



apply

# 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

OFFICE USE ONLY		
Applicant Name:		
Date ACAT approval signed    /    /	ACAT ID	
<b>Residential Aged Care</b> High <input type="checkbox"/> Low <input type="checkbox"/>	<b>Respite Care</b> High <input type="checkbox"/> Low <input type="checkbox"/>	<b>Dementia</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Other _____ _____		

## Part **A** Application

This form will help you to apply for respite or permanent care in a residential aged care home.

Please refer to the accompanying booklet *5 Steps to Entry into Residential Aged Care* for an explanation of respite and permanent care.

The booklet also provides information to help you make decisions about the process of entering residential aged care. Information provided in the booklet may help you in completing this form.

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. Information about aged care assessments can be found in the accompanying booklet.

**Please use black pen to complete this form.**

**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)

Last Name

First Name(s)

Preferred Name

Gender

Male

Female

Date of Birth

 /  / 

Marital Status

Home Address

<input type="text"/>
<input type="text"/>
Postcode

If you have a Pensioner Concession Card, please write the card number here:

Please tick whether your Pensioner Concession Card is from:

Centrelink

Department of Veterans' Affairs

**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)**Yes, I receive a **full pension**Yes, I receive a **part pension****No**, I do not receive a pension

What type of pension do you receive (eg., age, 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 *Power of Attorney*, and attach a photocopy of the authority to this application.

#### Details of your nominated representative

Last Name

First Name

Address




Postcode

Contact numbers

Daytime telephone: (    )

Evening telephone: (    )

Mobile telephone: (    )

Email address:

Relationship to you

Type of authority (if applicable)

### 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 in the home?

- Yes, I would like to receive my correspondence; or
- No, I would like  (nominated representative in Question 3) to receive my correspondence; or
- No, I would like the person/organisation on page 5 to receive my correspondence

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

Last Name

First Name(s)

or, if applicable

Organisation

Position in Organisation

Postal Address

<input type="text"/>
<input type="text"/>
Postcode

Contact numbers

Daytime telephone: (    )
Evening telephone: (    )
Mobile telephone: (    )
Email address:

If this person has the legal authority to make decisions for you, please advise the kind of authority that they have (eg *Power of Attorney*):

**5 If you need an interpreter to help you with everyday English, please write the language you speak here**

**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 a residential aged care home**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**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:

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 this to you?

Yes       No

Please refer to the booklet *5 Steps to Entry into Residential Aged Care* for information about extra service places.

**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 so, please complete the following details:

Name of current, or previous, residential aged care home:

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Address of current, or previous, residential aged care home

Postcode

Date you accepted a place

Date of Departure (if applicable)

## 11 Spouse/Partner Information

Are you and 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 so, complete the following details:

Spouse/partner's name

Spouse/partner's residential  
aged care home

## 12 Important, please:

- **do not** sign this form once you have completed it. **First**, make photocopies of the completed form, **then** sign each copy. Keep the original, as it may be required at the time you enter a residential aged care home;
- **attach** a photocopy of your current Aged Care Assessment approval; and
- **attach** a photocopy of the relevant authority, such as a *Power of Attorney* or Guardianship Papers, if someone else has the legal power to make decisions on your behalf.
- 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. 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 the Department of Health and Ageing 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.

If you need your authorised representative to act on your behalf in dealings with the Department of Health and Ageing, you will also need to complete a separate 'Residential Aged Care: Appointment of a Nominee' form and send it to the Department. This can only be done after you have entered aged care.

## 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 and fill it out when you are offered and have accepted a place in an aged care home.

The accompanying booklet, *5 Steps to Entry into Residential Aged Care*, may help you in completing this part of the form.

