APPLICATION FORM

for Permanent Residential Aged Care Entry

Thank you for choosing Ridgehaven Retirement Complex.

Attached is the application form for entry to 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 explains the processes you will need to undertake as part of this application.

To apply for residential care, you need an aged care assessment. You, or a representative on your behalf, will need to:

- visit the My Aged Care website to 'Apply for an Assessment Online'
- call My Aged Care on **1800 200 422** (free call) between 8am and 8pm on weekdays and between 10am and 2pm on Saturdays.
- book a face-to-face appointment with an Aged Care Specialist Officer (ACSO) at select Services Australia service centres by calling **1800 277 475** between 8am and 5pm on weekdays.

My Aged Care can:

- register you with My Aged Care, if you are calling for the first time
- ask you some initial questions to discuss the aged care services you may need
- refer you to an assessment organisation in your local area.

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

- A copy of your recent My Aged Care 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
- A copy of the letter of assessment from Services Australia (Centrelink) which states the aged care fees that would be payable. *(this link explains what you might be expected to contribute* www.myagedcare.gov.au/how-much-will-i-pay)

Services Australia (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.

If you have any queries do not hesitate to contact us on (07) 4166 1082 during office hours, which are Monday-Friday from 8.30am to 4.00pm. We are happy to help you in any way we can.

We look forward to welcoming you to Ridgehaven.

Should your care requirements change in the future or if you find a placement elsewhere please let us know.

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

President	Mrs Karen Hockey
Vice President	Mr David Watson
Secretary/Treasurer	Mrs Mia Francis
Board Member	Mr Chris Pattie

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

Town & 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 First 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) Second 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):

Expiry date: _____

Enter your DVA treatment card number (if applicable):

Expiry date: _____

Colour (please tick):

☐ Gold ☐ White ☐ Orange

ACAT Residential Care ID: _____

Enter your Medicare card number:

				-----						-----	

Individual reference number: ☐ *Expiry date:* _____

Health fund details

Your health fund provider: _____

Your membership number:

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 who you may need to consult.

4. Personal care needs:

WALKING	☐ Independent	☐ With Aid	☐ Assisted / supervised	☐ Full assistance
DRESSING/ UNDRESSING	☐ Independent		☐ Assisted / supervised	☐ Full assistance
SHOWERING/ WASHING	☐ Independent		☐ Partly assist	☐ Full assistance
TOILETING	☐ Independent		☐ Partly assist	☐ Full assistance
EATING/ DRINKING	☐ Independent	☐ Supervised	☐ Assisted / encouraged	☐ Full assistance
Special dietary requirements	Medical ☐ Yes ☐ No	Cultural ☐ Yes ☐ No	Religious ☐ Yes ☐ No	

Personal Support Needs: (*please tick appropriate box*)

Do you experience:	**YES**	**NO**	**How do you deal with these problems?**
Poor vision			
Poor hearing			
Communication difficulties			
Poor memory			
Anxiety			
Fear			
Frustration / anger			
Sadness			
Getting lost			
Other: (*please describe*)			

5. 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: _____

_____

6. 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: _____ (name)

to receive my correspondence *(nominated representative in 1.B)*

7. Legal advice

Have you obtained legal advice regarding your application?

☐ Yes ☐ No

Do you intend to seek legal advice? ☐ Yes ☐ No

8. Last Will and Testament

Do you have a current Will? ☐ Yes ☐ No

Name/s of Executor/s: _____

Place where Will is held: _____

9. Important, please check you have attached the following documents: *(tick the box)*

- A copy of the current My Aged Care assessment ☐
- A copy of the letter of assessment from *Centrelink* ☐
- A certified copy of the relevant authority, such as *Power of Attorney* or *Guardianship* papers ☐
- A certified copy of your *Advanced Health Directive* (if you have one) ☐