APPLICATION FORM

carinity

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**

- ☐ Brookfield Green (Brookfield)
- ☐ Brownesholme (Highfields)
- ☐ Cedarbrook (Mudgeeraba)
- ☐ Clifford House (Wooloowin)
- ☐ Colthup Manor (Ipswich)
- ☐ Fairfield Grange (Townsville)
- ☐ Hilltop (Kelvin Grove)
- ☐ Karinya Place (Laidley)
- ☐ Kepnock Grove (Bundaberg)
- ☐ Shalom (North Rockhampton)
- ☐ 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

Given names

Current location

e.g. hospital, home or other

Home address

Postcode

Home phone ( )

Mobile phone

Email address

SECTION 1 About You (Applicant Details) continued

PERSONAL INFORMATION

Preferred name _____ Date of birth / /

Gender ☐ Male ☐ Female

Smoker ☐ Non-smoker ☐ Current smoker ☐ Former smoker

If a former smoker, please advise how long since your last cigarette or vape? _____

Marital status ☐ Married ☐ Defacto ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Religion (optional) _____ Country of birth _____

Main language spoken _____ Interpreter needed ☐ Yes ☐ No

My Aged Care - Residential Permanent Referral code _____

My Aged Care - Respite Referral code _____

Do you hold an Australian Pension Concession card? ☐ Yes ☐ No

If yes, please indicate the type of pension: ☐ Age ☐ Disability ☐ Widow ☐ Blind ☐ Overseas ☐ DVA ☐ Other

Please advise if you receive: ☐ Full pension ☐ Part pension ☐ No pension

Have you recently completed a Service Australia Income & Assets Assessment? If so, please attach.

Are there any concerns that the applicant has lost mental capacity? ☐ Yes ☐ No

If yes, has their capacity recently been assessed by a medical practitioner? ☐ Yes ☐ No

If yes, please provide any assessment provided by the medical practitioner.

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:

Who should be the main person we liaise with regarding your application?

☐ First Contact ☐ Second Contact ☐ Applicant ☐ Other

FIRST CONTACT (required)

Title _____ Given names _____ Surname _____

Home address _____ Postcode _____

Email address _____ Drivers licence # _____

Home phone ( ) _____ Mobile phone _____

Work phone ( )

Relationship to applicant

If you are the Applicant's partner, please provide your date of birth. / /

SECOND CONTACT

Title

Given names

Surname

Home address

Postcode

Email address

Drivers licence #

Home phone ( )

Mobile phone

Work phone ( )

Relationship to applicant

If you are the Applicant's partner, please provide your date of birth. / /

Who should we contact first in the event of a medical emergency ☐ First Contact ☐ Second Contact ☐ Other

(provide details)

SECTION 3 Legal & Financial Management Details

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

☐ QCAT Guardianship (financial) ☐ Enduring Power of Attorney (financial) ☐ Power of Attorney (financial only)

☐ QCAT Guardianship (financial and personal) ☐ Enduring Power of Attorney (personal & health)

Please note: 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

Address

Postcode

Email address

Telephone

Has the EPOA been enacted? ☐ Yes ☐ No

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 / /

Name of facility

Telephone

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?

Do you provide consent for Carinity to contact a third party to gain additional information about your medical situation? ☐ Yes ☐ No

If so, please provide details

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. You will also need an estimate of financial assets (eg. bank accounts, shares, investments, property and loans) and other assets (eg motor vehicle, boats, caravans, personal items).

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**

carinity

AN OUTREACH OF QUEENSLAND BAPTISTS

AC015-1025