ABN: 79 976 580 833
Working together: outstanding care and support for older people and their carers

Head Office
6 Bartley Crescent
Wayville South Australia 5034
PO Box 327, Unley SA 5061
T: (08) 8373 0211
F: (08) 8373 0976
E: headoffice@resthaven.asn.au
www.resthaven.asn.au

Dear Applicant

Thank you for your interest in applying for residential aged care accommodation with Resthaven Inc.

Please find enclosed the necessary documents that are to be completed and returned for consideration and review of your application:

- ***Application for Admission for Residential Care***
- ***Consent to collect/disclose information:*** (please ensure the **do give permission** box is ticked and the form signed and witnessed so we are able to proceed with your application).
- ***Medical form*** (to be completed by your Doctor: alternatively, supply a report from your Doctor if they have the ability to produce it from their computer system).
- ***Assets Declaration*** – please complete both pages of this form as it will assist us to determine your accommodation costs.

Please also send a copy of your current **Aged Care Client Record** (ACCR) or My Aged Care (MAC) Support Plan as completed by the Aged Care Assessment Team (**ACAT**). It is advisable to photocopy completed paperwork and maintain for your records.

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 13 66 33** or refer to our website for details www.resthaven.asn.au.

Please do not hesitate to contact us if you have any further queries.

Yours sincerely

Resthaven Inc
Accommodation Enquiries Staff
PO Box 327
UNLEY SA 5061
08 8373 9113
accommodation@resthaven.asn.au

CAA-F-25-01 Application for Residential Accommodation

Confidential

Residential Accommodation Enquiries
PO Box 327
Unley SA 5061
Telephone: (08) 8373 9113
Email: accommodation@resthaven.asn.au

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

2. Date of Birth: ..... Country of Birth: .....

3. Relationship / Marital Status: .....

4. Gender: ☐ Male ☐ Female ☐ Indeterminate/Intersex/Unspecified ☐ Not Stated

5. Present Address: .....

Post Code: ..... Telephone Number: .....

6. Names, addresses, relationship and telephone numbers of two relatives or friends:

(1st Contact)

6.1. Name: ..... Relationship: .....

Address: ..... Post Code: .....

Telephone No.: Home ( ) ..... Work: ( ) .....

Mobile: ..... Email: .....

(2nd Contact)

6.2. Name: ..... Relationship: .....

Address: ..... Post Code: .....

Telephone No.: Home ( ) ..... Work: ( ) .....

Mobile: ..... Email: .....

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

If Yes, please state type of Pension: ..... Pension No.: .....

Do you receive: ☐ Full Pension ☐ Part Pension

8. Medicare Number: ..... Expiry Date: .....

Reference Number on Card: .....

9. Aged Care ID: .....

MAC Referral Code for the following: Permanent: ..... Respite (High): .....

Respite (Low): ..... Home Care Package: .....

10. Which Resthaven location(s) are you interested in? *(Please tick below)*:

- ☐ Aberfoyle Park: 100 Hub Drive, Aberfoyle Park
- ☐ 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: 17 Hill Street, Kingswood
- ☐ Mount Gambier: 24 Elizabeth Street, Mt Gambier
- ☐ Murray Bridge: 53 Swanport Road, Murray Bridge
- ☐ Paradise: 61 Silkes Road, Paradise
- ☐ Port Elliot: 3 Frederik Street, Port Elliot
- ☐ Westbourne Park: 30 Sussex Terrace, Westbourne Park

11. Are you currently registered with NDIS (National Disability Insurance Scheme) ☐ Yes ☐ No

12. Spouse/Partner Information:

- Are you and 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: .....

13. Home Ownership Information:

- Have you or your partner owned a home in the last two years? ☐ Yes ☐ No
- Is your partner or a dependent child living in this home? ☐ Yes ☐ No
- Has a carer or close relative, eligible for a pension, resided in this home for the last two years and five years respectively? ☐ Yes ☐ No

14. Have you submitted the Residential Aged Care Calculation of your cost of care form (SA457) from Services Australia? If no, please submit as soon as possible. ☐ Yes ☐ No

Date of submission: .....

