

Residential Care

Application Pack



Application Form

This application form is to aid our staff in providing you with quality care.
All information you provide on this form will be maintained in a highly confidential manner.

FACILITY BEING APPLIED FOR

Tick preferred option/s Fullarton Glynde Hope Valley

APPLICANT'S DETAILS

Title Surname First Name/s

Preferred Name Date of Birth

Gender Male Female Other Prefer not to say

Address

Email Phone/Mobile

Marital Status Country of Birth

Language/s Spoken Is an Interpreter Required Yes No

Do you identify as Aboriginal Yes No or Torres Strait Islander Yes No

Religion Name of Minister Phone

Funding

Self-Funded Retiree

Overseas Pension Details:

Aged Pension Full Part No: Exp. Date

DVA Pension Full Part No: Exp. Date

Disability Pension Full Part No: Exp. Date

Type Applied to DVA for respite compensation Yes No

Do you need to lodge the Services Australia Financial Assessment forms? Yes No

If yes, when were the forms sent to Centrelink/DVA? Date

Have you already received the assessment outcome?

Yes Please attach a copy of the outcome

No Please complete the 'Financial Statement' and then also send a copy of the outcome once received from the Department.

Application Form

Financial Statement

Name of Applicant

I understand that if I do not disclose these details, I will be charged the maximum fees. (please tick)

I have included all the assets, debts and income owned by my partner and me. (please tick)

Do you or your partner own, or are currently paying off the home you live in? Yes No

If you do, will a protected person live in the family home? Yes No

If yes, you do not need to state the value of your Home/Unit below.

ASSETS (APPROXIMATE VALUE)

Please tick whichever is applicable to you

Individual: Single Couple: Combined

Your Home / LHG Unit (Current value excluding contents)	\$	<input type="text"/>
Home Contents (Market value only)	\$	<input type="text"/>
Other Properties (Including land)	\$	<input type="text"/>
Shares / Managed Funds (Current market value)	\$	<input type="text"/>
Term Deposits / Bonds / Debentures etc.	\$	<input type="text"/>
Bank Accounts / Credit Unions Accounts	\$	<input type="text"/>
Superannuation / Allocated Pension Balance	\$	<input type="text"/>
Loans to Other Parties	\$	<input type="text"/>
Antiques / Works of Art etc.	\$	<input type="text"/>
Motor Vehicles / Boat / Caravan	\$	<input type="text"/>
Other Assets	\$	<input type="text"/>
Gifts within last 5 years	\$	<input type="text"/>
Total Assets	\$	<input type="text"/>

Debts (Does not include general bills or credit cards)

Mortgage	\$	<input type="text"/>
Other Debts / Loans	\$	<input type="text"/>
Total Debts	\$	<input type="text"/>

Income (Don't include interest earned on investments)

Per Fortnight

Individual: Single Couple: Combined

Australian Age Pension	\$	<input type="text"/>
Veteran Affairs Pension	\$	<input type="text"/>
Overseas Pension	\$	<input type="text"/>
Other Pensions	\$	<input type="text"/>
Income Support Supplement	\$	<input type="text"/>
Superannuation	\$	<input type="text"/>
Property Income (Net)	\$	<input type="text"/>
Any Other Income	\$	<input type="text"/>
Total Income	\$	<input type="text"/>

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ASSET OPTIONS DECLARATION FORM

This page is a mandatory part of your application.

Your level of personal assets may affect your payments or eligibility for Residential Care at Lutheran Homes Group. As such, you must elect to either undertake an Assets and Income Assessment (Option 1) or sign the Assets Assurance (Option 2). This is prescribed by the Aged Care Act (1997) and supporting Aged Care Principles and regulations.

Option 1: Assets and Income Assessment

I agree to complete a "Permanent Residential Aged Care - Residential Aged Care Calculation of your Cost of Care (SA457) or Residential Aged Care Property Details for Centrelink and DVA (SA485)" form and submit it to Centrelink (or if appropriate, the Department of Veterans Affairs - DVA) in accordance with the instructions in the form.

When I receive the Asset Assessments letter from Centrelink (or DVA) I will forward it to Lutheran Homes Group. The result of this decision means that you could pay up to \$393.42 a day until the annual cap of \$34,174.16 has been reached. The lifetime cap is \$82,018.15, copies of the form are available from the Department of Social Services www.humanservices.gov.au/customer/forms/sa457, call 1800 200 422 or collect the pack from reception.

Applicant / Power of Attorney Signature: Date

Or

Option 2: Asset Assurance

I have decided not to undertake Option 1 and therefore not provide Lutheran Homes Group with information regarding my financial assets.

In accordance with the Aged Care Act (1997) and the Aged Care Principles, I hereby give an assurance that I am able to pay the agreed accommodation payment and still be in compliance with the minimum permissible asset value regulations.

Applicant / Power of Attorney Signature: Date

Lutheran Homes Group recommends that potential residents consider financial advice before deciding on which option.

