

Dear Applicant,

Thank you for your interest in applying for residential care within Resthaven Inc. Please find enclosed various Resthaven forms which need to be completed and returned.

Forms

- **Consent to collect/disclose information:** (please ensure the **do give permission** box is ticked and the form signed so we are able to proceed with your application).
- **Application for Admission**
- **Medical form** (to be completed by your Doctor: alternatively, a report from your Doctor if they have the ability to produce it from their computer system).
- **Assets Declaration** – please ensure you read and fully understand this form before you elect to complete **one** of the options listed. If you already have a “**Statement of Assets**” letter from your pension provider and it has **not** expired, please forward this along with the Assets Declaration form, making sure you sign and date Option 1.

When you return the forms specified above, we also need a copy of your current Aged Care Client Record as completed by the Aged Care Assessment Team (ACAT). It is advisable to photocopy completed paperwork and maintain for your records. We cannot consider your application until all forms have been fully completed and submitted.

Following receipt of all completed forms, we will consider your application and at an appropriate time schedule a Resthaven assessment. This assessment determines your suitability for residential accommodation and also the most appropriate placement within Resthaven, bearing in mind your preferences and your care needs.

You may like to consider attending a group tour of any of our residential care services. These are conducted once a month. Please refer to our website for details www.resthaven.asn.au, or telephone the site you are interested in (refer to white pages for telephone number).

If you wish to enquire about Community Services that may be available to support you while you are living at home, please call our enquiry service on 1300 136 633.

Please feel free to contact our admissions staff if you have any further queries.

Yours sincerely,

Admissions Officer

P.O. Box 327

UNLEY SA 5061

Ph. 8373 9123

Email to: inquiries@resthaven.asn.au

Resthaven Program/Location: _____ (if known)

I, _____ (full name), being a new applicant of, or an existing Resthaven Resident

do give my permission

do not give my permission

for Resthaven Inc. to collect and release personal information about me from/to organisations related to the on-going provision of assistance, care, accommodation and rehabilitation services that I am able to access through Resthaven Inc.

In signing this form, I also understand that:

- the information is collected and held by Resthaven Inc, a not-for-profit organisation, whose Head Office is located at 43 Marlborough Street, Malvern SA 5061, and a full copy of their Privacy Policy is available to me on request.
- I, or my appointed representative, can access my personal information by making an application to Resthaven Inc, and if deemed inaccurate, it will be corrected.
- the primary purpose of collection of my personal information is to enable appropriate services to be provided to me by Resthaven Inc. or to the person for whom I am the Carer, Next of Kin or Enduring/Medical Power of Attorney and to comply with any law that requires the particular information to be collected.
- organisations external to Resthaven Inc that may receive my personal information include hospitals, doctors, pharmacists and their dispensaries, associated care providers, the Federal Department of Health and Ageing and others as required by law. Financial institutions are involved only where Resthaven Inc. collects fees for service by direct debit arrangements and for staff payroll and superannuation services.
- I am able to refuse or limit permission for Resthaven Inc. to collect/disclose my personal information, but understand that this may impact on the range of services that Resthaven Inc. is able to offer me.
- from time to time Resthaven services feature in general marketing, promotion or the media. This does not involve release of personal information unless specifically agreed to by me but may include promotion of a general nature.
- as a Public Benevolent Institution, from time to time, Resthaven undertakes fundraising and marketing activities and encourages donations but does not on-sell personal information to outside organisations.
- I may withdraw my consent at any time in writing and understand this may impact on the range of services that Resthaven Inc. is able offer me unless service has already commenced as a result of my earlier consent.

Comments / Restrictions / Exemptions:

Signed: _____ **Date:** _____

NB: This form may be signed by another party where the applicant does not have capacity to understand the issues relating to consent due to cognitive impairment. In these circumstances, please complete the following:

Name of Signatory _____ Relationship to Applicant _____

Application for Admission (Confidential)

1. Name of Applicant:
(Miss / Ms / Mrs / Mr / Rev / Dr)

2. Date of birth:.....Country of birth:.....

3. Present address:.....
..... Post Code: Telephone Number:

4. Names, addresses, relationship and telephone numbers of 2 relatives or friends:

(1st Contact)

4.1 Name: Relationship:
Address: Post Code:
Telephone No.: Home ()..... Work ()
Mobile:

(2nd Contact)

4.2 Name: Relationship:
Address: Post Code:
Telephone No.: Home ()..... Work ()
Mobile:

5. Are you in receipt of an age pension or any other pension? Yes No

If yes, please state type of pension: Pension No.:.....

