



Admission Application

INFINITE CARE

Innovative aged care...
where people matter



Deciding on the right residential care service can be a stressful decision for all in the family. At Infinite Care we understand the emotional and complex decision process that residential aged care poses for families. We are here to help take some of that stress away and can empathise and help you feel comfortable in the choices you are making for yourself or a loved one. We also understand that it's going to be your home and we can tailor the experience so you do feel right at home.

Our culture will always be family.

You matter to us.
Your family matter to us.
Your life choices matter to us.
We care about YOU!

We look forward to you joining the extended Infinite family.

APPLICATION FORM



Date _____ / _____ / _____

Title _____

Given Names _____

Preferred Name _____

Surname _____

Gender Male / Female (*circle*)

D.O.B _____

Birthplace _____

Telephone _____

Mobile _____

Email _____

Current residential address _____

Present living arrangements

- At home – live alone
- At home – live with spouse
If at home, is this owned by you / rented (*Please circle*)
- At home with another person (not spouse)
Relationship _____
- Home of family member / other
Relationship _____
- Hospital
- Interim / transition care
- Hospital
- Other Residential Aged Care Facility

Type of Care Required

Permanent care

Respite care

If respite, please state length of stay required _____

Single

Married

Widowed

Partner

Partner deceased

Partner separated

Partner divorced

If you have a spouse or partner, please supply their full name and address

Name _____

Address _____

Religion

Languages spoken

Nominated Representative

Full Name _____

Relationship _____

Address _____

Suburb _____

Postcode _____

Telephone _____

Email _____

Contact Type

Emergency contact

Executor to Will

Financial (billing address)

Enduring Power of Attorney (EPoA)

Medical (POA)

Next of Kin

APPLICATION FORM



How did you hear about us?

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Infinite website | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> GP | <input type="checkbox"/> Radio | <input type="checkbox"/> Family |
| <input type="checkbox"/> My Aged Care | <input type="checkbox"/> Letterbox drop | <input type="checkbox"/> Other aged care website | |
| <input type="checkbox"/> Other | _____ | | |

Would you like to receive marketing updates from Infinite Care? Yes / No (*circle*)

Accounts and correspondence

I nominate the following person to receive all correspondence:

- Myself (person requiring residential care)
- Nominated representative (from previous page)
- Other

Full name _____

Telephone _____

Email
(for financial statements) _____

Emergency Contact

An emergency is a significant change in your medical condition.

May we contact this person at any hour of the day or night? Yes / No (*circle*)

If no, between which hours can this person be contacted? _____am / _____pm

Please indicate if you have any of the following in place and provide a copy with your application. (*circle below*)

- | | |
|-------------------------|----------|
| Power of Attorney | Yes / No |
| Enduring Guardian | Yes / No |
| Guardianship Order | Yes / No |
| Public Trustee Order | Yes / No |
| Advanced Care Directive | Yes / No |

APPLICATION FORM



Timeframe for admission

- Immediate 3 months 6 months 12 months

Type of accommodation required

- Single room with ensuite Couple accommodation
 Single room with ensuite and kitchenette Dementia and Memory Support

OR proposed date of admission ____/____/____

Pension Status

What type of pension do you receive?

- Full Pension Part Pension No Pension

Have you used any of the following services in the current financial year - 1 July to 30 June?
(circle below)

- | | |
|---------------------------------|----------|
| Residential Respite | Yes / No |
| Permanent Residential Aged Care | Yes / No |
| In Home Respite Care | Yes / No |
| Home Care Package | Yes / No |

If any, please specify the service providers and dates for the services used above.

Name of Service Provider _____

Type of Service _____

Dates _____

Are you seeking to transfer from another Residential Aged Care Service? Yes / No (circle)

Name of Aged Care Facility _____

What date did you enter aged care? ____/____/____

ACAT Assessment

Before you can apply for either permanent or respite care, you must have a current assessment form from a local Aged Care Assessment Team (ACAT) that states you are eligible to receive residential care. This assessment can also be called an Aged Care Client Record (ACCR) or a Support Plan.