If this form has been signed by a person other than the applicant, such as a person holding a Power of Attorney, please complete the following:

Name of person / Power of Attorney
Relationship to Applicant Contact Number

Application Form

Enrolled to Vote Yes No (You may need to complete an AEC form to update details or to cease voting)

Funeral Director (Required for admission – can be changed in the future)

Nominated Phone

Contact Details

If you have completed an Advanced Care Directive, this form now replaces all other documents you may have completed previously, for example, an Enduring Power of Guardianship, Medical Power of Attorney or Anticipatory Direction.

Have you appointed a 'Substitute Decision Maker' as identified in the Advanced Care Directive? Yes No

(If yes, please provide a certified copy of the document.
Lutheran Homes Group can certify a copy if the original is available.)

Are Substitute Decision Makers required to make decisions Together? Independently?

If substitute decision makers have not been nominated, please nominate a 1st, 2nd and/or 3rd contact.

Please list in preferred order of contact.

Responsible Person – Financial Matters

Delivery of Accounts: Delivered to Room or to Contact Person 1 2 3

or as follows:

Name Relationship

Address Postcode

Phone: Home Work Mobile

Preferred time of day for contact: 24 hrs Custom (please specify)

Email for Invoices

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First Point of Contact

Acting on behalf of the resident, able to discuss personal information. The first point of contact usually receives LHG notifications, eg Flu vaccination program details. Responsible for passing on information to other contacts.

Title Name Relationship NOK

Address Postcode

Email

Phone: Home Work Mobile

Preferred time of day for contact: 24 hrs Custom (please specify)

Type of Authority (please attach a copy):

Advance Care Directive – Substitute Decision Maker Financial Attorney – PoA/EPoA

Medical PoA Enduring Guardianship

Second Point of Contact

Title Name Relationship NOK

Address Postcode

Email

Phone: Home Work Mobile

Preferred time of day for contact: 24 hrs Custom (please specify)

Type of Authority (please attach a copy):

Advance Care Directive – Substitute Decision Maker Financial Attorney – PoA/EPoA

Medical PoA Enduring Guardianship

Third Point of Contact

Title Name Relationship NOK

Address Postcode

Email

Phone: Home Work Mobile

Preferred time of day for contact: 24 hrs Custom (please specify)

Type of Authority (please attach a copy):

Advance Care Directive – Substitute Decision Maker Financial Attorney – PoA/EPoA

Medical PoA Enduring Guardianship

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MEDICAL

Do you have a diagnosis of Dementia as per the ACAT or your doctor? Yes No

Have you had a current Flu Vaccination Yes No

Have you had the COVID Vaccination Yes No If yes, how many doses

Allergies

Doctor prior to admission Phone AHPhone

Dr Address Postcode

Dr Email FaxNo.

Medicare Number Person Number Exp. Date

Private Hospital Insurance Yes No Name of Fund

Membership Number Table

Medic Alert Number Type

Ambulance Cover No. Exp. Date

Access Cab Yes No

Transport Subsidy Scheme Vouchers Yes Number No

Guardianship Order in place Guardian/s

Current Treating Specialist 1

Name Specialty

Phone Address Postcode

Date Last Seen Future Planned Appointments

Reason Seen by Resident

Current Treating Specialist 2

Name Specialty

Phone Address Postcode

Date Last Seen Future Planned Appointments

Reason Seen by Resident

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MEDICAL DETAILS

Please complete the applicant's name, address and 'permission to gain information' section below, then provide this form to the applicant's general practitioner for completion, then return the completed form to LHG.

Dear Doctor

Name of Applicant

of (address)

has applied for accommodation at Lutheran Homes Group and we seek your assistance to expedite this process.

Permission to gain information from doctor

I request that you release information about my medical status to Lutheran Homes Group staff for the purpose of gaining admission into Residential Care.

Signature

Date

Doctor's Name

Surgery Address

Postcode

Phone

Fax

Email

History and current diagnosis

Application Form

Medication dose and frequency

Other treatments required

Other comments

Signature of
Medical Officer

Date

Application Form

Application Completed by

Name

Signature

Applicant NOK EPOA Other

Attachments

The following documents must be attached or your application may not be considered:

- A copy of your current Aged Care Assessment approval (ACAT)/Support plan
 - Respite Approval Permanent Approval
- A certified copy your Advance Care Directive (if applicable).
- A copy of the relevant authority, such as Enduring Power of Attorney and/or Guardianship Papers (SACAT Orders).
- A copy of your Income and Assets Assessment outcome (if already received from Services Australia)
- Medical Details Form completed by your Doctor
OR Current Medical Health Summary from your Doctor/Hospital.
- Copy of Pension/DVA card (if applicable)

Please note incomplete applications will not be considered and acceptance of this application is not an offer of accomodation.

Applications can be posted to:

Residential Care Admissions Coordinator
Lutheran Homes Group
Level 2, 100 Pirie Street, Adelaide SA 5000

or emailed to admissions@lutheranhomes.com.au