6. Medicare Number:.....

7. What type of residential accommodation have you been approved for? (please tick below)

Low Dependency (Hostel):

High Dependency (Nursing Home):

8. Which location(s) are you interested in? (please tick below):

- Bellevue Heights 47 Eve Road, Bellevue Heights
- Craigmore 200 Adams Road, Craigmore
- Leabrook 336 Kensington Road, Leabrook
- Malvern 43 Marlborough Street, Malvern
- Marion 10 Township Road, Marion
- Mitcham 48 Smith-Dorrien Street, Mitcham
- Mt. Gambier 24 Elizabeth Street, Mt Gambier
- Murray Bridge 53 Swanport Road, Murray Bridge
- Paradise 61 Silkes Road, Paradise
- Westbourne Park 30 Sussex Terrace, Westbourne Park

Continued over page ➡ ➡ ➡ ➡ ➡ ➡ ➡ ➡

9. **Spouse/Partner information:** Are you & your spouse/partner applying together for an aged care place?

No Yes Not Applicable

Does your spouse/partner already reside in a residential aged care home?

No Yes → Name of spouse/partner:

→ Name of residential facility

10. Have you appointed any of the following?

- Enduring Power of Attorney Yes No
- Enduring Power of Guardianship Yes No
- Medical Power of Attorney Yes No

11. Do you receive any type of community or in-home assistance? Yes No

If yes, please state what type of services you receive and from which organisation/s:

.....
.....

Signature of Applicant/Agent Date:

Note: If this form has been signed by other than the applicant, the following needs to be completed:

Name of Agent: _____ Relationship to applicant: _____

So that information supplied by you to Resthaven remains up to date, please notify us of any change of address or change in circumstance that affects your level of need for residential accommodation.

Important Notes

Please include the following documents with this completed Application form to enable processing of your application:

- A full copy of your **Aged Care Assessment Report (ACAT)** for admission to low or high dependency accommodation.
- An **Assets form**, signed and dated accordingly or a “**Statement of Assets**” letter from either Centrelink or Dept. Of Veterans’ Affairs.
- A Resthaven **Medical** form completed by your doctor or a copy of the Medical Health Summary (or similar) from your doctor.
- A **Consent to Collect/Disclose Information** form.
- A copy of Enduring Power of Attorney, Enduring Power of Guardianship or Medical Power of Attorney or any such directive you may have in place.

Applications can be posted to:

**The Admissions Officer
Resthaven Incorporated
PO Box 327
UNLEY SA 5061**

MEDICAL FORM

Applicant's Surname: _____ **Date of Birth:**/...../.....

Given names: _____

Address: _____

Are you the applicant's usual doctor ? Yes No

How long have you known the applicant ? _____

Current Medical Diagnosis:

Medications/Treatment:

1. _____	▪ _____
2. _____	▪ _____
3. _____	▪ _____
4. _____	▪ _____
5. _____	▪ _____
6. _____	▪ _____

Current Medical History

Is there a diagnosis of Dementia? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details: _____
Is there a diagnosis of Depression? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details: _____

Past Medical History

Past Problems:

1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

Allergies: _____

Current Treating Specialists / Physicians

Name: _____ Specialty: _____

Medication Supervision (please tick)

Unnecessary Currently Provided Recommended

Diet: Does the applicant require a special diet ? Yes No

Details: _____

	Nil	Light	Medium	Heavy
Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Independent	Supervision	Physical Assistance
Eating & Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Independent	Supervision	Physical Assistance
Mobility			
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Independent	Supervision	Physical Assistance
Transfers			
Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aids Used Yes No

Please specify: _____

		Yes	No
Continence	(1) Urinary Incontinence	<input type="checkbox"/>	<input type="checkbox"/>
	(2) Faecal Incontinence	<input type="checkbox"/>	<input type="checkbox"/>
	(3) Troublesome Nocturia	<input type="checkbox"/>	<input type="checkbox"/>

Communication (please tick)

Vision	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Hearing	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Hearing Aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Functional Speech	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Language Difficulty	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Social Interaction / Presentation

Is there any evidence of:

Physical aggression <input type="checkbox"/>	Socially inappropriate behaviour <input type="checkbox"/>	Psychoses <input type="checkbox"/>
Verbal aggression <input type="checkbox"/>	Anxiety / Stress <input type="checkbox"/>	Confusion <input type="checkbox"/>
Intrusive wandering <input type="checkbox"/>	Mental and/or behavioural disorders <input type="checkbox"/>	Restlessness <input type="checkbox"/>

Comments: _____

Other Significant Information

Please comment: _____

Has an application for Hostel or Nursing Home Assessment been made ? Yes No

Doctor's Details: (use stamp)

Doctor's Signature: _____ **Date:** _____

Applicant's full name: _____

As part of your admission process, Resthaven needs to know your level of assets. This information is required to enable an accurate assessment of any Accommodation Payment. If your level of assets is **less than \$445,500.00*** (low care application) or \$108,266.40* (high care application), you can only elect to sign and date **option 1**.

If your level of assets **exceeds** \$445,500.00* (low care application) or \$108,266.40* (high care application), you have **2 options** as to how you can provide information regarding your assets to Resthaven. Indicate which option you prefer by signing and dating the relevant box below. **Please note, you must only choose one option.**

OPTION 1:

I agree to complete a "Permanent Residential Aged Care - Request for an Assets Assessment" form and submit it to either Centrelink or Department of Veterans' Affairs (DVA) in accordance with the instructions in the form.

