

APPLICATION FOR ADMISSION TO A

# Residential Aged Care Facility

**IMPORTANT INFORMATION:** In order for your application for admission to be considered we require certain information as listed below to be supplied to us. Please note we cannot process your admission or include you on our waiting list until all information has been received.

The following is required to be supplied with this application:

- **Copies of Powers of Attorney Enduring, Financial and/or Medical.**
- **If you receive a Centrelink pension or Department of Veteran Affairs (DVA) pension, a recent income and asset summary or aged care fee estimation summary issued from the relevant Department (Centrelink or DVA).**
- **Your My Aged Care Referral Codes (Permanent and/or Respite)**

The information on this form will be treated as strictly **CONFIDENTIAL**.

Date of Application \_\_\_\_\_

Preferred Facility (Please circle)      **Banksia Lodge (Kialla Gardens)**      **Maculata Place (Tarcoola)**  
**Mooroopna Place (Rodney Park)**

How did you hear about Shepparton Villages:

\_\_\_\_\_

## Details of Applicant

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (Current): \_\_\_\_\_



**Please tick if the Resident identifies as any of the following;**

*Under the current care standards we are required to ask for this information. We understand this can quite personal and you always have the right not to disclose this information during the application process*

Male  Female  Non- binary  Do not wish to disclose

First Nations Australian: Yes  No  Do not wish to disclose

Torres Strait Islander Australian: Yes  No  Do not wish to disclose

Member of the LGBTQIA+ Community: Yes  No  Do not wish to disclose

Has history of any form of trauma: Yes  No  Do not wish to disclose

You or your spouse an Australian Defense force veteran Yes  No  Do not wish to disclose

A member of any group special needs groups Yes  No  Do not wish to disclose

Please specify: \_\_\_\_\_

**Next of Kin/ POA/ Advocate 1**

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Next of Kin / POA/ Advocate 2**

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_



Medical details

Has an ACAS assessment been completed Yes  No

Copy of ACAS assessment attached Yes  No

My Aged Care - I.D. \_\_\_\_\_

Permanent Care Referral Code: \_\_\_\_\_

Is the resident currently on a NDIS/ NDIA support plan or package? Yes  No

If yes, please provide a copy of the current NDIS care and funding plan along with this application. This is a compliance requirement for Aged Care Providers to have on records and unfortunately, we cannot consider your application until this information is supplied.

Name of your General Practitioner & Practice \_\_\_\_\_

Important - a condition of entry is to confirm if your General Practitioner (GP) will visit our facilities. If you need assistance locating a visiting GP, please discuss further with our Admissions Team.

Are you double vaccinated for Covid 19 Yes  No  AstraZeneca/ Pfizer

Name of your current pharmacy: \_\_\_\_\_

Do you have formal diagnosis:

Dementia/ Alzheimer's  Diabetes  condition that requires warfarin

Medicare No: \_\_\_\_\_ INR \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

We will request a copy of the card prior to admission.

Do you have private health insurance Yes  No

Name of fund: \_\_\_\_\_ Member No: \_\_\_\_\_

We will request a copy of the card prior to admission if applicable.

Allergies: \_\_\_\_\_

Dietary Requirements

Do you have any of the following dietary requirements:

- Dairy Free  Lactose intolerance  Gluten intolerance or sensitivity 
Vegan  Vegetarianism  Fish /Shellfish 
Nut  Egg  Soy 
Kosher/ Halal  Celiac

Is your dietary requirement: Ingestion based risk  Cross contamination risk

Please disclose other important dietary information: \_\_\_\_\_

## Conflict of Interest Declaration

A conflict of interest arises when an organisation or person's interests compromise, influence or affect the way they provide services. A conflict of interest can be real or perceived.

Conflicts of interest could include conflicts of a financial, business or personal nature.

An example of a conflict of interest may be where a staff member or board member of Shepparton Villages is related to a Resident or has a personal relationship with a Resident.

Shepparton Villages will support you and always aim to ensure your choices are not affected by conflicts of interest.

For further information regarding conflicts of interest please refer to the *Conflict of Interest Policy* that will be supplied once a room has been formally offered. You can request this information before you are offers a position.

