APPLICATION FORM

carinity | 70 YEARS

Application for Admission

Please number, in order of preference, the Carinity communities you are interested in. Just mark the ones that are applicable to you.

- ☐ Brookfield Green (Brookfield)
- ☐ Cedarbrook (Mudgeeraba)
- ☐ Clifford House (Wooloowin)
- ☐ Colthup Manor (Ipswich)
- ☐ Fairfield Grange (Townsville)
- ☐ Hilltop (Kelvin Grove)
- ☐ Summit Cottages (Mt Morgan)
- ☐ Karinya Place (Laidley)
- ☐ Kepnock Grove (Bundaberg)
- ☐ Shalom (North Rockhampton)
- ☐ Wishart Gardens (Wishart)

Date: / /

Care requirements:

- ☐ Permanent
- ☐ Respite (high care) Complete Sections 1, 5 & 7 only.
- ☐ Memory-Assisted Living (Dementia secure environment)

How did you hear about us?

- ☐ Advertising
- ☐ Carinity Websites
- ☐ Existing Client
- ☐ Word of Mouth
- ☐ Hospital/Health Care Professional
- ☐ Placement Consultant
- ☐ Other Website:
- ☐ Other:

SECTION 1 About You (Applicant Details)

CONTACT INFORMATION

Surname

Given names

Current location

e.g. hospital, home or other

Home address

Postcode

Home phone ( ) Mobile phone

Email address

PERSONAL INFORMATION

Preferred name Date of birth / /

Gender ☐ Male ☐ Female

Marital status ☐ Married ☐ Defacto ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Religion (optional)

Country of birth

Main language spoken Interpreter needed ☐ Yes ☐ No

Medicare number Ref. no ☐ Expiry date / /

My Aged Care - Residential Permanent Referral Code

SECTION 2 Pensions, Benefits & Income Details

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

If yes, please indicate the type of pension:

☐ Age ☐ Disability ☐ Widow ☐ Blind ☐ Overseas ☐ DVA ☐ Other

Please advise if you receive: ☐ Full pension ☐ Part pension ☐ No pension

Pension amount per fortnight $

Other income received per fortnight $

Partner's pension amount per fortnight $

Partner's other income received per fortnight $

Pensioner Concession Card Number:

Are you an Australian ex-prisoner of War or Victoria Cross recipient? ☐ Yes ☐ No

SECTION 3 Family & Friends Contact Details

Please identify your primary contact for all correspondence.

☐ Applicant ☐ First Contact ☐ Second Contact

Please provide details of one or two people we should contact for important information about your care.

FIRST CONTACT (required)

Title | Given Names

Surname

Home address

Postcode

Email address

Drivers Licence #

Home phone ( ) | Mobile phone

Work phone ( ) | Relationship to applicant

SECOND CONTACT

Title | Given Names

Surname

Home address

Postcode

Email address

Drivers Licence #

Home phone ( ) | Mobile phone

Work phone ( ) | Relationship to applicant

SECTION 4 Financial Details

The following information is required to enable Carinity to determine whether you will be requested to pay accommodation fees and payments.

Have you completed the Centrelink or Department of Veterans Affairs Permanent Residential Aged Care - Request for a Combined Assets and Income Assessment form?

☐ No ☐ Yes - please advise date sent to Centrelink/DVA / /

Please note: If you do not disclose financial details you may be required to pay the maximum accommodation payment and fees.

Do you or your partner own or part own your principal place of residence?

☐ No ☐ Yes - please provide the following information in regards to your principal residence

Address

Postcode

Net market value $ (value of the house less any outstanding mortgages)

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

☐ No ☐ Yes - partner ☐ Yes - dependent

Is a carer who is living in your home, and has been living there for at least the past two years, eligible for an income support payment?

☐ Yes ☐ No

Have you had a close relative (mother, father, sister, brother, child or grandchild) who is eligible for an income support payment living in your home for at least the past five years, and continues to reside there?

☐ Yes ☐ No

What is your total financial assets including your partner's assets?
(E.g. Bank accounts, deposits, shares, investments, property, businesses and loans) $

What is the total of other assets including your partner's assets?
(E.g. Motor vehicles, boats, caravans, investment collections and personal items) $

Total debts? (loans against financial or other assets but not your home) $

Please stop here if you are only applying for respite care. For all other care requirements please continue to sections 5 to 7.

SECTION 5 Legal & Financial Management Details

Have any of the following representatives been appointed on your behalf?

☐ Guardian ☐ Administrator ☐ Enduring Power of Attorney (financial)

☐ Enduring Power of Attorney (personal & health) ☐ Power of Attorney (financial only)

Please note: Certified copies of appointment documentation will be required on admission.

Please provide the names and addresses of persons/organisations appointed:

Name/
Organisation

Address

Postcode

Telephone Email

Appointed as

SECTION 6 Previous Residential Aged Care

Did you have Permanent Residential Aged Care Accommodation before 1 July 2014? ☐ Yes ☐ No
If yes, please complete this section. If no, please move to Part Two.

