

APPLICATION FORM

for Permanent Residential Aged Care Entry

Thank you for choosing Ridgehaven Retirement Complex.

Attached is the application form to enter Ridgehaven Retirement Complex (Aged Care Monto Inc). Please read the information in this application package carefully. The information you provide in this form will help us to understand your needs.

The following information explains the processes you will need to undertake as part of this application.

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 phone 1800 200 422 Monday-Friday from 8.00am to 8.00pm or Saturday from 10.00am to 2.00pm.

Please be aware that your application is **not complete** until the following documents have been provided to Ridgehaven.

- A copy of your recent ACAT assessment;
- A certified copy of the Enduring Power of Attorney;
- A certified copy of your Advance Health Directive (if applicable)
- The completed Application for Permanent Residential Aged Care Entry form
- Centrelink assessment of aged care fees payable.

(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 care and accommodation payments. If you choose not to seek this assessment, or have not yet received assessment advice from Centrelink, please advise us so that we may provide you with appropriate information pertaining to the full fees payable. If you have previously received a Centrelink assessment advice, please ensure the information is still current as you may need to seek an updated assessment.)

Centrelink forms explained;

- **Complete Form SA485** (Residential Aged Care Property Details for Centrelink & DVA Customers)
 - If you currently receive a means tested income support payment (eg Age Pension, Service or Disability Support Pension) AND
 - You own or part own your home at the date you intend or are applying for aged care
 - Submit completed form to the address listed on page 13

OR

- **Complete Form SA457** (Residential Aged Care – Calculation of Your Cost of Care)
 - If you are not currently receiving a means tested support payment (eg Age Pension, Service or Disability Support Pension) AND
 - You agree to provide your income and asset details
 - Submit completed form to the address listed on page 25

You may wish to submit some of your documentation with us pending finalisation of your Centrelink assessment. Once this assessment is received we can proceed fully with your application.

Your completed application package allows us to enter your application on to our Wait List and is used to determine whose needs are best met for any vacancy. Please be aware we cannot place you on our Wait List until **all** processes are completed. A partial application does not place you on our Wait List.

Please indicate if you have a current Will, the name/s of the Executor/s and where the Will is held. *eg name of solicitor*

You can be confident that your details are treated with the utmost respect and confidentiality. Your application is for Ridgehaven's records only. No information will be provided to any other organisation.

We look forward to welcoming you to Ridgehaven.

If you have any queries do not hesitate to contact us on (07) 4166 1082 during office hours, which are Mon-Thurs from 9.00am to 4.30pm and Friday from 9.00am to 3.00pm. We are happy to help you in any way we can.

Yours sincerely

Mary Sharp

Facility Manager

Aged Care Monto Inc t/as Ridgehaven Retirement Complex

32 Stuart Street

MONTO QLD 4630

Ph: 07 4166 1082

Email: reception@ridgehaven.org.au

Board of Management

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Enc: Application Form
Centrelink Form SA485
Centrelink Form SA457

1.A Applicant's details



This is information about the person requiring residential care

Title: Mr Miss Mrs Ms

First name(s): _____

Preferred name: _____

Last name: _____

Address: *Street:* _____

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

Contact information: *Home telephone:* _____

Mobile: _____

Email: _____

Date of birth: _____

Gender: Male Female Indeterminate/Intersex

Marital status: Married Single Widowed De facto

Country of birth: _____

Cultural background: _____

Religion (optional): _____

Is there anything in particular you would like us to know about your religious or spiritual needs, or cultural background?

Do you require an interpreter for everyday English? If yes, please state language.

Person completing this form: _____

Is the applicant the primary contact for this application?

Yes No – *If no, please complete Section 1.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: _____

1.B Primary Contact/Authorised Person

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: _____

Address: *Street:* _____

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

Contact info: *Home telephone:* _____

Work telephone: _____

Mobile: _____

Email: _____

Relationship to applicant:

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:*

Certified copy of authority provided: Yes No

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

Signed: _____ *Date:* _____

Full name: _____

1.B (a) Other Contact/Authorised Person

Title: Mr Miss Mrs Ms

First name(s): _____

Last name: _____

Address: *Street:* _____

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

Contact info: *Home telephone:* _____

Work telephone: _____

Mobile: _____

Email: _____

Relationship to applicant:

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:*

Certified copy of authority provided: Yes No

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

Signed: _____ *Date:* _____

Full name: _____

2. Income and health cover details

Pension details

Full pension Part pension No pension

If you receive a pension, please indicate the type:

Age Disability Widow DVA Blind Overseas

Enter your pension concession card number (if applicable):

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Expiry date: _____

Enter your DVA treatment card number (if applicable):

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Expiry date: _____

Colour (please tick):

Gold White Orange

ACAT Care Recipient ID: _____

Enter your Medicare card number:

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Individual reference number: Expiry date: _____

Health fund details

Your health fund provider: _____

Your membership number:

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Expiry date: (if applicable): _____

3. Medical and health professional contacts:

Your general practitioner

Name: _____

Address: *Street:* _____

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

Contact info: *Telephone:* _____

Email: _____

Other health professional/s:

(a) Name: _____

Field (e.g. audiologist, heart specialist)

Address: *Street:* _____

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

Contact info: *Daytime telephone:* _____

Evening telephone: _____

Mobile: _____

Email: _____

(b) Name: _____

Field (e.g. audiologist, heart specialist)

Address: *Street:* _____

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

Contact info: *Daytime telephone:* _____

Evening telephone: _____

Mobile: _____

Email: _____

Please advise if there are other health professionals that you may need to consult.

4. Other details

Are you seeking care in the next 0-3 months?

Yes No

Please indicate where you currently live:

In your own home In an aged care facility
 In hospital Elsewhere

Address: _____

5. Responsibility for paying accounts and receiving correspondence

Do you wish to be responsible for receiving correspondence, including accounts?

Yes, I would like to receive my correspondence

No, I would like: _____
(nominated representative in 1.B) to receive my correspondence

6. Legal advice

Have you obtained legal advice regarding your application?

Yes No

Do you intend to seek legal advice? Yes No

7. Last Will and Testament

Do you have a current Will? Yes No

Name/s of Executor/s: _____

Place where Will is held: _____

8. Important, please:

- Attach a certified copy of the relevant authority, such as *Power of Attorney* or *Guardianship* papers, if someone else has the legal power to make decisions on your behalf.
- If an authorised representative is signing this application on your behalf, please attach a copy of the documentation authorising the representative to act on your behalf e.g. *Power of Attorney*
- Attach a copy of the current ACAT approval form
- Attach the letter of assessment from *Centrelink* (if applicable)
- Attach a certified copy of your *Advanced Health Directive* (if you have one)