Do you have any actual, potential or perceived conflicts of interest relating to Shepparton Villages to declare? Yes  No

If YES – please provide details (we will contact you for further information if required):

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## Powers of Attorney for decision making

***Please note, it is a condition of entry to provide us with a copy of your appointed powers of attorney outlining the specific conditions of enactment. In certain circumstances, we may also require supporting documentation from your general medical practitioner. We will advise you if this is the case.***

Have you appointed someone as your:  
Enduring power of attorney Yes  No

Medical treatment decision maker  
or as Enduring power of attorney (Medical Treatment) Yes  No

Have you made an advanced care directive? \* Yes  No

\* An advanced care directive records your values and preferences for your medical treatment. If you record your values and preferences for your medical treatment, this will help your medical treatment decision maker, or the Public Advocate to make the decision you would want. For further information see: [www.betterhealth.vic.gov.au/havetheconversation](http://www.betterhealth.vic.gov.au/havetheconversation)

If yes to any of the above please state name, address and contact number of person(s) appointed (we will also require a copy of these documents)

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### Financial details

Do you receive a pension from Centrelink Yes  No

Do you receive a pension from Dept. of Veterans' Affairs Yes  No

Do you receive a full pension  or a part pension

Pension No: \_\_\_\_\_ Exp: \_\_\_\_\_

Are you a self-funded retiree Yes  No

Are you a homeowner Yes  No

Do you intend to handle your own financial affairs? Yes  No

If no, please advise of the name, address and contact number of person(s) appointed to handle this on your behalf (as indicated above we will also require a copy of the relevant financial power of attorney documents)

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## Assets Assessment Work Sheet

Asset Information collected relates to the assets of both the prospective client and the assets of his or her partner or assets held jointly. The asset information collected determines if a Refundable Accommodation Deposit or Contribution is payable by the prospective resident and to estimate daily fees.

	\$ Value of assets as at today	\$ Value of income (fortnightly)
Real Estate (note family home may be exempt in some circumstances, refer page 3)		
Businesses		
Farms		
Bank/Building society accounts		
Loans to 3 <sup>rd</sup> parties		
Term/Interest Bearing accounts		
Mortgage Investments		
Debentures/Bonds		
Shares		
Managed Investments (property, equity, mortgage and bond trusts)		
Superannuation assets (from which lump sums can be withdrawn)		
Surrender value of life insurance policies		
Motor vehicles, boats & caravans		
Household contents and personal effects (see (1.) pg 1)		
Other "investments"		
Pension Income		
Superannuation Income		
<b>TOTALS</b>		

## Circle the most relevant bolded text

- I **have / have not** owned my own home in the last 2 years.
- I **am / am not** in receipt of the full aged pension (or equivalent DVA/War pension).
- A spouse **does / does not** live in my home.
- A carer or close family relative **does / does not** live in my home, and
- this person **is / is not** in receipt of a social security benefit.

If you currently receive a pension, we request you contact *Services Australia Aged Care Services Line (DVA and Centrelink)* to ensure your financial income and asset information is accurate and current. Services Australia is the Government department who are responsible for determining your care and accommodation fees for aged care.

The relevant contact number for Services Australia Aged Care Services line is 1800 227 475

To ensure the fees you are charged are accurate we also request you supply us with a recent *income and asset summary or aged care fee estimation summary* issued from the relevant Department (Centrelink or DVA).

Failure to update the department with correct financial and personal assets generally results in the resident having to pay higher fees.

Once you are offered a position in our facilities, you will also be requested to complete a *Combined Assets and Income Assessment* form supplied by the Department of Human Services.

Failing to complete this process will likely result in the maximum care and accommodation fee being applied to your account.

I certify that the above information is to the best of my knowledge true and correct, I understand any false or misleading information provided to Shepparton Retirement Villages Inc. that results in penalization by the Commonwealth Department of Health and Ageing, I will compensate for its pecuniary loss, upon receiving a notice of demand and supporting documentation.

**Signature of resident/advocate/attorney** \_\_\_\_\_

**Name of advocate/attorney**  
(if applicable) \_\_\_\_\_

**Address of advocate/attorney**  
(if applicable) \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**Should you require any assistance with completing this application form please contact:**

Garth Andrew – Admissions Coordinator

Ph: (03) 58 320 800