



**STELLA MARIS**  
AGED CARE FACILITY

# **Application Form**

**Residential Aged Care Permanent and Respite Care**

# Application for Residential Care



## About this Application

Complete this application for consideration to enter into either permanent or respite care for Stella Maris. This form is completed by 'you' (the applicant) or on behalf of the applicant for Residential Care.

|  |  |  |
|--|--|--|
| How did you hear about Stella Maris?   |  |  |
| <input type="checkbox"/> Marketing campaign  | <input type="checkbox"/> My Aged Care        | <input type="checkbox"/> GP                |
| <input type="checkbox"/> Mercy Community website   | <input type="checkbox"/> Hospital            | <input type="checkbox"/> Placement agency  |
| <input type="checkbox"/> ACAT  | <input type="checkbox"/> Local Church/Parish | <input type="checkbox"/> Financial planner |
| <input type="checkbox"/> Word of mouth   | <input type="checkbox"/> Internet search     | <input type="checkbox"/> Signage           |
| <input type="checkbox"/> Other (please specify):   |  |  |
| Have you had a tour of Stella Maris?   |  |  |
| <input type="checkbox"/> Yes   |  |  |
| <input type="checkbox"/> No  |  |  |
| The type of Residential Care I am applying for is (please tick one):   |  |  |
| <input type="checkbox"/> Permanent Care  |  |  |
| <input type="checkbox"/> Respite Care  |  |  |
| Have you completed an assessment by the Aged Care Assessment Team (ACAT)?  |  |  |
| <input type="checkbox"/> Yes (please provide copy of the approval)   |  |  |
| Referral Code: Respite: 1-_____ Permanent: 1-_____   |  |  |
| <input type="checkbox"/> No (Application will not be considered until approval is provided)  |  |  |
| If <b>Permanent Care is required</b> , has an income and assessment been lodged with Services Australia? We recommend this is completed as soon as possible, along with regular follow-up with Services Australia. (If you are a DVA client and haven't lodged your income and assets assessment yet we recommend you submit with Services Australia rather than DVA itself as this seems to be a faster process.) |  |  |
| <input type="checkbox"/> Yes   |  |  |
| <input type="checkbox"/> No  |  |  |

| Applicant Details   |   |  |          |
|---------------------|---|--|----------|
| Date of application |   |  |          |
| Title               | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____ |  |          |
| Full name           |   |  |          |
| Preferred name/s    |   |  | DOB      |
| Address             |   |  |          |
|                     | Suburb  |  | Postcode |
| Contact numbers     | Home  |  | Mobile   |
|                     |   |  |          |
| Email address       |   |  |          |
| Gender              | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate  |  |          |
|                     | <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to share <input type="checkbox"/> Other: _____  |  |          |
| Marital status      | <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated  |  |          |
|                     | <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to share   |  |          |

# Application for Residential Care

| Legal Details  |   |         |  |
|--|---|---------|--|
| Has anyone been appointed as my <i>(please tick)</i>   |   |         |  |
| <input type="checkbox"/> Enduring Power of Attorney: <input type="checkbox"/> Administrator <input type="checkbox"/> Guardian<br><input type="checkbox"/> Financial<br><input type="checkbox"/> Personal<br><input type="checkbox"/> Health/Medical treatment  |   |         |  |
| Enduring Power of Attorney (1)   |   |         |  |
| Given name/s   |   | Surname |  |
| EPOA relationship  | <input type="checkbox"/> Sole decision maker <input type="checkbox"/> Joint decision maker <input type="checkbox"/> Several decision makers<br><input type="checkbox"/> Other |         |  |
| Address  |   |         |  |
|  | Suburb  |         | Postcode   |
| Contact numbers  | Home  |         | Mobile   |
| Email address  |   |         |  |
| A copy of the entire document has been provided? (If no, please provide ASAP.)   |   |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Enduring Power of Attorney (2)   |   |         |  |
| Given name/s   |   | Surname |  |
| EPOA relationship  | <input type="checkbox"/> Sole decision maker <input type="checkbox"/> Joint decision maker <input type="checkbox"/> Several decision makers<br><input type="checkbox"/> Other |         |  |
| Address  |   |         |  |
|  | Suburb  |         | Postcode   |
| Contact numbers  | Home  |         | Mobile   |
| Email address  |   |         |  |
| A copy of the entire document has been provided? (If no, please provide ASAP.)   |   |         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Contact or Representative  |   |         |  |
| <p>This is the person that Stella Maris will contact in relation to matters specified by the applicant as their primary contact. This person is required to disseminate all such information to other family members/representatives as specified by the applicant on their behalf. Stella Maris will only contact the primary contact/representative.</p> |   |         |  |
| Given name/s   |   | Surname |  |
| Relationship to me/applicant   |   |         |  |
| Address  |   |         |  |
|  | Suburb  |         | Postcode   |
| Contact numbers  | Home  |         | Mobile   |
| Email address  |   |         |  |