Have you had a formal assessment by the Aged Care Assessment Team? Yes / No (*circle*)
(Please attach a copy to this application)

My Aged Care Referral Code 1-

(Please attach a copy of your My Aged Care Support Plan)

Health and Ambulance Cover

If you have private health insurance, please provide details below:

Name of fund _____

Membership number _____

Level of cover _____

If you have ambulance cover, please write the details below:

Name of fund _____

Membership number _____

Expiry ____/____/____

Medical Information Please attach medical history from doctor's surgery

Doctor's name _____

Telephone number _____

Doctor's surgery name _____

Doctor's surgery address _____

General Information

Medicare number _____

Medicare reference number _____ Expiry ____/____/____

Pension number _____ Expiry ____/____/____

Veteran affairs number _____ Expiry ____/____/____
(gold / white)

Diabetic assoc. number _____ Expiry ____/____/____

Legal and Financial Details

Does the Applicant have an Enduring Power of Attorney? (EPoA) Yes / No (*circle*)

Is the EPoA currently active?

- Yes – due to incapacity (medical practitioners letter attached)
- Yes – other reason (ie immediate power)
- No – does the applicant have the ability to understand and make complex financial decisions? Yes / No (*circle*)

APPLICATION FORM



Attorney Details

Title _____ Surname _____

Given Names _____

Address _____

State _____ Postcode _____

Telephone Business Hours _____

After Hours _____

Mobile _____

Email _____

If you are awaiting a QCAT and NCAT hearing, please specify the following and provide a copy of the order:

Hearing Date _____

Case Manager Name _____

Reference Number _____

Do you have an Advanced Health Directive? Yes / No (*circle*)

(If yes, please attach a copy)

Has a decision been made with regards to a preferred funeral service provider? Yes / No (*circle*)

If yes, please provide details

Name _____

Telephone _____

APPLICATION FORM



Financial

Have you made a will? Yes / No (*circle*)

If yes, please provide the details of the Executor and person/organisation holding the will.

Title _____ Surname _____

Given Names _____

Address _____

State _____ Postcode _____

Telephone Business Hours _____

After Hours _____

Mobile _____

Email _____

If you have an Aged Care Fee advice please attach a copy of the advice to this application.

Title _____ Surname _____

Given Names _____

Organisation Name _____

Address _____

State _____ Postcode _____

Telephone Business Hours _____

After Hours _____

Mobile _____

Email _____

Interim Residential Care Fee Estimator

Name of Resident _____

This Fee Estimator is used as a tool to provide Infinite Aged Care with an Interim Means Tested Fee (MTCF) whilst waiting for the Department to provide your approved MTCF based on your Assets and Income Assessment. The actual amount of the fees and charges payable will depend on the results of the Assessment and Infinite Aged Care will make adjustments accordingly once this advice is received by the Department.

All reasonable care has been taken in preparing and designing the Interim Means Tested Fee Estimator based on the **My Aged Care Residential Care Fee Estimator**; however, Infinite Aged Care provides no warranty and makes no representation that the information provided by this tool is appropriate for your particular circumstances or indicates you should follow a particular course of action. You should consider obtaining independent legal, financial, taxation or other advice to check how the information relates to your particular circumstances.

Infinite Aged Care is not liable for any loss caused, whether due to negligence or otherwise arising from the use of, or reliance on, the information provided directly or indirectly on or through this Estimator.

90 days post admission, if Infinite Aged Care has yet to receive your Department Assessment letter, full fees and charges will apply.

Please note:

- If you choose not to disclose your income and assets the maximum fees will apply.
- If a resident is a member of a couple, please enter combined assets. The calculator will automatically half the value. When the asset is held jointly, or in common, with another person other than the resident's partner, the value of the asset is taken into be the resident's interest in the asset.
- If the value of your income and assets varies, so to will your fees and payments.

Your Information

Do you have a partner? Yes / No (*circle*)

Income includes:

- Income support payments from the Australian Government such as the age pension or service pension
- Net income from rental property
- War widow / widower pensions and some disability pensions
- Net income from business, including farms
- Income from superannuation income streams such as annuities and allocated pensions
- Overseas pension income
- Family trust distributions
- Dividends from private company shares

Do not include interest from your bank accounts or financial investments. Your financial assets will be deemed to earn a certain rate of income.

