

Name of Applicant:

1. Information provided in this application is used by Blue Haven to assess your needs and priority for entry into Residential Aged Care, either permanent or respite.
2. Please note we cannot accept your application, for permanent or respite care, unless you have been assessed by the Aged Care Assessment Team (ACAT) and have been approved as a care recipient. We require a copy of the assessment or the referral codes once approval has been given.
3. Prior to entry into Blue Haven, it is a requirement that we receive a certified copy of any legal authority such as Power of Attorney (POA) and/or Enduring Guardian.
4. A Means Assessment should be undertaken by completing a "Permanent Residential Aged Care Request for a Combined Assets and Income Assessment" form and lodging it with the Department of Human Services or Department of Veteran's Affairs. This assessment determines both the Means Tested Care Fee (if any) you will pay as well as whether you qualify for Government assistance towards your accommodation costs.
Important Note: If you elect not to complete this form, you may be charged the maximum Means Tested Care Fee.
If you accept a placement prior to being able to produce a determination letter from centrelink, you will be required to choose one of the 3 methods outlined in our fees and charges and pay the full accommodation payment until you provide a copy of the letter. To be considered for a subsidised place you must lodge an application for a Combined Assets and Income Assessment and present the determination letter confirming the supported status when received.
5. We have several local GP's who visit our home and we ask that you choose one of these GP's prior to moving into Blue Haven (information is given in the *Moving In Pack*). We will require you bring a brief medical history/medical statement from your GP, a list of your current medication and any medication supplies (Webster pack or original packaging), on or before you move in.

A full checklist of all documentation will be provided at the end of this application.

For assistance on completing this *Moving In Application Form*, please do not hesitate to contact our Admissions Officer on (02) 4203 4055

Moving In Application Form

1. TYPE OF CARE REQUIRED

☐ Permanent Care ☐ Respite Care (*dates required*/...../..... *to*/...../.....)

Urgency of Care ☐ Immediately ☐ Within 3 Months ☐ Within 6 Months

Aged Care Assessment Approval Date:/...../.....

Type of care approved: ☐ Permanent ☐ Respite Low ☐ Respite High ☐ Dementia Specific

ACAT Referral Codes (needed if you do not have a hard copy of the Support Plan/ACCR)

.....
.....

2. APPLICANT DETAILS (*person requiring Residential Care*)

2.1 PERSONAL DETAILS

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other Surname:

Given Names: Preferred Name:

Gender: ☐ Male ☐ Female ☐ Other (*please specify*) Date of Birth:/...../.....

Current Residential Address:

Suburb: State: Post Code:

Home Phone: Mobile:

Country of Birth: Nationality:

Preferred Language: Religion (*optional*):

Current GP: Contact Number:

Medical Diagnosis:

.....

Allergies:

Flu Vaccination Date:/...../..... Pneumovac Date:/...../.....

2.2 CURRENT LIVING ARRANGEMENTS

☐ At Home - Alone ☐ At Home – With Others (Please specify)

☐ Home of Family Member/Other (Please specify)

☐ Living in another Residential Aged Care Facility, if so, where?

Do you currently receive In Home Community Services? ☐ No ☐ Yes

If Yes, who provides these services and what are they?

2.3 MEDICARE AND PENSION DETAILS

Medicare Number: Ref Number: Expiry Date:/...../.....

If you have private health insurance, please provide details below

Name of Fund:

Pension Details: ☐ Full Pension ☐ Part Pension ☐ Self-funded Retiree

Type of Pension: ☐ Aged Pension ☐ Disability Pension ☐ DVA ☐ Other

My Pension Concession Card is from: ☐ Centrelink ☐ Department of Veteran's Affairs ☐ None

Pension Concession Card Number: Expiry Date:/...../.....

2.4 FUNERAL ARRANGEMENTS

Has a decision been made in respect to the preferred funeral service ☐ Yes ☐ No

Funeral Service Provider Name and Phone Number

NB It is important for potential residents and/or families to discuss this topic and provide a response. An Advance Care Directive form will be included in the Admission Pack and further wishes/instructions will be sought following admission in conjunction with development of the Care Plan.

Would the Applicant like to be contacted regarding this application?

☐ Yes ☐ No Please contact my nominated representative

Moving In Application Form

3. NOMINATED REPRESENTATIVES

3.1 PRIMARY CONTACT

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other Surname:

Given Names: Preferred Name:

Address:

Suburb: State: Post Code:

Home Phone: Mobile:

Email Address:

Relationship to the applicant:

If this person has the authority to make decisions for you, Please indicate the type of authority.

NB We require a certified copy of these orders

☐ Enduring Power of Attorney ☐ Financial Management/ Administration Order ☐ Enduring Guardian ☐ Guardianship Order

3.2 SECONDARY CONTACT

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other Surname:

Given Names: Preferred Name:

Address:

Suburb: State: Post Code:

Home Phone: Mobile:

Email Address:

Relationship to the applicant:

If this person has the authority to make decisions for you, Please indicate the type of authority.

