



Application Form

for residential care

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Introduction

Thank you for considering Baptistcare. The information you provide in this form will help us get to know you and to understand your needs.

If you can't answer any sections fully or have any questions, please don't hesitate to contact us.

As this may be a busy and possibly stressful time for you and your family, we want to help you in any way we can.

When you've completed as much of the Application Form as you can, please email it back to customer.centre@baptistcare.com.au

Before emailing please make sure you attach all of the following documents if applicable:

- ACAT assessment
- Application Form (this form)
- Assets and income assessment (if applicable)

Office Use Only

Date received:

Data entry's initial:



ACAT

To apply for residential care, an Aged Care Assessment Team (ACAT) needs to have completed an ACAT assessment.

ACATs are funded by the Australian Government and the assessment is free of charge. To find an ACAT in your local area visit the My Aged Care website at www.myagedcare.gov.au or contact us on 1300 660 640.

Assets and income assessment

While not compulsory, you need an assets and income assessment to determine if you are eligible for any assistance from the Australian Government towards your accommodation payment.

To obtain an assets and income assessment, you need to submit a 'Permanent Residential Aged Care Request for a Combined Assets and Income Assessment' form to Centrelink, or the Department of Veterans' Affairs (DVA) if you are a war veteran or widow/er. These forms can be obtained from an ACAT or you can call us on 1300 660 640 and we can post one to you. The form can also be downloaded from www.humanservices.gov.au

Icon key

The symbols below are intended to help you to complete this Application Form:



These icons appear when extra information is provided for a topic.



These icons appear on pages where you may need to call 1300 660 640.

Private and confidential

In accordance with our Privacy Policy, we make every effort to keep any personal information up-to-date and accurate. If you require access to any of your personal information that we hold, or wish to notify us of any change, modification or correction, or would like us to delete your personal information from our records, please contact us on 9282 8600 or email admin@baptistcare.com.au

Applicant's details

Here we ask for the usual contact information plus a couple of questions so we can get to know more about you.

Title: Mr Miss Mrs Ms

First name(s): _____

Preferred name: _____

Last name: _____

Address: *Street:* _____

Suburb: _____ *State:* _____ *Postcode:* _____

Contact info: *Home telephone:* () _____

Mobile: _____

Email: _____

Please tick here if you do not wish to receive marketing material from us.

Date of birth: _____

Marital status: Married Single Widowed De facto

Country of birth: _____

Cultural background: _____

Religion (optional): _____

Are you an Aboriginal/Torres Strait Islander? Yes No

Do you require an interpreter for everyday English? Yes No

Is there anything in particular you'd like us to know about your religion or spiritual needs, or cultural background? If yes, please provide details:

Person completing this form/primary contact

Is the applicant the primary contact for this application?

Yes No – *If no, please complete Section B on the next page.*

I certify that to the best of my knowledge all information in this application is correct.

Signed: _____ *Date:* _____

Full name: _____

Primary contact

If you are completing this form on behalf of the applicant please provide your details below.

Title: Mr Miss Mrs Ms

First name(s): _____

Last name: _____

Organisation: (if applicable) _____

Address: *Street:* _____

Suburb: _____ *State:* _____ *Postcode:* _____

Contact info: *Home telephone:* () _____

Work telephone: () _____

Mobile: _____

Email: _____

Please tick here if you do not wish to receive marketing material from us.

Do you have the legal authority to make decisions on the applicant's behalf?

Yes No

If yes, what type of authority do you have?

Enduring Power of Attorney Enduring Power of Guardianship Administrator

Other – *If other, please advise:*

If no, please explain your relationship to the applicant.

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If you are completing this form on behalf of the applicant, please note the questions are styled as if they are being asked of the applicant. If you don't have any formal authority to act on behalf of the applicant, this may be something that needs to be considered.

Accommodation information

This section tells us about where you're living now and the kind of accommodation you require.

Where do you live at the moment?

- A residential care facility
 In hospital awaiting placement
 In transitional care
 With a family member
 My own home
 Other

If you are already in a residential care facility or hospital, please tell us which one:

If 'Other', please provide details:

When do you require accommodation?

- As soon as a possible
 Future date (please advise)

Which type of accommodation would you like to apply for? Please tick one of the boxes below.

- Residential
 Memory support unit (secure dementia care)
 Respite

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The assessment conducted by ACAT (the Aged Care Client Record or ACCR) will include a recommendation about the type of residential care that best suits your needs, so if you're unsure about what to tick here please refer to your ACCR.