Please state your estimated Annual Income including;

- Aged care / war widow / widower / disability pensions
- Net income from rental property / Net income from business (including farms)
- Income from superannuation streams such as annuities and allocated pensions, overseas pension income, family trust distributions...

If you have a partner, enter your combined income. \$ _____

Homeowner Status

Do you and/or your partner own, or are currently paying off the home you live in? Yes / No (*circle*)

Your **home** will be included as an asset unless it is occupied by a protected person. A protected person is:

- Your partner or dependent child
- Your carer who has lived with you in the home for the past two years and is eligible for an income support payment
- A close relation, such as a sister, brother, parent, child or grandchild who has lived with you in the home for the past five years and is eligible for an income support payment.

Will a protected person live in the family home? Yes / No (*circle*)

Net market value of the home

Enter the market value of your home less any outstanding mortgages on the home. \$ _____

Financial Assets

Financial assets include:

- Bank, building society and credit union accounts
- Cash
- Term deposits
- Cheque deposits
- Friendly society bonds
- Managed investments
- Listed shares and securities
- Loans and debentures
- Shares in unlisted public companies
- Gold and other bullion
- Gifted assets - if you have gifted amounts above \$10,000 in the last year or \$30,000 in the last five years, include the amount above these limits as a financial asset.

TOTAL VALUE OF FINANCIAL ASSETS \$ _____

Other Assets

Other assets include:

- Household contents and personal effects (these are typically valued at \$10,000)
- Foreign assets including investments, business interests and real estate
- Investment property
- Special collections such as stamps, art works or antiques
- Superannuation balances
- Private trusts, family trusts and private companies
- Net retirement village entry contributions
- Refundable accommodation deposits

TOTAL VALUE OF FINANCIAL ASSETS \$ _____

Debts

A **debt** is any loan, mortgage, charge or encumbrance held over an asset which has been included as a financial asset or other asset.

- Do not include the value of the mortgage over the family home (if there is one)
- Do not include credit card debt or personal loans

If you have a partner, enter your combined debt. \$ _____

STATUTORY DECLARATION

(this form must be signed in the presence of any one witnesses mentioned at the bottom)

I / We _____

Of (address) _____ for (resident) _____

Having checked and understood the information contained in this Asset Declaration Form hereby solemnly and sincerely declare that it is a true and accurate record of my / our Asset Values.

This information has been given to enable Infinite Aged Care to determine the extent of any Accommodation Charges due by me / us for entry into Infinite Aged Care facility.

I / We understand that Infinite Aged Care will rely on this information when making its decision. I / We understand this form represents part of the Residential Care Services Agreement and I / We accept full responsibility and make good for any loss that may be incurred by Infinite Aged Care as a result of any incorrect or misleading information provided by me / us.

I / We, am / are not aware of any other Assets owned by me / us that have not been disclosed on this form.

And I / We make this solemn declaration conscientiously believing that same to be true, and by virtue of the provisions of the Oaths Act 1936.

Declared at _____ in the State of _____

This _____ day of _____ 20 _____

Signature of Applicant

Name(s) of Applicant(s)

Relationship to Resident

Signature of Witness
(Justice of the Peace, Solicitor,
Minister of Religion, Accountant,
Medical Practitioner)

Name(s) of Witness

Name(s) of Witness

Income and Asset Information

Have you had your Means Test (income / assets) conducted by Centrelink or DVA? Yes / No (*circle*)

If **YES**, please provide a copy of your assessment from Centrelink or DVA.

If **NO**, please speak to our friendly staff to obtain the necessary forms for the testing to be completed.

Assets and Income Details

Everyone entering residential aged care for the first time needs to complete and lodge an income and assets assessment form which will be used to determine your ability to contribute to the cost of your care and accommodation. This assessment is undertaken by completing a "Permanent Residential Aged Care for a Combined Assets and Income Assessment" form and lodge this form at the Department of Human Services (Centrelink) or Department of Veteran Affairs. This assessment determines both the means tested care free) if any) you will pay as well as whether you qualify for Government assistance towards your accommodation costs.

