

Application for Accommodation

Aged Care Facility

Facility Name: _____

Personal Details

Surname:	_____	Title:	_____
Given Names:	_____	Date of Birth:	_____
Preferred Name:	_____	Marital Status:	_____
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address Line 1:	_____		
Address Line 2:	_____		
Suburb:	_____	Post Code:	_____
Home Phone:	_____	Mobile Phone:	_____
Email Address:	_____		
Previous Occupation:	_____	Religion:	_____
Country of Birth:	_____	Region:	_____
Primary Language:	_____	Other Language:	_____
Indigenous Type:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>		
Eye Colour:	_____	Hair Colour:	_____
Build:	_____	Height:	_____
Leisure Interests:	_____		
Respite Referral Code:	_____		
Permanent Referral Code:	_____		

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: _____

Financial Details

Financial Status:	Full Pensioner <input type="checkbox"/> Part Pensioner <input type="checkbox"/> Self Funded Retiree <input type="checkbox"/>		
Centrelink Number:	_____		
Start Date:	_____	Expiry Date:	_____
DVA Number:	_____	Expiry Date:	_____
Asset Assessment:	Obtained from Centrelink or DVA? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please attach a copy)		

Medical Details

Current Doctor:		Phone:	
ACAT Assessment:	Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	(If Yes, please attach copy)	
Dementia Specific:	Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	(If Yes, will be on ACAT assessment)	
Private Health Fund:			
Member No:		Expiry Date:	
Medicare No:		Expiry Date:	
NDIS No:		Expiry Date:	

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:-

Preferred Funeral Director

Name:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Telephone:			
Burial :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cremation: Yes <input type="checkbox"/> No <input type="checkbox"/>

Preferred Spiritual Advisor

Name:			
Address Line 1:			
Address Line 2:			
Suburb:		Postcode:	
Telephone:			

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

Do you have an **Advance Care Directive** No Yes *If yes please provide a copy*

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)	/ /

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 Contacts Authority
- Power(s) of Attorney and/or Guardianship Papers (if someone else has the legal power to make decisions on your behalf.)

Consumer Signature

Signature:		Date:	/ /
OR			
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:	/ /

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**.