Southern Cross Care (WA) Inc. Southern Plus

Application for Entry Form

Please complete this form for you to be added to our Waiting List.

Please complete using **BLOCK letters**, and where indicated, please **tick** the box or write a comment.

- If you are applying for **PERMANENT CARE** please complete Parts A, B C and D
- If you are applying for **RESPITE CARE** please complete Parts A, B and D.

Note:

Please note that the FIRST POINT OF CONTACT will be the EPOA/Next of Kin/ Administrator and/or Guardian. It is the first point of contacts responsibility to forward relevant information relating to the resident or facility to other family members as required.

PART A – Declaration (Person Completing form)
I, (Full name):
Of, (Full address including state and postcode):
I declare that the answers to all questions in regard to the financial details of myself, or on behalf of the applicant, that the information provided is, to the best of my belief, true and correct and is no way false, inaccurate, incomplete, misleading or deceptive.
Signature:
Date:

PART B – PERSONAL INFORMATION

Location:

This application is for: ☐ Permanent Care ☐ Respite Care ☐ Permanent care (Memory Support unit) ☐ High dependency Unit

Priority: ☐ Urgent ☐ Ready ☐ Enquiry only

Have you had an Aged Care Assessment ☐ Yes ☐ No

If yes, please provide your Residential Respite/Permanent referral code: 1-/2- _ _ _ _ _ _ _ _ _ _ _ _ _ _

PLEASE NOTE THAT YOU MUST HAVE A CURRENT SUPPORT PLAN OR ACCR TO BE PLACED ON OUR WAITING LIST. THIS MUST BE KEPT UP TO DATE SO PLEASE ADVISE IF REASSESSED AND SUPPLY NEW FORM.

Details of person to be placed on waiting list

Surname: Maiden Name:

Given names:

Date of Birth: ___ / ___ / ___ Gender: ☐ Male ☐ Female ☐ Other (please specify)_____

Vaccination Status Flu Vaccine: ☐ Yes ☐ No Year: _____

Covid Vaccine name: _____ ☐ Dose 1 ☐ Dose 2 ☐ Dose 3 ☐ Dose 4

Marital Status: ☐ Married ☐ Widowed ☐ De Facto ☐ Partner ☐ Separated ☐ Single

Smoker: ☐ Yes ☐ No

Country of Birth: Preferred Language:

Religion: _____ Enrolled to vote: ☐ YES ☐ NO

Current location of applicant:

Address (if currently at home or still own a home):

State: Postcode:

Phone: Home: Mobile:

Has the applicant previously resided in an Aged Care Facility? ☐ Yes ☐ No

Name of facility:

Length of stay:

Have they been discharged? ☐ Yes ☐ No

If the applicant is currently in Aged Care – Were they in care prior to 20/09/2009? ☐ Yes ☐ No

Were they in care prior to 01/07/2014? ☐ Yes ☐ No

Details of person completing the application (ideally Primary Contact)
If this is the person seeking residence, please write 'as above':
Surname:
Given Names:
Address (if currently at home or still own a home): State: Postcode:
Phone: Home: _____ Work: _____ Mobile: _____
E-mail:
Relationship to applicant:
Vaccination Status Flu Vaccine: ☐ Yes ☐ No Year: _____ Covid Vaccine name: _____ ☐ Dose 1 ☐ Dose 2 ☐ Dose 3 ☐ Dose 4
Are you the Power of Attorney (POA)? ☐ Yes – please provide copy ☐ No
If there is more than one (1) POA is authority given ☐ Jointly ☐ Jointly and Severally
Are you to be listed as first contact? ☐ Yes ☐ No
Are you to receive all correspondence relating to this application, both pre and post admission? ☐ Yes ☐ No

Details of additional contacts and Enduring Powers of Attorney/Administration or Guardianship
Surname:
Given Names:
Address (if currently at home or still own a home): State: Postcode:
Phone: Home: _____ Work: _____ Mobile: _____
E-mail:
Relationship to applicant:
Vaccination Status Flu Vaccine: ☐ Yes ☐ No Year: _____ Covid Vaccine name: _____ ☐ Dose 1 ☐ Dose 2 ☐ Dose 3 ☐ Dose 4
Are you the Power of Attorney (POA)? ☐ Yes – please provide copy ☐ No
If there is more than one (1) POA is authority given ☐ Jointly ☐ Jointly and Severally
Are you to be listed as first contact? ☐ Yes ☐ No
Are you to receive all correspondence relating to this application, both pre and post admission? ☐ Yes ☐ No

Details of additional contacts and Enduring Powers of Attorney/ Administration or Guardianship
Surname:
Given Names:
Address (if currently at home or still own a home): State: Postcode:
Phone: Home: _____ Work: _____ Mobile: _____
E-mail:
Relationship to applicant:
Vaccination Status Flu Vaccine: ☐ Yes ☐ No Year: _____ Covid Vaccine name: _____ ☐ Dose 1 ☐ Dose 2 ☐ Dose 3 ☐ Dose 4
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Are you to be listed as first contact? ☐ Yes ☐ No
Are you to receive all correspondence relating to this application, both pre and post admission? ☐ Yes ☐ No