# Application for Residential Care



| Resident Agreement           |  |
|------------------------------|--|
| Who will sign the Agreement: | <input type="checkbox"/> Applicant <input type="checkbox"/> Representative |

| Benefit Details                  |   |             |  |
|----------------------------------|---|-------------|--|
| Medicare Card no.                |   |             |  |
| Position on Medicare Card        |   | Expiry date |  |
| Australian Pensioner Concession? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |             |  |
| Pension type                     | <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Other: _____ |             |  |
| Pension Card no.                 |   | Expiry date |  |
| DVA Card no.                     |   |             |  |
| DVA Card type                    | <input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Orange      | Expiry date |  |
| Health Fund                      |   |             |  |
| Health Fund no.                  |   |             |  |

| Medical Details  |           |  |          |
|--|-----------|--|----------|
| General Practitioner's name  |           |  |          |
| Practice/Surgery name  |           |  |          |
| Address  |           |  |          |
|  | Suburb    |  | Postcode |
| Contact numbers  | Telephone |  | Fax      |
|  | Mobile    |  |          |
| Email address  |           |  |          |
| Does your General Practitioner (GP) agree to provide medical care for you at Stella Maris, including the admission, care outside of their normal Practice/Surgery hours and in the event of illness or injury? |           |  |          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No (Need to look at another GP to visit)  |           |  |          |
| I have provided a copy of my current health summary from my GP.  |           |  |          |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |           |  |          |
| My primary reason for seeking Residential Aged Care  |           |  |          |
| i.e. Dementia  |           |  |          |
| Any secondary disability or health conditions (if applicable)  |           |  |          |
| <input type="checkbox"/> Visual Impairment      Please provide details:<br><input type="checkbox"/> Hearing impairment<br><input type="checkbox"/> Neurological<br><input type="checkbox"/> Other: _____       |           |  |          |

# Application for Residential Care

| Pharmacy Details   |  |           |  |             |  |
|--|--|-----------|--|-------------|--|
| <b>Permanent Care</b>  | Current pharmacy   |           |  |             |  |
|  | Address  |           |  |             |  |
|  |  | Suburb    |  | Postcode    |  |
|  | Contact no   | Telephone |  | After hours |  |
|  | Email address  |           |  |             |  |
|  | Chemist Connect is the main supplier for Stella Maris, and I am happy to commence supply.  |           |  |             |  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No <i>(please supply details of your preferred pharmacy supplier, ensuring your preferred pharmacy can deliver to Stella Maris and all medication is packed in sachets)</i> |  |           |  |             |  |
| <b>Respite Care</b>  | The applicant must supply all medications, packed in a dose administration aid. The applicant must supply enough medication for the first two (2) weeks of their respite stay. |           |  |             |  |
|  | <input type="checkbox"/> Acknowledged that all medications must be supplied and packed in a dose administration aid (blister – e.g. Webster or sachet pack only).              |           |  |             |  |