NB We require a certified copy of these orders

☐ Enduring Power of Attorney ☐ Financial Management/ Administration Order ☐ Enduring Guardian ☐ Guardianship Order

Moving In Application Form

3.3 THIRD CONTACT

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other Surname:

Given Names: Preferred Name:

Address:

Suburb: State: Post Code:

Home Phone: Mobile:

Email Address:

Relationship to the applicant:

If this person has the authority to make decisions for you, Please indicate the type of authority.

NB We require a certified copy of these orders

☐ Enduring Power of Attorney ☐ Financial Management/ Administration Order ☐ Enduring Guardian ☐ Guardianship Order

3.4 ACCOUNTS AND CORRESPONDENCE

Please nominate who will be responsible for receiving correspondence from Blue Haven Care, including accounts, once you have accepted a place with us.

☐ Primary Contact ☐ Second Contact ☐ Third Contact ☐ Public Trustee (Please provide details) ☐ Other (please provide Details)

Given Names: Preferred Name:

Address:

Suburb: State: Post Code:

Home Phone: Mobile:

Email Address:

Relationship to the applicant:

Moving In Application Form

4. GOVERNMENT COMBINED ASSETS AND INCOME ASSESSMENT DETAILS

Please nominate one of the 3 options below

☐ **OPTION 1.** I have received a determination letter of means/assets from the government, copy attached

☐ **OPTION 2.** I have lodged (or will lodge) the application for the Combined Asset and Income Assessment. I understand if I accept a placement prior to being able to produce a determination letter, I may be required to pay the full accommodation payment (RAD or DAP) until I provide a copy of that letter.

If lodged, please provide the date of lodgement:/..... /.....

☐ **OPTION 3.** I choose not to lodge the application for the Combined Asset and Income Assessment. I understand I will pay the published price of the room (RAD or DAP) and I may also be charged a maximum Means Tested Care Fee set by the Government.

5. APPLICATION CHECKLIST

If you wish to proceed with an Admission for Residential Permanent or Respite, please ensure you have obtained/completed all of the following documents:

1. Moving In Form. (Also required if you wish to be placed on the Waitlist)
2. A copy of the Support Plan from ACAT (formally known as an ACCR or Aged Care Client Record). If you do not have a copy, please supply the referral codes and Aged Care ID Number. (Also required if you wish to be placed on the Waitlist)
3. Fee Determination letter from Centrelink/DVA - your reply letter from your Combined Asset and Income Assessment (all pages).
4. Photocopy of Pension and Medicare card.
5. Certified copy of Power of Attorney, Enduring Power of Attorney or Enduring Guardian.
6. Certified Advance Health Directive.
7. Health or Medical Summary/Statement from the GP or hospital.
8. Other forms in Admissions Pack (this will be given to you after your tour if you decide to proceed).

6. DECLARATION STATEMENT

I declare that the details supplied on this Moving In Application form, whether for myself or on behalf of the applicant, are true and correct and is no way false, inaccurate, incomplete, misleading or deceptive.

I have (or will) provide Blue Haven Care with all the requested information and documentation for the admission process.

I agree by completing this application, to be waitlisted if a bed is not available and will provide the necessary documentation at the time of Admission.

Signed: Full Name: Date:/..... /.....

Moving In Application Form

OFFICE USE ONLY

ACAT Approval Date:/...../..... Approval: ☐ Permanent ☐ Respite Low ☐ Respite High

ACFI Score Forecast:

Referral Approved By:

Moving In date:/...../..... Room/Bed:

Pre Move In Checklist

- ☐ Information Pack Given
- ☐ Tour Booked/...../.....
- ☐ Moving In pack given and explained
- ☐ Fees and Agreement explained
- ☐ Residential Agreement created, given to family
- ☐ Direct Debit form explained and returned
- ☐ Confirmation of payment letter created and given to family
- ☐ Disclosure Statement created and given to family
- ☐ All documents received and filed accordingly

Post Move In Checklist

- ☐ DON/RN's informed of Moving In Date
- ☐ Resident file created
- ☐ Resident URI number sought from
- ☐ Medicare Resident entered into Lee Care
- ☐ Resident Agreement sent to TRIM
- ☐ Direct Debit form sent to Debtors
- ☐ Room ready for Move In date
- ☐ Doctor contacted and visit arranged

Documents Checklist

- | | | |
|--|---|---|
| <input type="checkbox"/> Moving In Application Form | <input type="checkbox"/> ACAT Assessment | <input type="checkbox"/> Fee letter from Centrelink |
| <input type="checkbox"/> Certified copy of POA | <input type="checkbox"/> Certified copy of Guardianship | <input type="checkbox"/> Photocopy Medicare Card |
| <input type="checkbox"/> Photocopy of Pension Card | <input type="checkbox"/> Confirmation of Payment letter | <input type="checkbox"/> Resident Agreement |
| <input type="checkbox"/> Advance Health Care Directive | <input type="checkbox"/> Privacy Agreement | <input type="checkbox"/> Social Profile |
| <input type="checkbox"/> Diversional Therapy | <input type="checkbox"/> Choice of Doctor Form | <input type="checkbox"/> Pharmacy Admission Notice |
| <input type="checkbox"/> Medical statement or summary | | |