



Residential Aged Care

Application Form



How to complete your application form

1. Review and complete all parts of this application form

- ☐ Complete all questions and write N/A for any questions that are not applicable to you
- ☐ Please use capital letters
- ☐ Please place a tick (✓) or cross (×) in the box/es that are applicable to you
- ☐ Sign and complete the Privacy Statement included in this pack

2. Complete your Income and Assets Assessment documentation

When entering an Aged Care home, the Australian Government may subsidise your aged care fees. To determine what you are required to pay, an income and asset assessment will be conducted by Services Australia or the Department of Veterans' Affairs (DVA).

To receive an assessment, you can complete a paper-based assessment form or a simpler, digital version of the assessment form can be found at servicessaustralia.gov.au/forms. Select the 'Aged Care Calculation of your cost of care (SA486)' option. Depending on your circumstances, you may also have to complete the 'Residential Aged Care – Property Details (SA485)' form.

- ☐ Please return the completed documentation directly to the address nominated by Services Australia

3. Provide copies of the following documents in addition to the completed application form

- ☐ Aged Care Client Record (ACCR) or Support Plan (ACAT Assessment) or the referral code provided by the Aged Care Assessment Team (ACAT) or My Aged Care. If this assessment has not yet been completed, you should contact My Aged Care directly on 1800 200 422 to request this.
- ☐ Copy of Power of Attorney, either original or certified copy (if applicable)
- ☐ Copy of a Legal Guardianship document (if applicable)
- ☐ Copy of your Aged Care Fees and Accommodation Payment determination letter received from Services Australia or DVA (if applicable and received)

4. Provide your completed application form to your Cowra Retirement Village admissions officer

- ☐ Email to: admissions@bilyara.org.au
- ☐ Post to: Cowra Retirement Village
Admissions Officer
1 Holman Place
Cowra NSW 2794
- ☐ Return in person to: Cowra Retirement Village
Reception
1 Holman Place
Cowra NSW 2794

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DATE OF APPLICATION:

Step 1: Applicants personal details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other:

Surname

Given Name/s

Preferred Name Date of Birth

Address

Home Phone Mobile

Email

Gender Country of Birth

Preferred Language Religion

Do you have any specific religious or cultural requirements?

Are you: ☐ Aboriginal ☐ Torres Strait Islander ☐ Not Applicable

Step 2: Care Requirements and Eligibility

Support Needs ☐ Permanent ☐ Respite ☐ Memory Support (Dementia-specific)

Have you been assessed by an Aged Care Assessment Team (ACAT)?

☐ Yes (please attach a copy of your assessment – My Aged Care Support Plan or referral code showing approval for residential respite or permanent care)

☐ Approved for residential respite care

Referral Code for residential respite care -

☐ Approved for residential permanent care

Referral Code for residential permanent care -

☐ No (please see your doctor or contact My Aged Care on 1800 200 422 or myagedcare.gov.au)

Have you had a respite stay in any Aged Care Facility in the past 12 months? ☐ Yes ☐ No

Dates of previous respite stay:

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Step 3: Marital Status

Marital Status ☐ Single ☐ Married ☐ De facto ☐ Widowed ☐ Separated ☐ Divorced ☐ Other

Do you have a spouse/partner? ☐ Yes ☐ No ☐ N/A

What is your spouse/partner's name?

Step 4: Medicare and Pension Information

Pension Status ☐ Full ☐ Part ☐ Self-funded

If a full or part pensioner, please specify below:

☐ Centrelink ☐ DVA ☐ Disability ☐ Widow ☐ Overseas

Pension Number:

Expiry:

DVA Number:

Expiry:

Medicare Number:

Ref:

Expiry:

Health Insurance
Provider:

Type of Cover:

Membership Number:

Step 5: Medical Care

Do you have a General Practitioner who has agreed to care for you at Cowra Retirement Village?

☐ Yes ☐ No

Please note: It is essential that your General Practitioner agrees to visit you at Cowra Retirement Village in the event of illness or injury.

If yes, please provide your General Practitioner's details below:

GP's Name/Practice:

Address:

Telephone:

Email:

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Step 6: Representative Contact Details

Please provide details of relevant contacts below. Residents often have a number of family members who can be classed as their Next of Kin. It is essential that you make clear who the Primary Contact will be and provide details of when and how they should be contacted.

Cowra Retirement Village staff will only contact one family member or carer in the event of an emergency; the expectation is that the family member or carer will then manage communication between all others.

Please see below definitions of contact types to assist when completing this section.

Contact Types:

Person Responsible

Where a resident is unable to give directions or necessary consent to medical and other care, CRV may obtain such directions and consents from the 'Person Responsible' for the consumer. A Person Responsible is not necessarily the resident's next of kin.

