

APPLICATION FORM



Please number, in order of preference, the Carinity communities you are interested in. Just mark the ones that are applicable to you. Prefer to complete this form online? Visit carinity.org.au/applyonline

- | | |
|--|--|
| <input type="checkbox"/> Brookfield Green (Brookfield) | <input type="checkbox"/> Hilltop (Kelvin Grove) |
| <input type="checkbox"/> Brownsesholme (Highfields) | <input type="checkbox"/> Summit Cottages (Mt Morgan) |
| <input type="checkbox"/> Cedarbrook (Mudgeeraba) | <input type="checkbox"/> Karinya Place (Laidley) |
| <input type="checkbox"/> Clifford House (Woolloowin) | <input type="checkbox"/> Kepnock Grove (Bundaberg) |
| <input type="checkbox"/> Colthup Manor (Ipswich) | <input type="checkbox"/> Shalom (North Rockhampton) |
| <input type="checkbox"/> Fairfield Grange (Townsville) | <input type="checkbox"/> Wishart Gardens (Wishart) |

Date: / /

Care requirements:

Permanent Respite Memory-Assisted Living (Dementia secure environment)

If respite selected, date respite required: From / / To / /

How did you hear about us?

Advertising Carinity Websites Existing Client Word of Mouth Hospital / Health Care Professional Placement Consultant Other

SECTION 1 About You (Applicant Details)

CONTACT INFORMATION

Surname	<input type="text"/>
Given names	<input type="text"/>
Current location	<input type="text"/> e.g. hospital, home or other
Home address	<input type="text"/>
	<input type="text"/> Postcode
Home phone	<input type="text"/> () <input type="text"/>
	Mobile phone <input type="text"/>
Email address	<input type="text"/>

SECTION 1

About You (Applicant Details) continued

PERSONAL INFORMATION

Preferred name	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carinity communities are non-smoking	
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Religion (optional)	<input type="text"/>		
Country of birth	<input type="text"/>		
Main language spoken	<input type="text"/>	Interpreter needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare number	<input type="text"/>	Ref. no	<input type="text"/> Expiry date <input type="text"/> / <input type="text"/> / <input type="text"/>
My Aged Care - Residential Permanent Referral code	<input type="text"/>		
My Aged Care - Respite Referral code	<input type="text"/>		
Do you hold an Australian Pension Concession card?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the type of pension:			
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Widow	<input type="checkbox"/> Blind <input type="checkbox"/> Overseas <input type="checkbox"/> DVA <input type="checkbox"/> Other
Pensioner Concession Card number:	<input type="text"/>		
Please advise if you receive:	<input type="checkbox"/> Full pension	<input type="checkbox"/> Part pension	<input type="checkbox"/> No pension

SECTION 2

Contact Details

Please identify your primary contact for all correspondence: Applicant First Contact Second Contact

Please provide details of one or two people we should contact for important information about your care:

FIRST CONTACT (required)

Title	<input type="text"/>	Given names	<input type="text"/>
Surname	<input type="text"/>		
Home address	<input type="text"/>		
	<input type="text"/> Postcode		
Email address	<input type="text"/>		
Drivers licence #	<input type="text"/>		
Home phone	<input type="text"/> () <input type="text"/>	Mobile phone	<input type="text"/>
Work phone	<input type="text"/> () <input type="text"/>	Relationship to applicant	<input type="text"/>

SECOND CONTACT

Title	<input type="text"/>	Given names	<input type="text"/>
Surname	<input type="text"/>		
Home address	<input type="text"/>		
	<input type="text" value="Postcode"/>		
Email address	<input type="text"/>		
Drivers licence #	<input type="text"/>		
Home phone	<input type="text" value="()"/>	Mobile phone	<input type="text"/>
Work phone	<input type="text" value="()"/>	Relationship to applicant	<input type="text"/>

SECTION 3 Legal & Financial Management Details

Have any of the following representatives been appointed on your behalf?

Guardian Enduring Power of Attorney (financial) Power of Attorney (financial only)

Administrator Enduring Power of Attorney (personal & health)

Please note: Certified copies of appointment documentation will be required on admission.

If you are listed as a Contact in Section 2 please complete the Name/Organisation field only.

