

Residential Care Application Pack



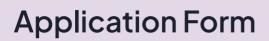


This application form is to aid our staff in providing you with quality care. All information you provide on this form will be maintained in a highly confidential manner.

FACILITY BEING APPLIED FOR

from the Department.

Tick preferred option/s Fullarton Glynde Hope Valley Hamilton Horsham Horsham
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





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		Debts (Does not include general bills or credit cards)	
Individual: Single Co	uple: Combined	Mortgage	\$
Your Home / LHG Unit (Current value excluding contents)	\$	Other Debts / Loans Total Debts	\$
Home Contents (Market value only)	\$		•
Other Properties (Including land)	\$	Income (Don't include interes	t earned on investments)
Shares / Managed Funds (Current market value)	\$	PerFortnight Individual: Single Coup	ble: Combined
Term Deposits / Bonds / Debentures etc.	\$	Australian Age Pension	\$
Bank Accounts / Credit Unions Accounts	\$	Veteran Affairs Pension	\$
Superannuation / Allocated Pension Balance	\$	Overseas Pension Other Pensions	\$
Loans to Other Parties	\$	Income Support Supplement	· ·
Antiques/Works of Art etc.	\$	Superannuation	\$
Motor Vehicles / Boat / Caravan	\$	Property Income (Net)	\$
Other Assets	\$	Any Other Income	\$
Gifting within last 5 years	\$	Total Income	\$
Total Assets	\$		



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	
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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.

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

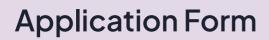
If this form has been signed by a person other than the applicant, such as a person holding a Power of Attorney, please complete the following:

Name of person / Power of Attorney		
Relationship to Applicant	ContactNumber	

App	lication	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 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
oras follows:
Name Relationship
Address Postcode
Phone: Home Work Mobile
Preferred time of day for contact: 24 hrs Custom (please specify)
Email for Invoices





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 (ple	ease 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 (ple	ease 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 (ple	ease specify)
Type of Authority (please attach a copy):	
Advance Care Directive – Substitute Decision Maker	Financial Attorney – PoA/EPoA
Medical PoA Enduring Guardianship	



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



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)	

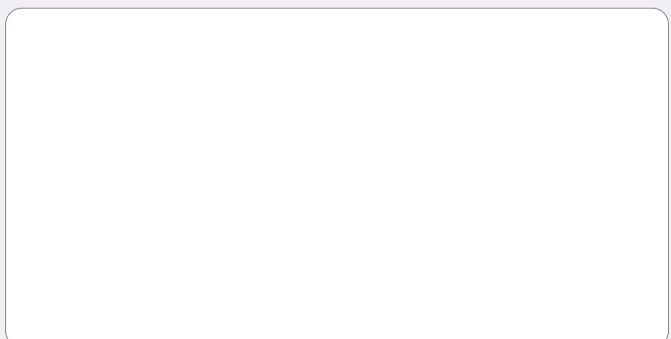
has applied for accommodation at Lutheran Homes Group and we seek your assistance to expedite this process.

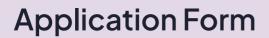
Permission to gain information from doctor

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]
SurgeryAddress		Postcode
Phone Fax	Email	

History and current diagnosis







Medication dose and frequency

Other treatments required

Other comments

Signature of Medical Officer

Date





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 that we are only able to consider complete applications, and submitting an application does not guarantee placement.

Once reviewed and accepted, applications will be kept on file for six months. If you have not been admitted into care or received confirmation of waitlist placement within that time, we kindly ask that you resubmit your application. This ensures our admissions team has up-to-date information to best understand and support your current care needs.

Applications for all South Australian sites 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

Applications for Hamilton can be posted to:

Residential Care Admissions Coordinator

Lutheran Homes Group Hamilton

72 Ballarat Road, Hamilton VIC 3300

or emailed to admissions@lutheranhomes.com.au

Applications for Horsham can be posted to:

Residential Care Admissions Coordinator

Lutheran Homes Group Horsham

6 Trinity Drive, Horsham VIC 3400

or emailed to admissions@lutheranhomes.com.au