Current Medical practitioner contact details				
Current GP	GP name			
	Clinic name			
	Phone			
Current Pharmacy				
Name		Phone		

Income/Pension details		
Income type ☐ Aged ☐ DVA ☐ Full Pensioner ☐ Part Pensioner ☐ foreign pension ☐ Self-funded retiree		
Full and part pensioners: Please complete the following details, using the most current information you have provided to Centrelink/DVA:		
	Tick	Current Fortnightly Amount
Age pension/DVA pension amount (including supplements)	☐	
Disability Support pension	☐	
Other income (superannuation, rent annuity etc)	☐	

PART C - ASSETS

If you do not wish to declare your assets below, please read the following and check the box as your acknowledgment:

I declare that I have sufficient assets to cover the accommodation cost at Southern Cross Care and therefore do not wish to disclose further assets

I understand by not declaring my assets I may be liable for the maximum means tested fees.

☐ I have read and understand the statements above OR ☐ I will declare my assets as detailed below
OR ☐ I have attached advice from a financial advisor

Services Australia – Income and asset assessment

To access permanent residential aged care, you must inform Services Australia of your financial situation by lodging an income and asset assessment. Have you already submitted this information?

☐ Yes ☐ No (forms are available from Admission Co-ordinator, Southern Cross Care, or visit www.myagedcare.com.au, www.humanservices.gov.au, www.dva.gov.au, or call 'My Aged Care' on 1800 200 422.

Financial Advice

Southern Cross Care recommend seeking independent financial advice to provide you with financial assistance. Your Admission Coordinator can assist with recommending local advisors who specialize in the aged care field.

Property Assets

The following information is to determine if a Refundable Accommodation Deposit (RAD) is payable.

Please use your most current information as supplied to Centrelink/Dept Veteran's Affairs (as applicable)

Do you own, or part-own the house, unit or flat in which you normally live?	☐Yes ☐No
If yes, please provide the following information: Address of property: _____ _____ Share of property owned by you (e.g., 100%, 50%): _____% Current market value of the property:	$
Do you have a spouse or dependent child living in your home?	☐Yes ☐No
If **yes**, please indicate: ☐ Spouse ☐ Dependent Child	
Have you had a carer who is eligible for a pension or other income support living in your home for at least the past two (2) years?	☐Yes ☐No
Have you had a close relative who is eligible for a pension or other income support living in your home for at least five (5) years?	☐Yes ☐No
Do you own or part-own any other residential or commercial property?	☐Yes ☐No

Details of other Assets	
Please indicate balances of any other monies or investments at the date of this declaration *Note: If these are joint account balances, please write a 'j' after the total amount*	
Assets: Bank accounts & other investments	**Total $ amount**
Savings accounts	
Cheque accounts	
Fixed or term deposits	
Rollover funds	
Shares	
Building Society/Credit Union accounts etc	
Government or semi-government bonds	
Property trusts	
Managed trusts	
Loans to family members and others	
Debenture stock	
Other investments (please detail on a separate sheet)	
Other assets of value not shown above (including any assets or funds disposed of since August 1996)	
Debts: Do you have any loans or other debts to repay?	☐Yes ☐No
If **yes**, please give details: _____ Outstanding amount/s:	$
Have you paid an Accommodation Bond or Refundable Accommodation Deposit (RAD) to another facility?	☐Yes ☐No
If **yes**, please provide a copy of current statement evidencing balance held by that facility Name of facility: _____ Date Bond/RAD paid:_____ / _____ / _____ Amount of Bond/RAD:	$
Do you own a car, boat or caravan?	☐Yes ☐No
If **yes**, please state the value	$
What is the estimated value of other personal possessions and household items? (Do not use replacement value)	$
Do you have a Life Insurance policy?	☐Yes ☐No
If **yes**, please state the surrender value:	$
Do you have superannuation from which lump sum amounts can be withdrawn?	☐Yes ☐No
If **yes**, please state allowed withdrawal:	$

PART D – SUPPORTING DOCUMENTATION	
Your Application for Entry is not complete without the required supporting documentation. Please provide copies of the following documents attached to your completed Application for Entry.	
Document	Tick (✓) if applicable or cross (x) if not applicable
Aged Care Client Record (ACCR) or Support Plan	
Complete up to date medical summary history from current GP	
Immunisation Statement	
Copy of Medicare card	
Copy of Department of Veteran's Affairs Gold Card	
Copy of Pension card	
Copy Power of Attorney (enduring and/or medical and financial)	
Copy of Guardianship details (if applicable)	
Copy of Private Health Insurance Membership (if applicable)	
Copy of Pharmacy Safety Net card (if applicable)	
Copy of Taxi Card (if applicable)	