**1 Applicant Details**

Title (Mr, Mrs, Miss etc)

Last Name

First Name(s)

Preferred Name

If you have a *Department of Veterans' Affairs Gold Repatriation Health Care Card*, please write the card number here:

Please write your **Medicare** details here:

Card Number

Expiry date

The number that appears at the left of your name (eg., 1, 2):

If you have **private health insurance**, please write your details here:

Name of Fund

Membership Number

Level of Cover

If you have **ambulance cover**, please write your details here:

Name of Fund

Membership Number

## 2 Medical and Health Professional Contacts

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:

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	Postcode
Contact numbers	Daytime telephone: (    )
	Evening telephone: (    )
	Mobile telephone: (    )
	Email address:

### Other Health Professional:

Name	<input type="text"/>
Field (e.g. audiologist, heart specialist)	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	Postcode
Contact numbers	Daytime telephone: (    )
	Evening telephone: (    )
	Mobile telephone: (    )
	Email address:

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

### 3 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 following details:

Name

Position/Occupation

Organisation

Address

<input type="text"/>
<input type="text"/>
Postcode

Contact numbers

Daytime telephone: (    )

Evening telephone: (    )

Mobile telephone: (    )

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. Power of Attorney, has already been provided to the home.

Signature

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# Information in other Languages

## ENGLISH

For information to assist you in completing this form or for general information on aged care contact the Aged and Community Care Information Line on 1800 500 853. The Translating and Interpreting Service is available on these calls. Calls are free from fixed phones. Mobile phone calls are charged at mobile rates.

## ITALIAN

Se avete bisogno di assistenza per completare questo modulo oppure se desiderate informazioni generali sui servizi di assistenza per gli anziani, contattate la linea informazioni di "Aged Care" al numero 1800 500 853. Il Servizio Interpreti e Traduttori (TIS) è a vostra disposizione per queste chiamate. Le chiamate da un telefono fisso sono gratuite. Le chiamate dai telefonini saranno addebitate alle tariffe applicabili.

## SPANISH

Para información que le pueda ayudar a rellenar este formulario y para información general sobre la atención a las personas mayores, contacte la Línea de Información para la Atención a las Personas de Edad y la Comunidad, Nº 1800 500 853. El Servicio de Traducción e Interpretación está a su disposición para estas llamadas. Las llamadas desde un teléfono fijo son gratuitas. Las llamadas desde un teléfono celular se cobran según las tarifas de teléfono celular.

## DUTCH

Als U hulp nodig heeft bij het invullen van dit formulier of algemene informatie over bejaardenzorg wilt, kunt U de Bejaardenzorg en Wijkverpleging Informatielijn (Aged and Community Care Information Line) bellen op 1800 500 853. Er is een Tolk- en Vertaaldienst beschikbaar voor deze telefoongesprekken. Het gesprek is gratis als U een gewone telefoon gebruikt. Indien U vanaf een mobiele telefoon belt zijn de kosten voor Uw rekening.

## MALTESE

Għal tagħrif li jgħinek timla din il-formula jew għal tagħrif generali dwar il-kura għall-anzjani cempel il-Linja għat-Tagħrif dwar il-Kura Komunitarja u għall-Anzjani fuq 1800 500 853. Is-Servizz tat-Traduzzjoni u tal-Interpretar huwa accessibbli f'dawn it-telefonati. It-telefonati minn telefon fiss huma bla hlas. Telefonati minn telefon cellulari jithallsu bir-rati tat-telefon cellulari.

## GERMAN

Wenn Sie Informationen zum Ausfüllen dieses Formulars oder allgemeine Informationen über Seniorenpflege benötigen, wählen Sie bitte die Auskunftsrufnummer 1800 500 853 der Senioren- und Gemeindepflege. Für diese Anrufe steht ein Übersetzer- und Dolmetscherdienst zur Verfügung. Anrufe von ortsfesten Telefonen sind kostenlos. Für Anrufe von Mobiltelefonen gelten die für Mobiltelefone üblichen Gebühren.

## CROATIAN

Za informacije koje će vam pomoći u popunjavanju ovog obrasca ili za informacije o brizi o starijim osobama, nazovite Informacije o brizi za stare osobe i za zajednicu (Aged and Community Care Information Line) na 1800 500 853. Možete dobiti usluge Službe tumača i prevoditelja za pozive na ovaj broj. Pozivi su besplatni za standardnih telefona. Pozivi s mobitela se naplaćuju po stopama za mobitele.