| Electoral Roll Details   |                              |                             |
|--|------------------------------|-----------------------------|
| Are you on the Electoral Roll and wish to continue to vote?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Change of address form to be completed?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Application for removal of name from Electoral Roll completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Religious, Spiritual and Cultural Details  |  |
|--|--|
| My religious and spiritual practice <i>(please specify)</i> i.e. Catholic  |  |
|  |  |
| Cultural background  |  |
| <input type="checkbox"/> Non-Indigenous<br><input type="checkbox"/> Aboriginal<br><input type="checkbox"/> Torres Strait Islander<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> Maori | <input type="checkbox"/> Australian<br><input type="checkbox"/> Culturally and Linguistically Diverse<br>(specify): _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Do not wish to disclose |
| Language/s spoken at home  |  |
| <input type="checkbox"/> English <input type="checkbox"/> Other <i>(please specify)</i> :  |  |
| Communication/interpreting requirements  |  |
|  |  |
| Would you like an interpreter?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

# Application for Residential Care



| Advanced Care Plan or Directive   |  |
|---|--|
| Have you completed an advanced health directive/statement of choices? ( <i>These documents must be completed and made available prior to or upon admission.</i> )                               |  |
| <input type="checkbox"/> Yes (provide a copy)<br><input type="checkbox"/> No (information regarding Statement of Choices will be provided to you to complete with your GP and/or Legal Advisor) |  |

| Funeral Director Details            |           |                              |                             |
|-------------------------------------|-----------|------------------------------|-----------------------------|
| Do you have funeral plans in place? |           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of Funeral Director            |           |                              |                             |
| Suburb                              |           |                              |                             |
| Contact numbers                     | Telephone |                              | Mobile                      |
| Email address                       |           |                              |                             |

| Previous Residential Aged Care Accommodation Details                             |           |  |          |
|--|-----------|--|----------|
| <i>Complete if applying for Permanent Care ONLY</i>                              |           |  |          |
| Have you lived in an Aged Care Home within the last 28 days?                     |           |  |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                         |           |  |          |
| If yes, did the applicant pay a lump sum or daily/monthly charges?               |           |  |          |
| <input type="checkbox"/> Lump sum <input type="checkbox"/> Daily/monthly charges |           |  |          |
| Residence name   |           |  |          |
| Residence address  |           |  |          |
|  | Suburb    |  | Postcode |
| Contact numbers  | Telephone |  | Fax      |
| Email address  |           |  |          |
| Date of first permanent admission to Residence                                   |           |  |          |
| Accommodation charge   | \$        |  |          |
| Original bond value  | \$        |  |          |

## Important notes in relation to Residential Aged Care payments:

You must submit an application to Services Australia for them to assess your income and assets.

1. If you do not submit an application to Services Australia and choose not to disclose your income and assets you will be charged the full amount of fees.
2. It can take some time for applications to be assessed. It is important that the application is submitted as early as possible
3. Stella Maris can only apply fees as directed by the Commonwealth Department/Services Australia assessment. In the instance where either the application has not been submitted or has not as yet been assessed, full fees will be applied. Where the assessment from Services Australia demonstrates that fees are lower than that being paid, the difference will be refunded.

There are 3 different fees that can be applied:

|  |  |
|--|--|
| Daily care fee                               | <p>Everyone regardless of their financial status pays the daily care fee. Those who have a full pension and no other income or assets, they will be assessed as concessional and pay the basic daily care fee (as per the attached schedule).</p> <p><b>Those who do have assets or income, the Department sets the additional fees.</b></p>   |
| Income tested fee                            | <p>Assessed by the Department, dependent on income derived from other sources (not the aged pension). This is applied as a daily amount. A letter setting out this amount is sent by the Department to the resident/their representative. If the Provider does not receive a letter from the Department setting out the amount of the fee the full amount is charged – refundable on receipt of this assessment only.</p> <p><b>Once annual and lifetime caps are reached you cannot be asked to pay further income tested fees.</b></p>   |
| Asset assessment – the accommodation payment | <p>This is assessed by the Department. This is dependent on the level of assets and the amount of the Refundable Accommodation Payment (RAD) paid as a lump sum and agreed to between the Provider and Resident. The RAD is fully refunded on exit from the service.</p> <p><b>Note that refunds can only be actioned once probate has been declared. This can take some time and is outside the control of the Provider.</b></p> <p>If an asset assessment has <b>not</b> been received from the Department and an accommodation payment has been agreed to, a daily payment (DAP) is applied as per the attached schedule. <b>This amount is not refundable and is applied until the assessment has been received.</b> As this amount is reduced from the subsidy received by the Provider this must be recovered from the Resident.</p> <p>Note that the minimum amount must be left is \$57,000. If a RAD or DAP has been paid drawing down on the original RAD, this can be re-assessed and the Department will issue a new assessment.</p> |

