



**Application
for
Permanent Residential Care**

Welcome to LHI. This application form is to aid our staff in providing you with quality care. All information you provide on this form will be maintained in a highly confidential manner.

APPLICANT DETAILS:

Title (Mr, Mrs, Miss etc): _____ Last Name: _____

First Name(s): _____

Home Address: LHI's Unit No.(If applicable) _____ Court (if applicable)- _____

Street Address: _____

Postcode: _____

Preferred Name: _____ Gender: Male Female Other

Date of Birth: ___/___/___ Marital Status: _____

Telephone No. _____ Do you smoke? YES NO

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Aboriginal Torres Strait Islander

FIRST CONTACT:

Title: _____ Last Name: _____ First Name: _____

Address: _____

Postcode: _____

Contact numbers:

Daytime telephone: _____ Evening telephone: _____

Mobile telephone: _____ Email address: _____

Relationship to the Applicant: _____

Type of authority - Please attach a copy: Financial Attorney/ (POA / EPOA)

Medical Attorney: Enduring Guardianship:

SECOND CONTACT:

Title: _____ Last Name: _____ First Name: _____

Address: _____

Postcode: _____

Contact numbers:

Daytime telephone: _____ Evening telephone: _____

Mobile telephone: _____ Email address: _____

Relationship to the Applicant: _____

Type of authority - Please attach a copy: Financial Attorney/ (POA / EPOA)

Medical Attorney: Enduring Guardianship:

Facility you are applying for- Glynde Hope Valley Both

Do you wish to receive the correspondence from LHI in response to your application including after you have accepted a place in the home?

- Yes, I would like to receive my correspondence
 No, I would like _____
_____ to receive my correspondence.
-

Do you receive a Pension (or other income support payment) from Centrelink or the Department of Veterans' Affairs? (Tick one box)

- | | | |
|--------------------------------|--------------------------|--|
| Yes, I receive a full pension | <input type="checkbox"/> | Pension Number: _____ |
| Yes, I receive a part pension | <input type="checkbox"/> | Pension Expiry Date: ___ / ___ / _____ |
| No, I do not receive a pension | <input type="checkbox"/> | |

Type of pension (e.g. Age, Disability, Service pension etc.) _____

Please tick where your Pensioner Concession Card is from:

- Centrelink Department of Veterans' Affairs
-

Do you need to complete Calculation of your cost of care (SA457) form?

Yes No [Please refer to the instructions on the form]

If yes, have you already lodged this form? Yes No

If yes, what's the date above-mentioned Form was sent to DHS/DVA

Date: ___ / ___ / _____

Have you already received the Assessment outcome?

Yes (Please attach a copy of the outcome)

No (Please complete the 'Financial Statement' on page 5 and then also send LHI a copy of the outcome once received from the Department.)

Compensation Payments

Have you ever claimed and received a compensation award or settlement? If so, please indicate the type: - Workers Compensation Third Party Common Law

Do you have a Diagnosis of any kind of Dementia as per the ACAT or your Doctor?

Yes No

*** Room Preference- [Please refer to the attached fees & charges information for each type of room before completing this section]**

- 1] Single room with ensuite – Premium
- 2] Single room with ensuite – Deluxe [Glynde only]
- 3] Single room with ensuite – Standard [Hope Valley Dementia Unit]
- 4] Single room without ensuite

* Please note that, we are not able to guarantee your room preference.

Existing / Previous Resident of an Aged Care Home

Are you or have you ever been a 'Permanent Resident' in any residential aged care home? If so, please complete the following details: [Do not include information about Respite Care]

Name of current or previous residential aged care home:

Address: _____

_____ Postcode: _____

Date of Admission: ___/___/____ Date of Departure (if applicable): ___/___/____

Applicant's General Practitioner:

Name: _____

Address _____

_____ Postcode: _____

Contact numbers Daytime telephone: _____

Evening telephone: _____

Fax Number: _____

Your Medicare details:

Card Number: _____

Expiry date ____ / ____ / _____

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

• **If you have Private Health Insurance, please write the details below:**

Name of Fund: _____

Membership Number: _____

Level of Cover: _____

• **If you have Ambulance Cover, please write your details below:**

Name of Fund: _____

Membership Number: _____

Please provide the name and address of the Executor of your 'Will'.

Important- (Please attach)

- A photocopy of your current Aged Care Assessment approval [ACAT] / Support plan
- A photocopy of the relevant authority, such as an Enduring Power of Attorney and/or Guardianship Papers.
- A copy of your Income and Assets Assessment outcome (If already received)
- Medical Details Form completed by your Doctor [Orange Form] OR Current Medical Summary from your Doctor/Hospital.

Signature _____
Applicant or POA

Date: ____ / ____ / ____

FINANCIAL STATEMENT

Name of the Applicant: _____

(please tick) I understand that if I do not disclose these details, I will be charged the maximum fees.

OR

(please tick) I have included all the assets, debts and income owned by me and my partner. _____

Do you or your partner owns, or are currently paying off the home you live in? Yes **OR** No

If you do, will a protected person live in the family home? Yes **OR** No

If Yes, you do not need to state the value of your Home/Unit below.

Assets (Approx. Value)

(please tick whichever applicable to you)

individual: single OR couple: combined

Your Home / LHI Unit (Current value excluding contents)	\$ _____
Home Contents (Market value only)	\$ _____
Other Properties (Including land)	\$ _____
Shares / Managed Funds (Current market value)	\$ _____
Term Deposits / Bonds / Debentures etc.	\$ _____
Bank Accounts / Credit Unions Accounts	\$ _____
Superannuation / Allocated Pension Balance	\$ _____
Loans to Other Parties	\$ _____
Antiques / Works of Art etc.	\$ _____
Motor Vehicles / Boat / Caravan	\$ _____
Other Assets	\$ _____
Funeral Bond	\$ _____
TOTAL ASSETS:	\$ _____

Debts

Mortgage	\$ _____
Other Debts / Loans	\$ _____
TOTAL DEBTS:	\$ _____

Income (Don't include interest earned on investments)

Per Fortnight

individual: single OR couple: combined

Australian Age Pension	\$ _____
Veteran Affairs Pension	\$ _____
Overseas Pension	\$ _____
Other Pensions	\$ _____
Income Support Supplement	\$ _____
Superannuation	\$ _____
Property Income (Net)	\$ _____
TOTAL INCOME:	\$ _____