15. 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
- Advance Care Directives ☐ Yes ☐ No
- Do you have an appointed Substitute Decision Maker? ☐ Yes ☐ No

16. 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:

.....

17. How did you hear about Resthaven? ☐ Radio ☐ Television ☐ Word of mouth ☐ Website ☐ Newspaper ☐ Internet ☐ Social media ☐ Other: .....

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.

Applications can be posted to:

Residential Accommodation Enquiries
Resthaven Incorporated
PO Box 327
UNLEY SA 5061

CAA-F-05-03 Consent to Collect, Use and Disclose Personal Information Resident/Client

Resthaven Program/Location: _____

I, _____ *(Resident/client full name)*

☐ **consent to** ☐ **do not consent to**

Resthaven Inc. collecting, using and disclosing personal information about me from/to organisations related to the on-going provision of care, support and accommodation 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 6 Bartley Crescent, Wayville SA 5034, and a full copy of their Privacy Policy is available to me on request.
- I, or my authorised 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 authorised representative, and to comply with any law that requires the particular information to be collected. Personal information is also collected for accounting and billing purposes.
- Organisations external to Resthaven Inc that may receive my personal information include hospitals, doctors, pharmacists and their dispensaries, associated care providers, the Commonwealth Dept.of Human Services and Dept of Health, Financial Institutions and other organisations as required by law.
- 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, including photography and filming. 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.

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 _____

For Community Services Staff: This form is only to be used in the event of an AlayaCare system outage. Once content has been entered into the corresponding AlayaCare form, scan and upload paper-based version to client attachments. Enter a progress note to explain client signed consent in paper-based form and late entry is due to system outage.

CAA-F-25-09 Asset and Income Declaration (Residential Accommodation)

P O Box 327 Unley SA. Phone: (08) 8373 9113. Email: accommodation@resthaven.asn.au

Please complete this Assets Declaration Form and return it to Resthaven Inc. at the above address. Where the resident is a member of a couple, please show all assets held by both partners.

You will also need to lodge the Services Australia Residential Aged Care Calculation of your cost of care form (SA457) so that your aged care fees can be determined by Services Australia as soon as possible. This form is available on the Services Australia website www.servicesaustralia.gov.au, in person at the Centrelink Office or via the Aged Care Assessment team. It is also available as a simple and easy digital form that can be completed online, then printed and sent to Services Australia (Aged Care Calculation of your cost of care form (SA486)).

Applicant Name(s): _____

The person entering care

Do you have a partner? ☐ **Yes** ☐ **No** (If Yes, Enter your *combined* Income below)

Income

Income includes:

- *Income support payments from the Australian Government such as the aged pension or service pension*
- *Net income from rental property*
- *War widow/widower pensions and some disability pensions*
- *Net income from business, including farms*
- *Income from superannuation income streams such as annuities and allocated pensions*
- *Overseas pension income*
- *Family trust distributions*
- *Dividends from private company shares*

DO NOT include interest from your bank account or financial investments.
Your financial assets will be deemed to earn a certain rate of income.

Estimated Income per Annum: $ _____

Home Owner Status

Do you and/or your partner own, or are paying off the home you live in? ☐ **Yes** ☐ **No**

Your home will be included as an asset unless it is occupied by a protected person. A protected person is:

- *Your partner*
- *Your carer who has lived with you in the home for the past two years and is eligible for an income support payment*
- *A close relation, such as a sister, brother, parent, child or grandchild who has lived with you in the home for the past five years and is eligible for an income support payment.*

Will a protected person live in the family home? ☐ **Yes** ☐ **No**

The net market value of your home is the value of the house less any outstanding mortgages. If the net market value of your home is more than $193,219.20, it will not all be included in assessing your assets. Instead, a capped amount of $193,219.20 will be included.

