



Residential Aged Care Application for Admission

Thank you for your interest in admission into Pam Corker House. To be considered for admission and/or added to the waitlist, we require you to submit the following:

- Quambie Park Waroona Inc. Application for Admission (this form).
All fields must be completed to the best of your knowledge.
The declaration on page 6 **must be signed** for the application to be accepted and processed.
- A copy of the ACAT Support Plan, which includes your referral codes and Aged Care ID number.
Please ensure you have the correct approvals for the service you are applying for (Residential Permanent Care)
- Fee determination letter from Centrelink / DVA – your reply letter from your Combined Assets and Income Assessment (all pages).
- If transferring from another Aged Care Facility: a copy of your Bond/RAD statement
- Photocopy of Pension and Medicare card
- Current Immunisation Statement (dated 6 months or less)
- Advanced Health Directive
- If Applicant has a diagnosed cognitive deficit, **certified** copies of
 - Power of Attorney and/or Enduring Power of Attorney
 - Guardianship or Administration orders.

All information provided will be treated as highly confidential and accessible only to Quambie Park.

What type of care are you applying for?

- Permanent Care Dementia-specific Waitlist
- Respite – DO NOT complete this form. Use **RC30 Residential Respite Application**

Applicant Details

Mr Mrs Ms Miss Other: _____ Surname: _____

Given name/s: _____ Preferred name: _____

Date of Birth: ____/____/____ Gender: Male Transgender Non-binary
 Female Other/unspecified

Marital Status: Single Married De-facto Widowed Separated Divorced

Home Address (not hospital or TCP): _____

Suburb: _____ Postcode: _____

Own Home Rental Retirement Village Other(specify) _____

Is the applicant an existing client of Quambie Park? (select all that apply)

Yes, receives Homecare services through QuambieCare

Yes, resides in Quambie Park's Independent Living

No, is not an existing client of Quambie Park

Cultural Information

Country of Birth: _____ Aboriginal Torres Strait Islander

Language/s Spoken: _____ Interpreter required: Yes No

Pension Details

Australian Pension Number: _____ Expiry (mm/yy): ____ / ____

Status: Full Pension Part Pension No Pension

Pension Type: Aged Disability Other: _____

Received from: Centrelink DVA **If DVA:** Red Blue Gold White

Do you receive an overseas pension? No Yes, Country: _____

Medicare and Health Fund Details

Medicare Number: _____

Reference Number: _____ Expiry (mm/yy): ____ / ____

Status: Full Pension Part Pension No Pension

Do you have private health insurance? No Yes, Fund name: _____

Member number: _____ Cover: Hospital Extras Ambulance

Current General Practitioner Details

Please provide the details of your current GP. When entering Pam Corker House as a permanent resident, you will have the choice to remain under the care of your GP, or the visiting GP that services the residents living there.

Practice Name: _____ Name of Doctor: _____

Phone number: _____ Email: _____

Fax: _____

Has your GP agreed to visit you at Pam Corker House? Yes No

Advanced Health Directive

Do you have an Advanced Health Directive? Yes No

Note: a certified copy of an Advanced Health Directive is **mandatory** for admission

Enduring Power of Attorney / Guardianship / State Administrative Tribunal orders

Note: for applicants with a **diagnosed Cognitive Deficit**, a certified copy of an Enduring Power of Attorney, Enduring Power of Guardianship OR State Administrative Tribunal (SAT) orders is **mandatory**.

I have a current:

Enduring Power of Attorney: Yes No Not applicable

Enduring Power of Guardianship: Yes No Not applicable

SAT Order: Yes No Not applicable

Will and Executor

Do you have a Will? No Yes, Name of Executor: _____

Funeral Arrangements

Do you have funeral arrangements in place? No Yes

Funeral Director: _____ Location: _____

Electoral Role Status

Are you on the Electoral Role? Yes No

Do you wish to continue to vote once in permanent care? Yes No

Transfer from another facility

Will you be transferring from another Aged Care Facility? No Yes

Name of Facility: _____ Location: _____

What date did you enter Aged Care? ____/____/____

Did you agree to a Bond or RAD? No Yes

If yes, please ensure you enter the Bond/RAD amount in the funding question on Page 6 and include a Bond/RAD Statement with this Application

Primary Contact

Surname: _____ Given Name/s: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Relationship to Applicant: _____

Enduring Power of Attorney Enduring Power of Guardianship Administrator

Secondary Contact

Surname: _____ Given Name/s: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Relationship to Applicant: _____

Enduring Power of Attorney Enduring Power of Guardianship Administrator

Other Contact (optional)

Surname: _____ Given Name/s: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Relationship to Applicant: _____

Enduring Power of Attorney Enduring Power of Guardianship Administrator

Contact Information

Who will be responsible for finances? (This person will receive all billing correspondence)

Primary Contact Secondary Contact Applicant Other Contact

Following admission, where is mail received for the applicant to go?