Tell us which places you'd like to live in order of preference from 1 up to 5, with 1 being your first choice. (MSU = Memory support unit - secure dementia care)

Regional	Metropolitan Perth and surrounds
<input type="checkbox"/> Bethel, Albany (MSU)	<input type="checkbox"/> Graceford, Byford (MSU)
<input type="checkbox"/> Dryandra, Kellerberrin (MSU)	<input type="checkbox"/> David Buttfield Centre, Gwelup (MSU)
<input type="checkbox"/> Kalkarni Residency, Brookton (MSU)	<input type="checkbox"/> Yallambee, Mundaring
<input type="checkbox"/> William Carey Court, Busselton (MSU)	<input type="checkbox"/> Gracehaven, Rockingham (MSU)
<input type="checkbox"/> Moonya, Manjimup (MSU)	<input type="checkbox"/> Gracewood, Salter Point (MSU)
<input type="checkbox"/> Mirrambeena, Margaret River (MSU)	

Your income and health cover details

Here we ask for details of your pension, Medicare number and health fund. Details about your income will help us to answer any questions about the financial aspects of your application.

Pension details:

Please indicate if you have a pension:

I receive a full pension I receive a part pension I do not receive a pension

If you receive a pension, please indicate the type:

Age Disability Widow DVA Blind Overseas

Enter your pension concession card number (if applicable):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry date:

Enter your DVA treatment card number (if applicable):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry date:

Colour (please tick): Gold White Orange

Income:

Please list all current income you receive and its source:

(Please complete one column only in Australian dollars)

	Fortnight	Four Weekly	Calendar Month	Annual
Centrelink or DVA pension				
Superannuation				
Overseas pension				
Other <i>(Please specify source e.g. share dividends)</i>				



Sources of income could include a pension, any investments, superannuation, annuities or interest received from term deposits.

Medicare details:

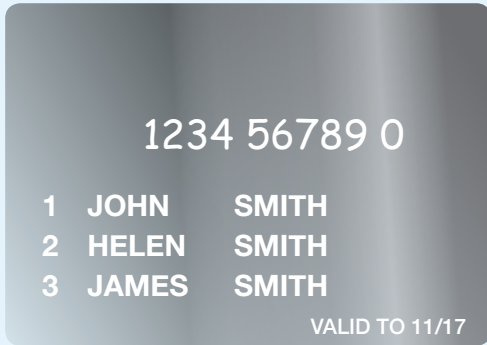
Enter your Medicare card number:

– –

Individual reference number

Valid to:

Example:



In the above example, the Medicare card number would be completed as:

– –

The individual reference number (IRN) is next to the applicant's name.
In this example, for Helen Smith, the IRN would be:

Health fund details:

Your health fund provider: _____

Your membership number:

Expiry date (if applicable):

Other details:

St John's Ambulance membership number (if applicable):

Expiry date:

Your assets

Now that we know about your income, we need details of your assets, to complete the picture of your current financial position. This will help us work out how much you may need to pay for your accommodation.



As the financial implications of aged care are complex, before you make any financial decisions you may wish to contact a specialist aged care financial advisor. Call us on 1300 660 640 for a list of reputable local advisors.

Centrelink also provides a free financial information service on 13 23 00.



If you have requested an assets and income assessment from the Australian Government, we still need you to complete this section. This will help us provide the best advice regarding your likely costs and any financial assistance you may be eligible for.

Do you presently own your own home?

Yes No

If 'Yes', do you own your own home, either solely or in partnership with anyone else?

Solely In partnership

After you move into our residential care facility will anyone still be living in the home?

Yes No Not applicable

If yes, please give details of who, including their pension type and the date of commencement:

Have you made gifts to anyone of over \$10,000 in any one year during the last five years, or totalling \$30,000 in any five-year period? Yes No

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What was the last year you submitted a tax return:

Have you been or are you a participant in a family trust? Yes No

If yes, what was the last year that you received a benefit from it and what was the benefit (approximately)?

Date: / /

\$ _____

Please complete the following table:

Assets*	\$
Value of home (excluding contents). <i>See info box below.</i>	
Household contents and effects	
Shares – current value	
Real estate (other than your home)	
Term deposits	
Bank accounts	
Motor vehicle	
Boat	
Caravan	
Collections (stamps/art/jewellery/other)	
Any other assets (e.g. precious metals):	
1.	
2.	
3.	
Total assets	

Liabilities	\$
Mortgage on your home	
Other mortgages:	
1.	
2.	
3.	
4.	
Loans	
Any other liabilities (e.g. bank overdraft):	
1.	
2.	
3.	
Total liabilities	

* Please only include the value of your share of an asset.

