



The Franciscan Sisters
of the Heart of Jesus

Application for Residential Care

Resident Name	
Date of Application	
Application Type	RESPITE PERMANENT
ACAT Referral Codes - Respite	
ACAT Referral Codes - Permanent	

Please note that Francis of Assisi Home is a non-smoking facility



Important Information

Please read this application carefully. The information you provide will help us assess your care needs and likely fees. Completing this form does not guarantee a place at Francis of Assisi Home or that a specific room will be available.

This application is kept by Francis of Assisi Home and is not shared with any Government Agency.

A decision to enter a residential aged care facility is a significant decision. Please see our Finance Officer to discuss accommodation fees before entry. We encourage you to seek independent legal, financial and other advice about the nature and effect of this application and living in the Facility.

How to complete your application form

1. Complete all sections of this application:

A. APPLICATION

- Please write clearly and answer all questions.

B. PRIVACY SECTION

- Sign the attached Privacy Statement.

2. Provide us with copies of the following documents:

- Approval for residential care - ACAT referral numbers
- Enduring Power of Attorney
- Letter from Services Australia stating your Aged Care Fees and Accommodation Payment

3. Income and Assets Assessment (Services Australia)

- Complete the Income and Assets Assessment with Services Australia – this determines the fees you are required to pay. If you do not wish to complete one, you may be asked to pay the maximum fees.

We will comply with the provisions of the Privacy Act 1988 (Cth) and the Australian Privacy Principles in dealing with the information you provide to us with this application. The information we collect may be used for any purpose that is directly related to our functions or activities as an aged care provider or as otherwise permitted by law. For more information on how we handle your personal information, you may review our Privacy Policy, which can be provided to you upon request.

PERSONAL INFORMATION

Title (please tick)	Mr	Mrs	Other		
First Name					
Middle Name					
Surname					
Preferred Name					
Date of Birth					
Gender	Male	Female	Other		
Legal Address					
Suburb				Postcode:	
Telephone				Mobile:	
Email					
Marital Status	Married	Single	Divorced	Separated	Widowed
Country of Birth					
Primary Language					
Do you need an interpreter?	Yes	No			
Religion					
Are you:	Aboriginal	Torres Strait	Both	Not Aboriginal or Torres Strait	
Any specific dietary, medical or spiritual needs?					

PENSION AND BENEFIT DETAILS

Pensioner status	Full	Part	Non-pensioner		
If pensioner, indicate type	Age	Disability	Widow	DVA	Blind Overseas
Pension Number				Expiry:	
If DVA, indicate colour of card	Gold	White	Orange		
Are you an Australian ex-Prisoner of War?	Yes	No			
Do you use the following?	PUBLIC TRUST:	Yes	No	QCAT:	Yes No
My Aged Care ID					

HEALTH INSURANCE AND MEDICARE DETAILS

Medicare number		No. on Card:
Name on Medicare card		
Expiry date		
Do you have private health insurance?	Yes	No
If Yes , name of fund		
Membership number		Level of Cover:

MEDICAL

Do you have a GP who has agreed to provide medical care to you at FOAH?	Yes	No	<i>Please ensure that your GP agrees to visit you at FOAH. If not, we will provide you with information on GPs who routinely visit our Home.</i>
GP's Name			
Practice			
Address			
Telephone			
Email			

LEGAL AND FINANCIAL MANAGEMENT

Have you appointed a person to act on your behalf?	Yes	No	Appointment:	
Does the person have an Enduring power of Attorney?	Financial:	Yes	No	Health: Yes No
Who should we send your fortnightly invoices to?	Resident	Representative (on page 5)		
Nominated name				
Billing phone number				
Billing email address				

OTHER

Nominated hospital			
Funeral service provider			
Advanced Health Directive	Yes	No	

CURRENT AND PREVIOUS SERVICES

Current services received	Home Care	NDIS	Meals on Wheels	Other
If yes , who is the provider?				
Details				
Address		Postcode:		

RESIDENT REPRESENTATIVES

Who would you like us to contact regarding this application:

Resident First Contact Second Contact

If bed is offered, who would you like to be the Responsible contact:

First Contact Second Contact

FIRST CONTACT

First name				
Surname				
Relationship to Resident				
Is contact any of the following:	NOK	EPOA	Guardian	Other
Address				
Suburb		Postcode:		
Telephone		Mobile:		
Email				

SECOND CONTACT

First name				
Surname				
Relationship to Resident				
Is contact any of the following:	NOK	EPOA	Guardian	Other
Address				
Suburb		Postcode:		
Telephone		Mobile:		
Email				

FINANCIAL INFORMATION

If you are applying to receive respite care with no intention to go into permanent care, you do not need to complete this part of the application. The following information is required for us to determine your likely fees and charges. The Income and Assets Assessment with Services Australia will determine the fees you are required to pay. If you do not wish to complete one, you may be asked to pay the maximum fees. We suggest you seek independent legal and financial advice.

Have you received a Services Australia or DVA means assessment? Yes No

YOUR ASSETS

Have you owned the home in which you normally live for the last 2 years?	Yes	No
If yes , do you currently own the home, either by yourself or with others?	Yes	No
If yes , do any of the following people reside with you? <i>Carer (>2 years & eligible for pension/income support)</i> <i>Close relative (>5 years & eligible for pension/income support)</i>	Spouse	Dependent child
What is the estimated value of your home, less any liabilities such as a mortgage or the value of another person's interest? i.e. Your Share	\$	
Do you own any other real estate?	Yes	No
If yes , what is the estimated value of that real estate, less any liabilities such as a mortgage or the value of another person's interest? i.e. Your Share	\$	
What is the value of your furnishings and personal effects?	\$	
Bank, building society or credit union accounts, including savings & term deposits	\$	
Motor vehicles, boats, caravans, trailers	\$	
Shares, debentures, managed investments, bonds & trusts	\$	
Investment collections such as coins, paintings, etc	\$	
Superannuation funds realisable as a lump sum	\$	
Any assets given away in the last 5 years	\$	
TOTAL ASSETS	\$	
Less any Loans and other debts	\$	
TOTAL VALUE OF ASSETS	\$	

ANNUAL INCOME

Aged Pension	\$
Other pension	\$
Superannuation (net)	\$
Dividends (net)	\$
Bank account interest	\$
Other income	\$
TOTAL ANNUAL INCOME	\$

Signed by Resident or Resident's Representative: _____

Name: _____ **Date:** _____