Primary Contact Secondary Contact Applicant Other Contact

Who is to be contacted in regard to this application?

Primary Contact Secondary Contact Applicant Other Contact

Are any of the following in place?

State Administrative Tribunal (SAT) order Public Trustee Public Guardian

Application continued next page...

Income, Assets, Debts

Important: If you have a spouse, partner or you are in a de-facto relationship the following information provided must be the **combined total of both individuals** even if held in separate accounts or solely owned.

Have you completed the Centrelink Income and Assets Assessment for Residential Aged Care?

Yes No

If you own your home, does a protected person* live in it? Yes No

* A protected person can be the applicant's partner, dependent child, carer or close relative. The carer or close relative MUST be eligible to receive an Australian income support payment AND have lived in the applicant's home for the past 2 years.

Please provide a copy of your Income and Assets Statement from Centrelink.

If you have not yet received your Income and Assets Statement, please complete the following to the best of your knowledge.

Type of Income	Annual amount
Income support from the Australian Government e.g. Aged Pension	\$
War Widow/Widower Pension or Disability Pension	\$
Overseas pension/s	\$
Superannuation income stream	\$
Income from Rental Properties (Show property value under Other Assets)	\$
Income from Business/es	\$
Income from Family Trust/s	\$
Dividends from Private Company Shares	
Any other income	\$
Total Income per Annum	\$ A
Assets	
Principal Home (Estimated net market value if not occupied by a protected person)	\$ B
Financial Assets	
Cash at bank	\$
Stocks / Shares	\$
Term Deposits	\$
Managed investments (Superannuation balance if not commenced income stream)	\$
Gifts (if you have gifted assets above \$10,000 in the last financial year, or \$30,000 in the last 5 financial years, include these amounts as financial assets.)	\$
Total Financial Assets	\$ C
Other Assets	
Household contents (Typically \$10k)	\$
Car, Caravan, Boat	\$
Superannuation Balance (If drawing an income stream)	\$
Refundable Accommodation Deposits / Contributions	\$
Investment properties	\$
Other assets (art, jewellery etc)	\$
Total Other Assets	\$ D
Debt Estimate	
Loan, mortgage or encumbrance over an asset listed above (Do not include credit card debt or mortgage on the family home)	\$ E

Funding Questions

The following details will allow Quambie Park to accurately advise what fees may be applicable to you for permanent care.

1. Do you have an ACAT approval for the service you are applying for?
(Residential permanent care)

Yes, referral code: 1- _____ No, I wish to enter unfunded

2. Are you seeking a transfer from another Aged Care Facility, where you have been a permanent resident?

No Yes, date of admission: ____ / ____ / ____ RAD/Bond paid: \$ _____

3. Have you had any respite care this financial year? (since 1 July)

No Yes, dates: ____ / ____ / ____ to ____ / ____ / ____ or _____ days.

4. Do you have a friend or family member that has been living with you as your carer and receiving a carer's pension for the past 2 years?

No Yes, Name: _____ Relationship: _____

5. Have you owned a house or property in the past 5 years?

No Yes

6. Have you submitted your Centrelink/DVA income and assets assessment?

Yes, please attach a copy of the outcome letter to this application. No

If not, do you intend to do so? Yes

No, I have been advised by the Department of Human Services I do not require to submit one as I am on a means tested pension and do not own a home or other property.

No, I do not wish to disclose my means - I acknowledge I may be charged the maximum means tested care fee (\$259+ per day). **Initial:** _____

Disclaimer

If the information provided to us to calculate your Means Tested Amount is incorrect or altered and it is subsequently determined by us that you should pay an Accommodation Payment instead of an Accommodation Contribution, your payments will be reclassified and recalculated, with effect from your date of entry, based on the maximum charges notified at the date of entry and the Method of Calculation. Where a change is notified, this Agreement will be applied accordingly with an appropriate adjustment to be made to your payments within 7 days of our notification in the form of an additional payment to us.