When you receive the Assets Assessment letter from either Centrelink or DVA, please forward a copy directly to Resthaven Admissions staff.

NOTE: Accommodation *cannot* be offered until this letter has been received by Resthaven.

Applicant/Agent's signature: _____ Date: _____

Copies of the form are available from the **Dept of Health & Ageing** – 1800 500 853

- www.health.gov.au/ageingforms

OPTION 2:

- I choose not to undertake OPTION 1 **and** my assets exceed \$445,500.00* (low care application) or \$108,266.40* (high care application)
- I agree to pay the following;
 - for LOW CARE accommodation an Accommodation Bond of \$380,000.00* **OR**
 - for HIGH CARE accommodation a **daily** Accommodation Charge of \$32.58.

Applicant/Agent's signature: _____ Date: _____

Note 1: Where the applicant is part of a couple, under the Aged Care Act your assets are deemed to be 50% of the total assets of the couple, regardless of whose name the assets are vested in.

Note 2: Regardless of which option you have chosen above, you will need to complete the following by ticking the appropriate answer:

- | | | |
|---|------------------------------|-----------------------------|
| a) Have you or your partner owned a home in the last 2 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Is your partner or a dependent child living in this home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Has a carer or close relative, eligible for a pension, resided in this home for the last 2 years and 5 years respectively? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Note 3: If this form has been signed by other than the applicant, the following needs to be completed:

Name of Agent: _____ Relationship to applicant: _____

Please refer over the page for information about income details. ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

Information about fees and income

Fees are payable to Resthaven on a **fortnightly** basis. The Standard Resident Contribution & Income Tested Fee **apply from date of room acceptance**.

Payment is by way of a **direct debit** against your nominated bank account.

The fortnightly fees consist of:

- for **Low Care**;
 - Standard Resident Contribution between \$558.04* and \$578.76*
 - Income Tested Fee (ITF) if assessed. (see note below)
- for **High Care**
 - Standard Resident Contribution between \$558.04* and \$578.76*
 - Income Tested Fee (ITF) if assessed. (see note below)
 - Accommodation Charge if assessed.

Income Tested Fees (ITF) are based on your fortnightly income. No ITF will apply if your total fortnightly income is less than \$866.60*

The formula for calculating the ITF is expressed as;

- 41.67%* of (total fortnightly income minus \$866.60*)

The ITF is not retained by Resthaven; it is retained by the Federal Government.
The current maximum ITF per day is \$66.43*.

The ITF will be calculated by the Government department responsible for paying your Income Support Payment (pension), either Centrelink or Department of Veterans' Affairs.

If you are a **"self funded retiree"** and therefore do not receive an Income Support Payment, you will be required to make a choice as to how your ITF will be calculated:

1. Obtain from Centrelink the appropriate form **"Helping you with the assessment of your residential aged care fee [SA316]"** and once completed, return to Centrelink.
2. Do not involve Centrelink in the process and therefore the ITF will be the amount of the Government subsidy that will be applicable to your level of care.

Resthaven recommends that you consult a Financial Advisor before making a choice of the two methods described above.

Note: A **"self funded retiree"** is defined as a person who is not in receipt of a 'pension' payment from either Centrelink or Dept. of Veterans' Affairs.

If you are in possession of a **'BLUE'** entitlement card from either of these Government Departments, you are classed as a 'pensioner' under the Aged Care Act.

If you only have a **'GOLD'** card from Dept. of Veterans' Affairs, you will be classed as a 'self funded retiree', you must also have the **'BLUE'** card to be classed as a pensioner.

*** All figures shown on this form are correct as at the date of printing this form and are subject to change by Resthaven and/or the Federal Government.**

Prior to submitting an Application for Admission for Resthaven Residential Care Services, please take the time to complete this checklist, to ensure that you have all information required for your application to be considered.

- Resthaven **Consent to Collect/Disclose information form** (1 page: the “**do give permission**” box must be ticked and the form signed before we can proceed any further with the application)
- Resthaven **Application for Admission** (2 pages): completed and signed. (Note: we will also accept the generic form “*Application for Respite Care or Permanent Entry to an Aged Care Home*” available from the Department of Health and Ageing)
- Resthaven **Medical form** (2 pages): to be completed by your Doctor, or a report from your Doctor if they are able to produce it from their computer system
- Resthaven **Assets Declaration form** (2 pages). Please read this form **carefully** as you are required to choose from one of the two options. If you already have a “**Statement of Assets**” letter from your pension provider, please enclose a copy of it with your application and complete Option 1 of the Resthaven form.
- Full copy of current **ACAT assessment forms**. This assessment is current for twelve months from the date of assessment.

It is important to note that we cannot process your application until all forms have been fully completed and submitted. Please retain a copy of all forms/documents for your records.

Once all forms are completed, please return to:

Admissions Officer
Resthaven Incorporated
PO Box 327
UNLEY SA 5061

For further information, please contact the Admissions Officer on:

Phone: (08) 8373 9123
Fax: (08) 8373 0976
email: inquiries@resthaven.asn.au