)*
- ☐ *Copy of Power of Attorney/s (financial and medical - if applicable)*

Prospective Client Information

Title (please tick) ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

First name: _____ **Middle name:** _____

Last name: _____ **Chosen name:** _____

Date of birth: ☐☐ / ☐☐ / ☐☐☐☐ **Gender identity:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

Email: _____

Country of birth: _____ **Languages:** _____

Do you need an interpreter? ☐ Yes ☐ No

Support Needs

☐ **Permanent** ☐ **Respite** ☐ **Sensitive (dementia) support**

ACAT/ACAS/NSAF referral code: _____

Client's Personal Information

Religious or spiritual needs: _____

Do you have any specific cultural requirements? ☐ Yes ☐ No

If yes, please provide details: _____

Are you: ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

Relationship status: ☐ Single ☐ Partner/s ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Pension and Benefits

Do you hold an Australian Pension Concession Card? ☐ Yes ☐ No

If yes, please indicate the type of pension: ☐ Age ☐ Disability ☐ Widow ☐ DVA ☐ Blind ☐ Overseas

☐ Other (please specify): _____

What is your pension number? ☐☐☐☐☐☐☐☐☐☐

Expiry date: ☐☐ / ☐☐ / ☐☐☐☐ **What type of pension do you receive?** ☐ Full ☐ Part

If you hold a DVA card, what type is it? ☐ Gold ☐ White ☐ Orange

What is your DVA number? _____

Are you an Australian ex-Prisoner of War? ☐ Yes ☐ No

Medicare

Name on Medicare Card: _____

What is your Medicare Card number? ☐☐☐☐ ☐☐☐☐☐ ☐

Expiry date: ☐☐ / ☐☐☐☐ **No. on card:** ☐

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

Health and Ambulance Insurance

Do you have private health insurance? ☐ Yes ☐ No

If yes, what is the name of the fund? _____

Membership number: _____

Do you have ambulance cover? (not applicable in Queensland) ☐ Yes ☐ No **Membership No:**

Medical

Do you have a General Practitioner who has agreed to provide medical care for you at Arcare? ☐ Yes ☐ No

Please note: It is essential that your General Practitioner 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 General Practitioner's details:

GP's name/practice: _____

Address: _____

Suburb: _____ **Postcode:** _____

Telephone: _____ **Mobile:** _____ **Fax:** _____

Email: _____

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

Legal and Financial Management

Has anyone been appointed on your behalf as an:

☐ 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.*

Who should we send your monthly statements to?

☐ Client ☐ Representative (as completed on page 5) ☐ Other (provide details below):

Name: _____ **Telephone:** _____

Address: _____

Email: _____

Monthly statements will be sent to the nominated recipient via email.

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. **Arcare suggests you seek independent legal and financial advice.**

If part of a couple, please complete total assets & income at 50% of the total.

Do you own, or part own, the house, unit or flat in which you normally live? ☐ Yes ☐ No

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:** % _____

To determine if your home can be excluded from your assets assessment, please answer the following questions:

Do you have a spouse or dependant child living in your home? ☐ Yes ☐ No

If yes, please indicate: ☐ Spouse ☐ Dependant child

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Have you disposed of any property, in which you were living, in the past two years? ☐ Yes ☐ No

Do you own, part own, any other residential or commercial property? ☐ Yes ☐ No

Have you any loans to repay? ☐ Yes ☐ No If yes, please give value details: $ _____

Other assets: Cash (Term Deposits, Savings, Cheque Accounts) $ _____

Shares & debentures $ _____ Property & managed trusts $ _____

Other assets $ _____

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

Centrelink/DVA pension $ _____ Overseas pension $ _____

Disability pension $ _____ Superannuation $ _____

Annuity $ _____ Other $ _____

Signature: _____ **Date:** _____

Previous Aged Care Experience

Have you previously received a Home Care Package? ☐ Yes ☐ No

If yes, commencement date: ☐☐ / ☐☐ / ☐☐☐☐

Have you paid an Accommodation Bond or Accommodation Payment Contribution to another residence?

☐ Yes ☐ No

Paid as: ☐ Lump sum ☐ Daily fee

If yes, please provide the following details:

Residence name: _____

Address: _____

Telephone: _____ **Email:** _____

Date of 1st admission: ☐☐ / ☐☐ / ☐☐☐☐ **RAD/Bond value:** $ _____

Client's Representative

First name: _____ **Surname:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

Email: _____

Relationship to client: _____ ☐ EPOA ☐ Guardian

Who would you like us to contact regarding this application: ☐ **Client** ☐ **Representative**

Next of Kin or Emergency Contacts

First contact **Client Representative (as above)** ☐ Yes ☐ No

Second contact **First name:** _____ **Surname:** _____

Relationship to client: _____

Address: _____

Suburb: _____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

Email: _____

Third contact **First name:** _____ **Surname:** _____

Relationship to client: _____

Address: _____

Suburb: _____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

Email: _____

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.

Office Use Only

Date received: ☐☐ / ☐☐ / ☐☐☐☐ **Pre entry date:** ☐☐ / ☐☐ / ☐☐☐☐

Room number: _____ **Proposed entry date:** ☐☐ / ☐☐ / ☐☐☐☐

Fully supported: ☐ **Partially supported:** RAC $_____ RAD $_____

DAC $_____ DAP $_____

Special room setup details (equipment required): _____

_____

Guests for lunch: _____ **Email sent to team members:** ☐

Coming from: ☐ Home ☐ Hospital ☐ Transitional care ☐ Respite ☐ Other aged care residence

☐ Other (provide details): _____

Checklist

☐ ACAT approved	☐ GP summary	☐ Power of Attorney	☐ Pharmacy form
☐ Direct debit	☐ Capital Guardians form	☐ Deposit received	☐ Optional services form
☐ Waiver (if applicable)	☐ Resident agreement	☐ Medication chart	☐ Centrelink/DVA letter (if applicable)

Other details