I declare that the information contained in this Application is true and correct to the best of my knowledge. I understand that if my application is accepted that I will be required to enter into a written agreement with Quambie Park Waroona Inc.

This application was completed by: Applicant Applicant's Representative

Name: _____ Date: ____ / ____ / ____

Relationship to Applicant: _____ Signature: _____

Useful Aged Care Websites and Phone Numbers

(Please keep this page for your reference)

My Aged Care | Phone: 1800 200 427 | www.myagedcare.gov.au

My Aged Care helps you navigate the aged care system.

Aged Care Assessment Team | Phone: 9599 4517

A member of an ACAT will talk to you about your current situation and work out if you are eligible to receive government-subsidised aged care services.

Department of Health | Phone: 1300 653 227

The Department works to deliver quality, affordable and accessible in aged care and services for older people.

Medicare/Centrelink | Phone: 132 300 | www.humanservices.gov.au

Request for a Combined Assets and assets and income for permanent residential aged care purposes.

Department of Veterans' Affairs | Phone: 133 254 | www.dva.gov.au

DVA provides additional assistance for Former Prisoners of War.

Aged Care 101 | www.agedcare101.com.au

This website can assist with your understanding of the residential aged care entry process.

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Calculation for My Aged Care Fee Estimator

A) Income	\$	<input type="text"/>
B) Home	\$	<input type="text"/>
C) Financial Assets	\$	<input type="text"/>
D) Other Assets	\$	<input type="text"/>
E) Debts	\$	<input type="text"/>

Assessment result

RAD/DAP
 RAC/DAC
 Fully supported

Accommodation Costs

Non-Supported (RAD/DAP)

Room Price	\$450,000
Refundable Accommodation Deposit (Minimum 10%)	\$
Balance Owing	\$

Partially Supported (RAC/DAC)

Daily Accommodation Charge amount	\$
Refundable Accommodation Charge amount (Use spreadsheet calculator)	\$

Daily Fees

Basic Care Fee	\$
Means Tested Care Fee	\$
Daily Accommodation Payment (Non-Supported only)	\$
Daily Accommodation Contribution (Partially Supported only)	\$
Total Daily Fees Estimate	\$

Notes

Quambie Park Waroona Office Use Only

ACAT Approval Date: ___ / ___ / ___

Approval: Permanent Care

AN-ACC Score forecast: _____

Referral Approved by: Name: _____

Moving in Date: ___ / ___ / ___ Room Number: _____

HC Coordinator Notified of Application ___ / ___ / ___ N/A

ILU Coordinator Notified of Application ___ / ___ / ___ N/A

Pre-Move In Checklist

- Information Pack Given
- Tour Booked ___ / ___ / ___
- Moving In pack given and explained
- Fees and Agreement explained
- Residential Agreement created, given to family
- Direct Debit form explained and returned
- Confirmation of payment letter created and given to family
- Disclosure Statement created and given to family
- DALi documents received and filed accordingly
- RNs informed of moving-in date
- Room ready for move-in date
 - Maintenance inspection
 - Any required works undertaken
 - Room deep cleaned

Post-Move In checklist

- Resident file created – hardcopy (HC) and digital
- Signed Resident Agreement (RA) finalised and signed off in Nera
- Signed RA scanned and saved under resident's digital file
- Hardcopy of RA filed in HC resident file
- Client set-up in Inerva
- Direct Debit (DD) details entered (fortnightly or monthly)
NB: fortnightly DD require adjustment in NAB
- DD details scanned and saved into resident digital file. Original into HC resident file.
- DD spreadsheet updated
- Resident URI number sought from Medicare
- Resident entered into AutumnCare
- Doctor contacted and advised of permanent placement

Documents Checklist

- Application Form
- ACAT Assessment
- Fee letter from Centrelink
- Certified copy of POA
- Certified copy of Guardianship
- Certified copy of Attorney
- Advance Health Care Directive
- Photocopy of Pension Card
- Photocopy of Medicare Card
- Confirmation of Payment letter
- Resident Agreement
- Privacy Agreement
- Life events and preferences form
- Medical statement or summary
- Pharmacy Admission Notice
- Signed Aged Care Charter of Rights

- Consent forms
- Medical photography
- Social media and promotions