## VIETNAMESE

Muốn biết thêm chi tiết để giúp quý vị điền mẫu đơn này, hoặc muốn biết chi tiết tổng quát về việc chăm sóc người cao niên, hãy liên lạc với Đường Dây Thông Tin Chăm Sóc Người Cao Niên và Cộng Đồng qua số 1800 500 853. Dịch Vụ Thông Phiên Dịch có sẵn qua những cú gọi này. Gọi từ điện thoại nhà được miễn phí. Gọi từ điện thoại lưu động sẽ bị tính cước phí theo giá biểu điện thoại lưu động.

## POLISH

Informacje pomocne w wypełnieniu tego formularza oraz ogólne wiadomości dotyczące opieki nad starszymi osobami można otrzymać dzwoniąc pod specjalny numer telefonu (Aged and Community Care Information Line): 1800 500 853. Przy tych rozmowach można skorzystać z pomocy służby tłumaczy (The Translating and Interpreting Service). Połączenia ze zwykłych telefonów są bezpłatne. Rozmowy z telefonów komórkowych podlegają odpowiedniej opłacie.

## SERBIAN

Da bi dobili informacije koje će vam pomoći da popunite ovaj formular ili za opšte informacije o zbrinjavanju starijih ljudi, nazovite Informativnu liniju o zbrinjavanju starijih ljudi i zbrinjavanju u zajednici (Aged and Community Care Information Line) na 1800 500 853. Prитом можете користити Телефонску службу преводилаца и тумача (Translating and Interpreting Service). Позиви с фиксираних телефона су бесплатни. Позиви с мобилних телефона плаћају се према ценовнику за мобилне телефоне.

## HUNGARIAN

Ha a nyomatvány kitöltéséhez segítségre van szüksége, vagy idősgondozással kapcsolatos általános felvilágosítás céljából hívja az Idős és Közösségi Gondozási Tájékoztató Vonalat a 1800 500 853-as számon. Ezekhez a hívásokhoz igénybe veheti a Fordító és Tolmács Szolgáltatást. A hívások rögzített telefonokról ingyenesek. A mobil telefonokról való hívásokra a mobil díjzabás érvényes.

## ARABIC

للحصول على معلومات تساعدك في تعبئة هذه الإستمارة أو للمعلومات العامة عن العناية بالأسنين، إتصل بخط المعلومات التابع لخدمة المسنين والعناية المجتمعية على الرقم 1800 500 853. وتتوافر أيضاً خدمات الترجمة الخطية والشفهية لهذه المكالمات. إن المكالمات من هواتف الخطوط الأرضية الثابتة مجانية. أما مكالمات الهاتف المحمول فتُحسب وفق معدلات مكالمات الهاتف المحمول.

## CHINESE

有關協助您填寫本表格或者老年護理方面的一般資訊，請撥打 1800 500 853 老年及社區護理專線電話。該電話可提供傳譯及翻譯服務。用固定電話撥打該專線電話免費，用手提電話致電按照手提電話收費標準收費。

## GREEK

Για πληροφορίες για να σας βοηθήσουν με τη συμπλήρωση αυτού του εντύπου ή για γενικές πληροφορίες για φροντίδα ηλικιωμένων επικοινωνήστε με τη Γραμμή Πληροφοριών Ηλικιωμένων και Κοινωνικής Φροντίδας (Aged and Community Care Information Line) στο 1800 500 853. Η Μεταφραστική και Τηλεφωνική Υπηρεσία (Translating and Interpreting Service) διατίθεται σε αυτά τα τηλεφωνήματα. Οι κλήσεις είναι δωρεάν από σταθερά τηλέφωνα. Οι κλήσεις από κινητά τηλέφωνα χρεώνονται σε τιμές κινητής τηλεφωνίας.