PART ONE

Name of facility

Address Postcode

Telephone Date of admission / /

Was a bond paid on admission? ☐ Yes ☐ No

If yes, bond of $ Retention rate $ /month Penalty interest rate on bond %

Have you paid, or are you continuing to pay, an accommodation charge? ☐ Yes ☐ No If yes, how much $ per day

Please advise your current Basic Daily Care Fee? $ per day

Is an income-tested fee paid? ☐ Yes ☐ No If yes, how much $ per day

Did you have Permanent Residential Aged Care Accommodation on or after 1 July 2014? ☐ Yes ☐ No

PART TWO

If you had Permanent Residential Aged Care Accommodation after 1 July 2014, please complete this section.
If no, please move to section 7.

Name of facility

Address Postcode

Telephone Date of admission / /

Was a Refundable Accommodation Deposit (RAD) paid on admission? ☐ Yes ☐ No

If yes, RAD of $ Penalty interest rate on any RAD balance %

Have you paid, or are you continuing to pay a Daily Accommodation Payment (DAP)? ☐ Yes ☐ No If yes, how much $ per day

Was an Accommodation Contribution paid on admission? ☐ Yes ☐ No If yes, how much $ per day

Please advise your current Basic Daily Care Fee? $ per day

Is a means-tested fee paid? ☐ Yes ☐ No If yes, how much $ per day

Please provide a full copy of your current ACFI assessment. Your current facility will be able to help.

SECTION 7 Declaration

I, name

of address

in the state of Postcode

Sincerely declare that the answers to all the questions in regard to the Financial Details of myself, or on behalf of the Applicant, and other information therein is to the best of my belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. I agree that to allow the accurate determination of financial status of the Applicant, I will provide further information or proof upon request.

Signature of Applicant or Representative:

Date: / /

SECTION 8 Medical Information

To be completed by the attending Medical Practitioner (GP) in respect to application for admission to residential care at a Carinity aged care community.

Applicant's name | Date of birth / /

Address

Postcode

How long has the Applicant been under your care?

MEDICAL DIAGNOSES AND CONDITIONS

1.
2.
3.
4.
5.

DATES OF SIGNIFICANT INVESTIGATIONS e.g. Colonoscopy, CT Scan/s, Chest X-ray/s

/ /	
/ /	
/ /	

CURRENT MEDICATION

1.	5.
2.	6.
3.	7.
4.	8.

Does the Applicant require supervision when taking medication? ☐ Yes ☐ No

What is the Applicant's vaccination status? Influenza / / Tetanus / /

Pneumovax / / Tuberculosis / / Hepatitis B / /

Other / /

Known allergies

Does the Applicant suffer from any form of Dementia? ☐ Yes ☐ No

Describe

Does the Applicant suffer from Depression? ☐ Yes ☐ No

Does the Applicant wander? ☐ Yes ☐ No

Does the Applicant suffer from, or been treated for, any Psychiatric Disorder? ☐ Yes ☐ No

If Yes, please detail:

Name of physician/specialist | Telephone ( )

Type of disorder

Treatment

ACTIVITIES OF DAILY LIVING NEEDS

CARE NEED	YES (describe)	NO	UNKNOWN
Diet e.g. soft diet			
Mobility aid			
Mobility assistance			
Arthritic joints			
Pain management			
Hygiene assistance			
Urinary incontinence			
Faecal incontinence			
Toilet aids e.g. raised toilet seat/commode			
Toileting assistance			
Vision impairment			
Hearing impairment			

Comments on the Applicant's general state of health and any other relevant care information?

GP DETAILS (please print, stamp is acceptable)

Name

Address

Postcode

Telephone ( ) Fax ( )

Signature | Date / /

SEND THIS FORM TO US

Please return this completed Application for Admission form along with the supporting documents outlined in the Application Pack Checklist to Carinity by:

Call **1300 109 109** Fax **07 3550 3740**
Email **agedcare@carinity.org.au**

Carinity Aged Care
PO Box 6164, Mitchelton QLD 4053

DISCLOSURE AND PRIVACY

Prospective Residents (a person approved by an Aged Care Assessment Team and who is considering receiving residential aged care through Carinity) or their representative can request information regarding Carinity's compliance with the Liquidity, Governance, Records and Disclosure Standard. Carinity is committed to protecting the privacy of your personal information.

For more information, go to the Carinity website **carinity.org.au** or call **07 3550 3737**.

APPLICATION PACK CHECKLIST

Please ensure you complete this application in full. If available please include a copy of your Combined Assets and Income Assessment statement from Centrelink/Department of Veterans' Affairs.

1. PLEASE COMPLETE AND RETURN

- ☐ Carinity Application for Admission
  Please complete this form

- ☐ Full copy of your approved Aged Care Client Record, My Support Plan or Reference Code.

- ☐ Current medical information
  This includes the Medical Information form filled out by your GP, discharge information or care plans from a hospital

- ☐ Combined Assets and Income Fee Notification Advice of Residential Aged Care Fees from Centrelink or Department of Veterans Affairs
  If you do not yet have a copy of this, please complete pages 5-7 of the Application Form. If you do not disclose financial details, you may be required to pay maximum fees and charges.

2. PLEASE REVIEW AND KEEP HANDY

- ☐ Fees & Charges Guidelines