



1. Information provided in this application is used by Blue Haven Care 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 Care, 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 Care (information is given in the Application for Residential Accommodation). 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 Application for Residential Accommodation, please do not hesitate to contact our Admissions Officer on (02) 4232 1144 or email carlam@bluehavencare.com.au



Application for Residential Accommodation

The resident or their carer should complete this form. Please ensure all details are complete and accurate to the best of your knowledge.

Full name of the applicant:

Date of application: ____/____/____

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)

Aged Care Information

Please note: We are unable to process applications for Permanent Residential Care without a current copy of both the combined Assets and Income Assessment (SA457) from Centrelink and the applicant's ACCR or support Plan. To process applications for Respite Care, we require a current ACCR or Support Plan approved for respite care.

Has the Aged Care Assessment Team completed an ACCR or Support Plan? Yes No

Date of Assessment: _____ / _____ / _____

(Please enclose a copy with your application)

Has Centrelink completed a Combined Assets and Income Assessment? Yes No

Date of Assessment: _____

(Please enclose a copy with your application)

2. APPLICATION DETAILS (person requiring Residential Care)

2.1 PERSONAL DETAILS

(Please write your name exactly as shown on your Pensioner Concession Card, if applicable)

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: ____/____/____

Pneumonvac Date: ____/____/____



2.2 HAVE YOU RECENTLY BEEN RECEIVING CARE IN THE LAST FINANCIAL YEAR?

If yes, please check:

- Residential Respite Care
- Permanent Residential Aged Care
- In Home Respite
- Home Care Package

Please provide details:

Name of Service Provider	Type of Service	Dates
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

2.3 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_____

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)

Cultural Information

Aboriginal/ Torres Strait Islander: Yes No

Nationality: _____

Country of birth: _____

Language spoken: _____

Interpreter required: Yes No

Faith / Religious denomination: _____

Spouse/Partner information (if applicable)

Title: Mr Mrs Miss Dr Other (please specify)

Family name: _____

Given name/s: _____

Date of birth: _____

Preferred name: _____

Marital status: _____

Home address: _____

Street: _____

Suburb: _____

Post code: _____



Next of Kin Details

Please provide details of a nominated representative Blue Haven can contact, if required, in relation to your care after you enter our service. 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.

Blue Haven staff only communicate with one family member or carer; the expectation is that the family member or carer will then manage communication between all others.

Please Note: The Power of Attorney (POA) only has power regarding financial and legal decisions, but not healthcare, lifestyle or accommodation. The Guardian only has power regarding healthcare, lifestyle and accommodation decisions, but not financial and legal decisions. A single person may hold both types of authority.

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

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:

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 lodgment: ____/____/____

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 (POA), 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).



I declare that the details supplied on this Residential Accommodation 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: ____/____/____

Resident and Representative Newsletter

Please indicate an email address if you wish to receive our monthly communication:

Email: _____

Please retain a copy of this application for your records and return the original along with the following supporting documents to:

Blue Haven | PO Box 75, Kiama NSW 2533 | carlad@bluehavencare.com.au

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, given to family
- Disclosure Statement created, 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 | | |