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|  | ***Application for Accommodation*** |

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| **Aged Care Facility** |
| **Facility Name** |  |

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| **Personal Details** |
| **Surname** |  | **Title** |  |
| **Given Names** |  | **Date of birth** |  |
| **Preferred Name** |  | **Marital Status** |  |
| **Gender** |[ ]  Male |[ ]  Female |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Suburb** |  | **Postcode** |  |
| **Home Phone** |  | **Mobile Phone** |  |
| **Email Address** |  |
| **Previous Occupation** |  | **Religion** |  |
| **Country of Birth** |  | **Region** |  |
| **Primary Language** |  | **Other Language** |  |
| **Indigenous Type** |[ ]  Aboriginal |[ ]  Torres Strait Islander |
| **Eye Colour** |  | **Hair Colour** |  |
| **Build** |  | **Height** |  |
| **Leisure Interests** |  |
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| **Respite Referral Code** |  |
| **Permanent Referral Code** |  |

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| **Is your Spouse/Partner Applying at the same time** |
|  [ ]  Yes |  [ ]  No |
| (a separate application is required for each individual applying for accommodation) |
| **Spouse’s name** |  |

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| **Financial Details** |
| **Financial Status** |[ ]  Full Pensioner |[ ]  Part Pensioner |[ ]  Self Funded Retiree |
| **Centrelink Number** |  |
| **Start Date** |  | **Expiry Date** |  |
| **DVA Number** |  | **Expiry Date** |  |
| **Asset Assessment** | Obtained from Centrelink or DVA? [ ]  Yes [ ]  No | (Please attach a copy) |

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| **Medical Details** |
| **Current Doctor** |  | **Phone** |  |
| **ACAT Assessment** | Completed? [ ]  Yes [ ]  No | (If yes, please attach copy) |
| **Dementia Specific** | Required? [ ]  Yes [ ]  No | (If yes, will be on ACAT assessment) |
| **Private Health Fund** |  |
| **Member No** |  | **Expiry Date** |  |
| **Medicare No** |  | **Expiry Date** |  |
| **NDIS No** |  | **Expiry Date** |  |

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| **Request for Priority Admission** |
| Except where a special need can be established, applications are dealt with in order of receipt. If you feel you have any reason for priority admission on financial, social, medical or any other grounds, please give details below. |
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| **Preferred Funeral Director** |
| **Name** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Suburb** |  | **Postcode** |  |
| **Telephone** |  |
| **Burial** | [ ]  Yes [ ]  No | **Cremation** | [ ]  Yes [ ]  No |

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| **Preferred Spiritual Advisor** |
| **Name** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Suburb** |  | **Postcode** |  |
| **Telephone** |  |

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| **Advance Care Directive or Living Will** |
| An **Advance Care Directive** is a document written by the prospective consumer when of sound mind, that states the types of medical treatment and personal care they would want (or would not want) if they had been able to express their wishes when they no longer have the capacity to do so. |
| It should be: | * Specific
* Recent (within the last 2 years)
* Witnessed
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| Do you have an **Advance Care Directive**? | [ ]  No [ ]  Yes If yes please provide a copy |

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| **Existing/Previous Consumer of an Aged Care Home** |
| **Are you currently a consumer in an aged care facility or have you ever been? If so please provide details of the previous facility below.** |
| **Name of current, or previous residential aged care home** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Suburb** |  | **Postcode** |  |
| **Phone Number** |  |
| **Date you entered the facility** |  | **Departure Date (if applicable)** |  |

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| **Important** |
| **Please ensure the following documentation is returned with your application** | [ ]  ACCR (Aged Care Client Record) from the ACAT (Aged Care Assessment Team) |
| [ ]  CBCS Income Asset & Assessment or Asset Statement from Centrelink or DVA |
| [ ]  Pre-Admission Medical History Check |
| [ ]  Copies of Pension and Medicare Card |
| [ ]  Consumer Contracts Authority |
| [ ]  Power(s) of Attorney and/or Guardianship Papers (if someone else has the legal power to make decisions on your behalf) |

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| **Consumer Signature** |
| **Signature** |  | **Date** |  |

**OR**

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| If the consumer is unable to sign, the signature that appears below must be that of someone authorised to sign on their behalf. A copy of such authorisation must be provided. |
| **Name(Authorised Person)** |  | **Relationship/ Authority** |  |
| **Signature(Authorised Person)** |  | **Date** |  |

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| **Confidentiality Information** |
| Christian Brethren Community Services complies with the standards set out in the Australian Privacy Principles (APPs) as defined in the Privacy Act 1988 (Cwth) as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012 and in the Health Privacy Principles (HPPs) as defined in the Health Records and Information Privacy Act 2002 (NSW). We will only collect personal and health information if it is required for the functions and activities of the organisation. Collection of the information will be done lawfully, fairly and in a reasonably unobtrusive way and only information that is reasonably necessary will be collected. We will ensure that information collected is relevant to the purpose for which is collected, that it is not excessive, that it is accurate, up to date and complete. We will only use or disclose information for the purpose for which it was collected and in ways that you would reasonably expect, unless you consent to it being used or disclosed in another way. We will not use the information for direct marketing purposes, nor disclose it to others for direct marketing purposes. We will take all reasonable steps to protect the personal information we hold from misuse and loss, and from unauthorised access, modification and disclosure. Full details of our Privacy Policy can be found on our website (www.cbcs.com.au) or in our Privacy and Confidentiality Information brochure, which is freely available from the offices of our retirement villages and care facilities and in our Consumer Handbook under **Privacy and Confidentiality** and **Rights and Responsibilities**. |