A Person Responsible is either:

- A guardian who has the function of consenting to medical, dental and health care treatments or, if there is no guardian;
- A spouse or de-facto spouse with whom the person has a close, continuing relationship or, if there is no spouse or de-facto spouse;
- An unpaid carer who is now providing support to the person or provided this support before the person entered residential care or, if there is no carer;
- A relative or friend who has a close personal relationship with the person.

Emergency Contact

In the event of an emergency, we will contact the emergency contact representative to update them on the resident's condition.

An emergency is a significant change in the resident's medical condition.

Next of Kin (NOK)

This is the resident's closest living blood relative/s or relative/s by marriage/family.

Billing Contact

This is the person who will be responsible for receiving and paying CRV invoices relating to the resident's care and accommodation.

Mailing Contact

If the resident is unable to receive their own mail, anything received will be redirected to the mailing contact.

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Primary Contact

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:	<input type="text"/>
Full Name	<input type="text"/>					
Contact Type	<input type="checkbox"/> Person Responsible <input type="checkbox"/> Emergency Contact <input type="checkbox"/> NOK <input type="checkbox"/> Billing <input type="checkbox"/> Mailing					
Relationship to you	<input type="text"/>					
Address	<input type="text"/>					
Home Phone	<input type="text"/>			Mobile	<input type="text"/>	
Email	<input type="text"/>					

Secondary Contact

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:	<input type="text"/>
Full Name	<input type="text"/>					
Contact Type	<input type="checkbox"/> Person Responsible <input type="checkbox"/> Emergency Contact <input type="checkbox"/> NOK <input type="checkbox"/> Billing <input type="checkbox"/> Mailing					
Relationship to you	<input type="text"/>					
Address	<input type="text"/>					
Home Phone	<input type="text"/>			Mobile	<input type="text"/>	
Email	<input type="text"/>					

Third Contact

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:	<input type="text"/>
Full Name	<input type="text"/>					
Contact Type	<input type="checkbox"/> Person Responsible <input type="checkbox"/> Emergency Contact <input type="checkbox"/> NOK <input type="checkbox"/> Billing <input type="checkbox"/> Mailing					
Relationship to you	<input type="text"/>					
Address	<input type="text"/>					
Home Phone	<input type="text"/>			Mobile	<input type="text"/>	
Email	<input type="text"/>					

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Step 7: Legal Details

Please note: If you answer yes to any of the following questions, you need to supply a certified copy or original of the relevant documentation.

Do you have a power of attorney(s)?

- ☐ Yes (full name of attorney(s))
- ☐ No

Type of attorney (tick the box(es) that apply):

- ☐ Enduring Power of Attorney
- ☐ General (non-enduring) Power of Attorney
- ☐ Advance Care Directive

Do you have a legal guardian(s) or administrator(s)?

- ☐ Yes (full name of guardian(s) or administrator(s))
- ☐ No

Are you applying for legal representation?

- ☐ Yes (full name of attorney(s))
- Type of legal authority
- ☐ No

Will/executor information

The Executor/s under my Will is/are: *(This is for the purpose of refunding the Refundable Accommodation Deposit and other financial arrangements).*

Name Phone Number

Address

Funeral Details

In the event of my death I require:

Funeral Director

Location

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Step 8: Asset and Income Details **N/A for respite only admissions.

The following information is required to enable aged care residences to determine whether the resident will be required to pay an Accommodation Payment or Accommodation Contribution.

Your Situation

Do you have a partner? ☐ Yes ☐ No

Do you currently own (or are you paying off) the home you live in? ☐ Yes ☐ No

If you answered yes to owning a home, please answer the following question:

Does your partner, carer or close relation (who meets the requirement below) live in your home?

☐ Yes ☐ No

Answer yes, if the person in your home is:

- Your partner or your dependent child
- Your carer who has lived with you for the past 2 years and is eligible for income support, or
- A close relation such as a sister, brother, parent, child or grandchild who has lived with you for the past 5 years and is eligible for income support.

If you can answer yes to this question, your home may not be included as an asset.

Your Finances

If part of a couple, please complete total assets and income at 50% of the total.

Your annual income is: \$

The current market value of your home minus any remaining mortgage is: \$

Your total financial assets: \$

Your superannuation and other assets: \$

You total debts or loans on any assets included above: \$
(not including household mortgage)

Step 9: Non-Smoking Policy

Cowra Retirement Village is a smoke free environment. Therefore, no resident is permitted to smoke within the confines of the entire facility except in designated smoking areas outside the building.