Name/ Organisation	<input type="text"/>		
Address	<input type="text"/>		Postcode
Email address	<input type="text"/>		
Telephone	<input type="text"/>		

SECTION 4 Previous Residential Aged Care

Have you been in Permanent Residential Aged Care Accommodation before? Yes No

If yes, please complete below. If no, skip to Section 5.

Date of admission	<input type="text" value="/ /"/>
Name of facility	<input type="text"/>
Telephone	<input type="text"/>

SECTION 5 Medical Health Summary

If your ACAT Assessment was completed more than three months ago, please request a Medical Health Summary from your General Practitioner (GP) and return it with your completed Application Form. Alternatively, please ask your GP to complete this form: carinity.org.au/medicalhealthsummary.

SECTION 6 Medical Information

ACTIVITIES OF DAILY LIVING NEEDS

How would you describe your level of mobility?

Independently mobile Assistance required Not mobile

CARE NEED	YES (describe)	NO	UNKNOWN
Mobility Aid			
Mobility assistance (including number of people required to assist)			
Diet (e.g. soft diet)			
Hygiene assistance			
Urinary incontinence			
Faecal incontinence			
Vision impairment			
Hearing impairment			
Pain management			
Assistance required with meals			
Toilet aids (e.g. raised toilet seat / commode)			
Toileting assistance			
Recent weight loss (please include current weight)			
History of falls			

SECTION 6**Medical Information continued****Does the applicant require any of the following?**

	YES (describe)	NO
Assistance when taking medication		
Oxygen		
Enteral feeding		
Tracheotomy		
Catheter		
Stoma		
Peritoneal dialysis		
Daily injections		
Complex wound management		

Does the Applicant have:

	YES (describe)	NO
Any known allergies		
Wandering tendencies		
Any form of dementia		
Depression		
A mental health diagnosis		

If yes, name of physician / specialist

Telephone

Treatment

Comments on the Applicant's general state of health and any other relevant care information?

SEND THIS FORM TO US

Please return this completed Application Form along with the supporting documents outlined in the Application Pack Checklist to Carinity by email, fax or mail.

Email agedcare@carinity.org.au Fax **07 3811 6460** Mail **Carinity Aged Care, PO Box 6164, Mitchelton QLD 4053**

APPLICATION PACK CHECKLIST

PLEASE COMPLETE AND RETURN

- Carinity Application Form - *please complete this form.*
- Medical Health Summary from your GP.
- If available your Residential Aged Care Fees letter with Asset and Income Summary Statement provided by Services Australia or DVA.

NEXT STEPS

Step 1: Ensure you have a current ACAT

If you have not yet received an ACAT assessment, please contact My Aged Care on 1800 200 422 or visit myagedcare.gov.au. If your ACAT assessment was completed more than three months ago, please arrange with your GP to provide either a Medical Health Summary or complete this form: carinity.org.au/medicalhealthsummary. This ensures we can make an accurate assessment of your care needs.

Step 2: To enable Carinity to determine whether you will be requested to pay accommodation fees and payments you will need to determine which of the three categories below you fall into:

- If you own your own home and receive a Means Tested Centrelink or DVA payment please lodge "Residential Aged Care Property details for Centrelink and DVA customers form" via servicesaustralia.gov.au/sa485

- If you already receive a Means Tested Payment from Centrelink or DVA and do not own your own home, you will be automatically assessed without having to lodge any financial forms. However please ensure your Income and Assets are up to date with Centrelink or DVA. This can be done online through myGov or by contacting Centrelink or DVA.
- If neither of the above applies please lodge "Residential Aged Care Calculation of your cost of care form" via servicesaustralia.gov.au/sa457

Step 3: Prepare for the financial conversation

If we have a suite that meets your care needs, we will contact you to discuss your personal financial situation. To prepare for this conversation, you will need to have information regarding home ownership, any partners or dependents living in the home, and information regarding any income support payments you, your partner or dependents may receive.

DISCLOSURE & PRIVACY

Prospective Residents (a person approved by an Aged Care Assessment Team and who is considering receiving residential aged care through Carinity) or their representative can request information regarding Carinity's compliance with the Liquidity, Governance, Records and Disclosure Standard. Carinity is committed to protecting the privacy of your personal information.

For more information or to view the Carinity privacy policy visit carinity.org.au/privacy-policy or call **07 3550 3737**.

Call us today on **1300 109 109**

Fax **07 3811 6460**

Email agedcare@carinity.org.au Visit carinity.org.au

