



Gympie & District Home for the Aged Inc.

Application for Admission

Applicant's Name:

Date of Application:

This is an application for you to apply to enter Coinda Aged Care.

Please read this application carefully. The information you provide with this application will help us determine if we can provide the care and services you need and is necessary for us to determine your likely fees and charges.

This is not an offer of a place at our Service. We do not guarantee that as a result of completing this application we will be able to offer you a place at our Service or that all of the types of room you might inspect at the Service will be available when you wish to enter the Service.

This application is retained by the Service and is not provided to the Department of Social Services, Department of Veterans' Affairs, Department of Human Services, Centrelink or any other Government Agency.

If you wish to apply for admission to a residential aged care service you must first obtain approval from the Aged Care Assessment Team. If you wish to have an assessment undertaken to determine whether you are eligible to obtain financial assistance to help pay for your care and accommodations costs, you should contact the Department of Social Services.

Further information is available on the My Aged Care website at www.myagedcare.gov.au.

Application for admission

This application requires that you provide the following:

1. Personal information.
2. Information about your financial position that is necessary for us to determine your likely Fees and Charges.

If we can offer you a place and you decide you wish to enter the service, you will need to sign a Resident Agreement. The Resident Agreement outlines your and our rights and responsibilities if you enter our service.

The financial information you record in this application should accompany, or be used in completing a 'Request for an Assets Assessment' or Income Assessments form (if necessary) to the relevant Agency (Department of Human Services/Centrelink or Department of Veterans' Affairs). This will enable Centrelink or Department of Veterans' Affairs to work out how much you need to contribute to the costs of your care and accommodation. If you do not wish to provide us with any financial information you do not have to, but if you do not provide that information we will need to charge you the maximum amount permissible under the *Aged Care Act 1997* (Cth) for your care and accommodation.

We will comply with the provisions of the *Privacy Act 1988* (Cth) and the Australian Privacy Principles in dealing with the information you provide to us with this application. The information we collect may be used for any purpose that is directly related to our functions or activities as an aged care provider or as otherwise permitted at law. For more information on how we handle your personal information, you may review the Privacy Policy and Collection Statement. Both of these documents are available at our service.

A decision to enter an aged care service is a significant decision. We encourage you to seek independent legal, financial and other advice about the nature and effect of this application, the Resident Agreement and living in the service.

If you wish to proceed, please complete the forms and provide all of the information we have requested in this application and return it to us at:

Cooinda Aged Care Centre
2 Cooinda Street
GYMPIE QLD 4570
Tel: 07/5482 1900

Checklist

Before you submit this application please check you have provided us with all the information we need.

Have you provided all of the following?		Tick if completed
Personal Information		
1	Your personal details	<input type="checkbox"/>
2	Your representative's details (if any)	<input type="checkbox"/>
3	Your emergency contacts	<input type="checkbox"/>
4	Details of who we should contact about this Application	<input type="checkbox"/>
5	Your pension and benefit details (if any) (with a copy of your Pension card)	<input type="checkbox"/>
6	Your health insurance and Medicare details (with copies of your insurance and Medicare card)	<input type="checkbox"/>
7	Your medical details	<input type="checkbox"/>
8	Details of the care and services you currently receive (if any)	<input type="checkbox"/>
9	Your present living arrangements	<input type="checkbox"/>
10	A copy of your Aged Care Assessment Team approval	<input type="checkbox"/>
Financial Information		
11	Have you received a Centrelink or Department of Veterans' Affairs means (income and assets) assessment? (please provide a copy)	<input type="checkbox"/>
12	Details about your assets	<input type="checkbox"/>
13	Details about your annual income	<input type="checkbox"/>
Accommodation Information		
14	Have you reviewed our Schedule of Fees and Charges?	<input type="checkbox"/>
Additional Information		
	Have you read the Additional Information section?	<input type="checkbox"/>

Personal information

Your Personal Details

Surname			
Given Name		Preferred Name	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title (eg: Ms, Dr)
Date of Birth		Age (years)	
Home Telephone		Work Telephone	
Mobile		Email	
Current Address	<hr/> <hr/>		
Marital Status	<input type="checkbox"/> Married		<input type="checkbox"/> Single
	<input type="checkbox"/> De-facto		<input type="checkbox"/> Separated
	<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed
Residents' Mail Distribution: (Mail received by Coinda and addressed to resident)			
Mail to be distributed to Resident:		Mail to be distributed to Family/EPOA:	
<input type="checkbox"/> Cards	<input type="checkbox"/> Letters	<input type="checkbox"/> Junk-mail	<input type="checkbox"/> Cards
<input type="checkbox"/> Bills	<input type="checkbox"/> Magazines		<input type="checkbox"/> Letters
<input type="checkbox"/> Other			<input type="checkbox"/> Junk-mail
Accounts	<input type="checkbox"/> Email <input type="checkbox"/> Post		
Preferred Mailing/Email Address	<hr/> <hr/>		
Do you have any specific dietary, medical or other requirements?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	If yes , please attach details		
Country of Birth		Preferred Language(s)	
Religion or Belief (optional)			
Are you an Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electoral Roll Information	Are you on the Electoral Roll?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address on Electoral Roll?	<hr/> <hr/>	
	Do you wish to remain on the Roll?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>If you do not wish to, or are unable to vote please contact the Australian Electoral Commission – 13 23 26. Please advise Coinda when you are taken off the Electoral Roll so that we may alter our records.</i></p>			

Your Representative's Details

Do you have an EPOA (Enduring Power of Attorney?)	Financial:	<input type="checkbox"/> Yes
	Health:	<input type="checkbox"/> Yes
If no EPOA , has anyone been appointed on your behalf by QCAT?	<input type="checkbox"/> Guardian	<input type="checkbox"/> Administrator
Certified copies of EPOA/QCAT appointment will be required before admission		
Please provide contact details of appointed person(s).		
Surname		
Given Name		
Address		
Home Telephone		
Work Telephone		
Mobile		
Email		