I agree to comply with Cowra Retirement Village's non-smoking policy: ☐ Yes ☐ No

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Step 10: Lifestyle Details

We would like to get to know you and your story a bit better so that we can better manage and meet your needs while at Cowra Retirement Village. Please provide as much information as possible regarding the following:

Life Story/Background: _____

What is important to you?: _____

Do you have any trauma or triggers that we should be aware of: _____

Any Cultural or Spiritual needs?: _____

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Details of family members and/or friends that are important to you: _____

Past Interests: _____

Current Interests: _____

Are you still enrolled to vote: ☐ Yes ☐ No

How often would you like to attend the hairdresser: ☐ Weekly ☐ Fortnightly ☐ Monthly

☐ Never ☐ Other, please clarify: _____

Please note: All hairdresser visits are added to your monthly account for payment

Step 11: RSL & Legacy Referrals (tick only what applies) *If you tick to agree we will pass your details onto Lachlan Legacy and/or the Cowra RSL Sub-Branch

☐ You are a former member of the Australian Defence Force and would like visits from a Cowra RSL Sub-Branch Representative.

☐ You have a deceased partner who was a member of the Australian Defence Force and would like visits from Legacy.



Privacy Consent

Cowra Retirement Village

Cowra Retirement Village Ltd's privacy policy outlines how we handle personal information in an open and transparent manner in accordance with the applicable privacy laws including the Australian Privacy Principles and the Commonwealth Privacy Act 1988.

This statement should be read together with our privacy policy, which is available via Reception.

Collection of Personal Information

Cowra Retirement Village collects information which is necessary to provide you with quality care and services. This may include:

- a. your identifying and contact information, such as your name, age, gender, date of birth, photograph, address, phone number and email address;
- b. your relationship status and details of your contact persons, next of kin and authorised representatives;
- c. your health information, such as your medical history, cognitive capacity and diagnosis, the medications you take, your Medicare details, your treating healthcare professionals and other related information;
- d. information about your religious, racial or ethnic background; and
- e. information about your finances, including your pension status and details.

You have the right not to disclose your personal information, however this may limit our ability to process your application for care, provide care in the best possible way, provide you with products or services which you have requested, develop and advise you of new services and products or manage an emergency effectively.

Use of your personal information

Where appropriate, we will use your personal information to:

- a. determine eligibility for placement and process your application for care;
- b. provide aged care and related services to you;
- c. manage your care, your care plans and our relationship with you, including to assist us with the provision of services;
- d. assist us in running our business, including for quality assurance, audit and insurance purposes, for billing and direct debit arrangements, for improving and developing our services, for implementing appropriate security measures and for training our personnel; and
- e. comply with applicable laws and for other purposes set out in our privacy policy.

Disclosure of your personal information

We may:

- a. include your photograph in your care records to manage your care needs, including for medication administration. Your photograph may

be displayed within the residence such as where assistance is required to locate resident rooms, in resident displays or in resident communications;

- b. use your name, images, audio or video recording of you and information relating to the services that you use at your aged care residence as content published on the Cowra Retirement Village Social Media accounts and website, to be shared with your family members and friends who choose to have access to these sites. We may also use this content for Cowra Retirement Village internal communications;

* Social Media & Website: ☐ Consent given ☐ Consent not given

- c. disclose your health information to health professionals involved in your care, such as your general or allied health practitioner or your aged care pharmacist, to assist with your health and improving your health outcomes. It may also be necessary to disclose your information in a medical emergency;
- d. be required to provide your personal information to government departments, including Centrelink or the Department of Health, for the purpose of monitoring the way in which services have been provided or for other purposes related to the evaluation or development of, or research regarding, aged care services;
- e. disclose your personal information where we are authorised or compelled by law to do so, where it is necessary for the establishment or defence of a legal claim, or where requested by a government or enforcement agency;
- f. provide your information to persons nominated as your contact persons, next of kin or authorised representatives; and

Accessing and correcting your information

If you believe the information we hold about you is inaccurate, incomplete or out of date, please contact us as soon as possible.

You can make a request to access or correct the personal information we hold about you. If you would like to do so, or if you have any questions about privacy matters, please contact Cowra Retirement Village's Compliance Manager – Compliance Manager (1 Holman Place, Cowra NSW 2794).

Acknowledgement

Acknowledged and agreed by the applicant or their authorised representative:

Signature

Full Name

Date / /

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Step 12: Home Care – Respite Admissions only

Do you have home care approval? ☐ Yes ☐ No

Would you like to be referred to the Bilyara Home Care Department to discuss your care needs at home? ☐ Yes ☐ No

Step 13: Application Checklist

Please ensure all items listed on Page 2 have been completed prior to returning the Application Pack, including copies of relevant documentation required.

Step 14: Signature and Declaration

By signing this Application, you declare that the information given in this application is true and complete and is no way false, inaccurate, incomplete or misleading, or deceptive.

I have provided Cowra Retirement Village with all the requested information and documentation for the admission process.

Date / /

Signature of Applicant/Authorised Signatory

If this Application is being signed by an authorised signatory (e.g. Guardian, Power of Attorney or Person Responsible), please insert name of signatory below:

Name of Authorised Signatory

Step 15: Application Outcome

If your application is successful, our Admissions Team will be in touch to arrange a pre-admission interview and finance discussion.

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