# Application for Residential Care



| <b>Financial Information</b>  |  |
|---|--|
| Complete if applying for <b>Permanent Care only</b> . The details form <b>must</b> be completed <b>before</b> consideration can be made to your application.<br>Use estimates until finalisation by the Department of Human Services and/or your Financial Advisor. |  |
| Applicant full name   | Date   |
| Does the applicant have a partner?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Does the applicant receive any pension?   | <input type="checkbox"/> Age Pension <input type="checkbox"/> DVA Pension <input type="checkbox"/> Blind Pension <input type="checkbox"/> None |
| Does the applicant have any other forms of income?  |  |
| <input type="checkbox"/> Other Income   | \$ _____/month   |
| <input type="checkbox"/> Superannuation Pension   | \$ _____/month   |
| <input type="checkbox"/> Account Based Pension  | \$ _____/month   |
| <input type="checkbox"/> Overseas Pension   | \$ _____/month   |
| <input type="checkbox"/> Employment Income  | \$ _____/month   |
| Does the applicant currently own a home?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Will anyone remain living in the home?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>NET market value</b> of the home?  | \$ _____ (estimate value if unknown)   |
| Does the applicant intend to keep the home?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Has the applicant gifted any assets in the last five (5) years?   |  |
| Date: _____   | \$ _____ (value)   |
| Date: _____   | \$ _____ (value)   |
| Date: _____   | \$ _____ (value)   |
| Details of the applicant's assets, investments or debt  |  |
| <input type="checkbox"/> Real estate (other than their own home)  | \$ _____ (value)   |
| <input type="checkbox"/> Home contents  | \$ _____ (value)   |
| <input type="checkbox"/> Motor vehicle, boats, caravans or trailers   | \$ _____ (value)   |
| <input type="checkbox"/> Special collections (stamps, artwork, antiques)  | \$ _____ (value)   |
| <input type="checkbox"/> Cash (not kept in financial institution)   | \$ _____ (value)   |
| <input type="checkbox"/> Bank accounts, building societies, credit unions   | \$ _____ (value)   |
| <input type="checkbox"/> Shares, options, convertible notes in listed/ unlisted companies   | \$ _____ (value)   |
| <input type="checkbox"/> Managed funds or term deposits   | \$ _____ (value)   |
| <input type="checkbox"/> Insurance or Government Bonds  | \$ _____ (value)   |
| <input type="checkbox"/> Funeral bond   | \$ _____ (value)   |
| <input type="checkbox"/> Prepaid Funeral  | \$ _____ (value)   |
| <input type="checkbox"/> Life insurance (that can be cashed out)  | \$ _____ (value)   |
| <input type="checkbox"/> Debt   | \$ _____ (value)   |



# Application for Residential Care



| Billing Details   |        |  |         |          |
|---|--------|--|---------|----------|
| Where do you wish to receive any billing information, accounts and statements to? |        |  |         |          |
| Given name/s  |        |  | Surname |          |
| Relationship to me/applicant  |        |  |         |          |
| Address   |        |  |         |          |
|   | Suburb |  |         | Postcode |
| Contact numbers   | Home   |  | Mobile  |          |
| Email address   |        |  |         |          |

| Other comments or information you'd like to share |
|---|
|   |

| Authorisation  |  |      |         |
|--|--|------|---------|
| The information provided to Stella Maris in this form is true and correct to the best of my knowledge. |  |      |         |
| Given name/s   |  |      | Surname |
| Relationship to me/applicant   |  |      |         |
| Signature  |  | Date |         |