Emergency Contacts

Surname		
Given Name		
Relationship to you		
Address		
Home Telephone		
Work Telephone		
Mobile		
Email		

Pension and Benefit Details

Please provide a copy of your Pension Card (if applicable)

Do you hold an Australian Pensioner Concession Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes , indicate type	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> DVA
	<input type="checkbox"/> Blind	<input type="checkbox"/> Widow	<input type="checkbox"/> Overseas
Is it a full or part Pension?	<input type="checkbox"/> Full	<input type="checkbox"/> Part	
Are you an Australian POW	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What is your pension number		Expiry Date	

Health Insurance and Medicare Details

Please provide a copy of your Medicare and Health Insurance Cards

Do you have Private Health Insurance (e.g. BUPA, Medibank Private)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of Fund			
Membership Number			
Level of Cover			
What is your Medicare Number?		Expiry Date	
Position on Card			

Medical Details

Full medical details will be required on admission or when signing the Resident Agreement

Who is your current General Practitioner / Medical Professional?	
Name	
Address	
Telephone	
Preferred Pharmacy	

Have you completed an Advance Health Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a certified copy before admission.	

Funeral Arrangements

Funeral Director's Name	
Telephone Number	
Location of Will	
Executor's Name	
Telephone Number	
Solicitor's Name	
Telephone Number	

Present Living Arrangements

Present Living Situation	<input type="checkbox"/> Living with Family	<input type="checkbox"/> Own House/Unit
	<input type="checkbox"/> Rented Accommodation	<input type="checkbox"/> Other
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Aged Care Service
Comments		
Smoking Status	<input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker

Aged Care Assessment Team approval

Do you have an approval for residential aged care from the Aged Care Assessment Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes , please provide a copy of the approval and select one of the following:
	<input type="checkbox"/> Respite Care <input type="checkbox"/> Permanent Care

Financial Information

Overview

If you are applying to receive respite care you do not need to complete this section of the Application.

The information we have requested is necessary for us to determine your likely fees and charges.

If you are applying for an income and asset test with the Department of Human Services (DHS), or Department of Veterans' Affairs (DVA) you will be required to complete and lodge the relevant form with them. The Department will make an assessment on your ability to contribute to the cost of your care and accommodation.

You are not required to apply for an income and asset test before entering our service. However, if you do not apply for an income and asset test we will need to charge you the maximum amount permitted under the *Aged Care Act 1997* (Cth) for your care and accommodation which is set out in the enclosed Schedule of Fees and Charges.

If you ask us, we can provide you with an estimate of the maximum amount we can charge you for care and accommodation. We cannot advise you of the exact amount you will be required to pay until the Department has completed the assessment of your ability to contribute to the cost of your care and accommodation.

Please ensure all questions are answered and that you do not leave any blank spaces.

Your Means (income and assets) Assessment

Have you submitted a Centrelink or Department of Veterans' Affairs means assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Declaring
Have you received a Centrelink or Department of Veterans' Affairs means assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please provide a copy

Your Annual Income

Aged Pension		\$
Other Pension		
Superannuation (net)		\$
Dividends (net)		\$
Bank Account Interest		\$
Provide details of any other income you receive (Net)		\$
		\$
<u>TOTAL ANNUAL INCOME</u>		\$

Your Assets

Have you owned your own home within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently own your home, either by yourself or with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , do any of the following people reside with you?		
Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependent Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carer (for more than 2 years) (<i>eligible for pension or income support</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Close relative (more than 5 years) (<i>eligible for pension /income support</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the estimated value of your home, less any liabilities such as a mortgage or the value of another person's interest?		
Do you own any other real estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the estimated value of that real estate, less any liabilities such as a mortgage or the value of another person's interest? (Please provide a real estimate and any supporting documentation)	\$	
*What is the value of your furnishings and personal effects? * Value taken to be \$5,000 if there is no evidence of another value.	\$	
Please estimate the value of any other assets as listed (if applicable)		
Bank, Building Society or Credit Union Accounts	\$	
Cash, Term Deposits, Loans and Debentures	\$	
Motor Vehicles, Caravans, Boats, Trailers	\$	
Shares	\$	
Managed Investments, Bonds and Trusts	\$	
Investment Collections	\$	
Superannuation Funds Realisable as a Lump Sum	\$	
Other: (<i>please specify</i>)	\$	
If you have given away any assets in the last 5 years please estimate the value of those assets.	\$	
TOTAL	\$	
LESS Loans and other debts	-\$	
<u>TOTAL VALUE OF ASSETS</u>	\$	

*Married/De facto couples need only declare 50% of their assets.

Accommodation Information

Schedule of Fees and Charges

We offer a variety of different rooms at the service.

We have enclosed a Schedule of Fees and Charges that sets out the price we can charge for the rooms in our service. The Fees and Charges in the Schedule attached are correct at the time we provide the application to you but are subject to change.

We cannot guarantee that all rooms will be available at the time you decide to enter the service.

Further information about the Fees and Charges you will pay for your accommodation and services at the service is available on our website and the My Aged Care website.

Additional Information

Within 7 days of receipt of a written request from you, we will provide you with information and documents set out in the *Aged Care Act 1997* (Cth) about our compliance, storage and use of Refundable Deposits and Accommodation Bonds for the previous financial year of when you enter into a Resident Agreement.

If your Accommodation Payment or Accommodation Contribution includes payment by Refundable Deposit, then in addition to the above, we will also provide you with a copy of your entry in the refundable deposit register made in accordance with the *Aged Care Act 1997* (Cth).