Net market value of the home: $ _____

Assets

Financial assets include:

- *Bank, building society and credit union accounts*
- *Cash*
- *Term deposits*
- *Cheque deposits*
- *Friendly society bonds*
- *Managed investments*
- *Listed shares and securities*
- *Loans and debentures*
- *Shares in unlisted public companies*
- *Gold or other bullion*
- *Gifted assets-if you have gifted amounts above $10,000 in the last year or $30,000 in the last 5 years, include the amount above these limits as a financial asset.*

Financial Assets: $ _____

Other assets include:

- *Household contents and personal effects (these are typically valued at $10,000)*
- *Foreign assets including investments, business interests and real estate*
- *Investment property*
- *Special collections such as stamps, art works or antiques*
- *Superannuation balances*
- *Private trusts, family trusts and private companies*
- *Net retirement village entry contributions*
- *Refundable accommodation deposits*

Other Assets: $ _____

Debts

A debt is any loan, mortgage, reverse mortgage, charge or encumbrance held over an asset which has been included as a financial asset or other asset.

- *DO not include the value of the mortgage over the family home (if there is one)*
- *DO not include credit card debt or personal loans.*

Estimated Debts: $ _____

Signed: _____ Date: _____

(Resident or agent)

If this form has been signed by the resident's agent then agent must print their full name and their relationship to the resident.

_____ _____

Agent's full name *Agent's relationship*

(Information obtained from MyAgedCare website: http://www.myagedcare.gov.au/fee-estimator/residential-care/form)

CAA-F-25-02 Medical Form

P O Box 327 **Unley SA 5061**
Telephone: (08) 8373 9113
Email: accommodation@resthaven.asn.au

Applicant's Full Name: _____ **Date of Birth:** ___/___/_____

Address: _____

Are you the applicant's usual doctor ? Yes ☐ No ☐

How long have you known the applicant ? _____

Current living arrangements and any support services or systems in use (ie; Home Care, Live-in carer etc)

_____

_____

_____

Is the applicant currently registered with NDIS (National Disability Insurance Scheme)? Yes ☐ No ☐

Allergies (describe reaction)

Medication related allergies:

_____

_____

Any other allergies:

_____

_____

Medical Health History, including Surgical and Psychological History

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Current Treating Specialists / Physicians / Allied Health

Name	**Specialty**
1.	
2.	
3.	
4.	

Current Medications (please outline or attach printed list)

_____

_____

_____

Medication Supervision

Does the applicant require assistance with the safe administration of their medication? Yes ☐ No ☐

If no, do they understand what medications they are on, the reasons why they are on this medication and the administration requirement for this medication? Yes ☐ No ☐

Weight and Dietary Considerations:

Does the applicant require a special diet or texture modification? Yes ☐ No ☐ Current Weight:_____kg

Details: _____

	Independent	Supervision	Physical Assistance
Eating & Drinking	☐	☐	☐
Personal Hygiene	☐	☐	☐

Alcohol Use Yes ☐ No ☐

If yes, please specify amount per day: _____

Smoking Yes ☐ No ☐

If yes, please specify amount per day: _____

		Independent	Supervision	Physical Assistance
Mobility:	Walking	☐	☐	☐
	Stairs	☐	☐	☐
Transfers:	Chair	☐	☐	☐
	Bed	☐	☐	☐
	Toilet	☐	☐	☐

Mobility Aids Used Yes ☐ No ☐

Please specify: _____

Recent Falls Yes ☐ No ☐

If yes – any relevant information:

_____

Continence

		Yes	No
(1)	Urinary Incontinence	☐	☐
(2)	Faecal Incontinence	☐	☐
(3)	Troublesome Nocturia	☐	☐

Communication

Vision	Good	☐	Fair	☐	Poor ☐
Hearing	Good	☐	Fair	☐	Poor ☐
Hearing Aid	Yes	☐	No	☐	
Functional Speech	Good	☐	Fair	☐	Poor ☐
Language Difficulty	Yes	☐	No	☐	

Social Interaction / Presentation

Is there any evidence or recent history of:

Physical aggression	☐	Socially inappropriate behaviour	☐	Psychoses	☐
Verbal aggression	☐	Anxiety / Stress	☐	Confusion	☐
Intrusive wandering	☐	Mental and/or behavioural disorders	☐	Restlessness	☐

Comments: _____

_____

Any other significant information that may need to be considered?

Comments: _____

_____

_____

Doctor's Details: (use stamp)

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