Lutheran Homes GROUP

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)	$
Home Contents (Market value only)	$
Other Properties (Including land)	$
Shares / Managed Funds (Current market value)	$
Term Deposits / Bonds / Debentures etc.	$
Bank Accounts / Credit Unions Accounts	$
Superannuation / Allocated Pension Balance	$
Loans to Other Parties	$
Antiques / Works of Art etc.	$
Motor Vehicles / Boat / Caravan	$
Other Assets	$
Gifting within last 5 years	$
Total Assets	$

Debts *(Does not include general bills or credit cards)*

Mortgage	$
Other Debts / Loans	$
Total Debts	$

Income (Don't include interest earned on investments)

Per Fortnight

Individual: Single ☐ Couple: Combined ☐

Australian Age Pension	$
Veteran Affairs Pension	$
Overseas Pension	$
Other Pensions	$
Income Support Supplement	$
Superannuation	$
Property Income (Net)	$
Any Other Income	$
Total Income	$

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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 $406.71 a day until the annual cap of $34,311.23 has been reached. The lifetime cap is $82,347.13, 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.

☐ *I acknowledge that if I do not complete and receive the outcome within **three months** of permanent entry, I will be required to pay the full Means Tested Care Fee (MTCF) until official notification is confirmed.*

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 _____

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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 ☐

Responsible Person – Personal Mail

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

Responsible Person – Business Mail

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 will receive LHG notifications, e.g. Flu vaccination program details and newsletters, and is 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 | AH Phone

Dr Address | Postcode

Dr Email | Fax No.

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

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Lutheran Homes GROUP

Medication dose and frequency

Other treatments required

Other comments

Signature of Medical Officer

Date

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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