If you own your own home and any of the following people reside with you:

1. Spouse or partner
2. Dependent child (under 16 years or full time student under 25 years)
3. Carer, eligible for pension or benefit, who has lived there for more than five years
4. Immediate family, eligible for a pension or benefit, who has lived there for more than two years.

You do NOT need to include your home in your assets estimate.

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Your doctor and other health professionals

It's important for us to know who your doctor is and details of anyone else who is important to your ongoing medical treatment or healthcare.

Your general practitioner

Name of your GP: _____

Name of your GP's medical practice (if applicable): _____

Address: *Street:* _____

Suburb: _____

State: _____ *Postcode:* _____

Contact: *Telephone:* () _____

Email: _____

Please indicate if you intend to continue to use your GP if you are offered a place at a Baptistcare residential care facility.

Yes No Unsure

Other health professionals important to your care

Name: _____

Field/speciality: _____

Contact: *Telephone:* () _____

Email: _____

Name: _____

Field/speciality: _____

Contact: *Telephone:* () _____

Email: _____

Name: _____

Field/speciality: _____

Contact: *Telephone:* () _____

Email: _____

Name: _____

Field/speciality: _____

Contact: *Telephone:* () _____

Email: _____

Name: _____

Field/speciality: _____

Contact: *Telephone:* () _____

Email: _____

Name: _____

Field/speciality: _____

Contact: *Telephone:* () _____

Email: _____

Please attach a separate sheet if there is insufficient space.

Your medical information

While your ACCR will advise us of your medical details, we need to know of any particular medical or health conditions that may affect your care on a daily basis. All information provided will be kept private, as required by state and commonwealth legislation.



We realise these questions are personal but ask you to be as honest as possible. If you have trouble answering a question, please tick 'Unsure' and we can discuss this with you at a later date.

To help answer these questions, your regular GP can provide you with a medical record. It should include information regarding past medical/surgical history, any investigations or specialist services (i.e. wound clinics), specialist referral management information, previous hospital admissions and outpatient services.

Your GP or pharmacist can also provide you with a list of all of your current medications, including dosage and the date you were commenced on the medication.

Medical information

Please list any known medical conditions, events and previous surgeries you have/had (e.g. diabetes, arthritis, high blood pressure, depression, joint replacement, hysterectomy etc.):

(If unsure, please tick)

Please list any medications you take and the dosage:

(If unsure, please tick)

Please list any allergies (e.g. food, drugs etc.):

(If unsure, please tick)

Is there anything else you would like us to know about your health that has not been covered in your ACCR? Please provide details:

Do you have an Advanced Health Directive?

Yes No

If 'Yes', please bring a copy with you on admission.

Additional information:



Once completed, please email this form back to
customer.centre@baptistcare.com.au

For more information call 1300 660 640 or visit
www.baptistcare.com.au



"Our 98 year old mother has been at a Baptistcare residential care facility for 18 months now. We are so blessed to have such caring people around her. She is always saying that everyone is so kind and helpful. I wish everyone could have the same care and devotion that Baptistcare provide. We are so grateful."

Anne, resident's daughter

Residential care facilities

Bethel

2 Bethel Way
Albany
Tel: 9842 3263

Gracehaven

2 Westralia Gdns
Rockingham
Tel: 9513 1600

Moonya

59 Ipsen St
Manjimup
Tel: 9771 8100

David Buttfield Centre

649 North Beach Rd
Gwelup
Tel: 9210 9400

Gracewood

20 Roebuck Dr
Salter Point
Tel: 9365 2400

William Carey Court

450 Bussell Hwy
Busselton
Tel: 9752 8300

Dryandra

45 Leake St
Kellerberrin
Tel: 9045 4400

Kalkarni Residency

Lot 456 Whittington St
Brookton
Tel: 9642 0199

Yallambee

2 Fenton St
Mundaring
Tel: 9295 1511

Graceford

18 Turner Rd
Byford
Tel: 9526 2898

Mirrambeena

21 Farrelly St
Margaret River
Tel: 9758 9600

**For more information call 1300 660 640 or visit
www.baptistcare.com.au**

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