Please Note: if you do not intend lodging a Combined Assets and Income Assessment you will be liable for the maximum accommodation price and the maximum means tested care fee on admission regardless of your financial status. Completing this section of the application form will assist us with determining your financial status so that we can provide you with draft fees and costs and answer any queries or concerns you may have in relation to your aged care accommodation costs and ongoing fees.

Lodgement of Combined Assets and Income Assessment

Please complete one of the following four choices below in regards to your combined income and assets determination.

I have received an Aged Care Fee advice from the Australian Government that confirms my accommodation costs (copy of the letter and assets summary statement is attached to this application).

I have lodged the application for the Combined Income & Assets Assessment and I am awaiting advice from the Australian Government.

Date Lodged ____/____/____

I will lodge the application for the Combined Income and Assets Assessment.

Proposed lodgement date ____/____/____

I understand if I accept a placement prior to being able to produce an aged care fee advice from the Australian Government that you may be charged the full accommodation payment until I provide a copy of the letter.

I choose not to lodge the application for the Combined Income and Assets Assessment and understand that I will pay the published Refundable Accommodation Deposit or equivalent Daily Accommodation Payment of the room offered at the time of placement and understand I may also be charged the Means Tested Care Fee of up to \$214.06 per day (current as at 01/07/17).

Application for Residential Care Service Checklist

To assist with the timely processing of your application please ensure that all sections are completed to the best of your ability and that you have provided the following documents/information with this application:

1. A copy of your Aged Care Support Plan or referral code.
2. A copy of your Aged Care Fees Letter including Assets and Income Summary Statement – if received from the Department of Human Services.
3. Photocopy of Pension and Medicare Care.
4. Certified Enduring Power of Attorney (attach a complete copy).
5. Certified QCAT or NCAT – if applicable.
6. Certified Advance Health Directive – if applicable.

Please note, failure to complete this application document and supply required information may delay the processing of your application.

Declaration

Upon signing this application, the applicant consents to:

- Infinite Aged Care acquiring health information from external health service providers, for the purpose of maintaining accurate and current health records.
- Having their photo taken, for identification purposes only.

I sincerely declare that the answers to all of the questions given in this application form (whether in respect of myself, or on behalf of the applicant) are true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive.

I have (or will) provide Infinite Aged Care with all requested information and documentation for this application and for admission purposes) if the application proceeds). I understand and acknowledge I will be required to pay all fees, charges and payments as outlined in the agreement supplied in the event I am offered and accept a placement.

I agree by completing this application to be wait listed for a placement and that to allow the accurate determination of my financial status, I will provide further information or proof upon request.

If I am signing on behalf of the applicant I confirm I have legal authority to act on their behalf.

APPLICATION FORM



Completed by: Applicant Applicant's Representative

Surname _____

Given Names _____

Relationship to Applicant _____

Signature _____

Date _____/_____/_____

Office Use Only

Application Pack Sent Yes No

Tour Date Arranged Yes No

Follow-up Required Yes No

Placement Offered Admission Date _____/_____/_____

HEAD OFFICE

Suite 6, Level 3,
128 Bundall Road
Bundall QLD 4217

CARAVONICA WATERS

11 Lake Placid Road
Caravonica QLD 4878

CHRISTIES BEACH RESIDENTIAL CARE SERVICE

50 Gulfview Road
Christies Beach SA 5165

THE CHURCHILL RETREAT

470 Churchill Road
Kilburn SA 5084

EDMONTON GARDENS

5 Bruce Highway
Edmonton QLD 4869

HAHNDORF RESIDENTIAL CARE SERVICE

1a Main Street
Hahndorf SA 5245

INFINITE CARE MOUNT LOFTY

69 Stuart Street
Mount Lofty QLD 4350

KLEMZIG RESIDENTIAL CARE SERVICE

Leighton Avenue
Klemzig SA 5087

ROSE COURT AGED CARE FACILITY

3 Grant Avenue
Gilles Plains SA 5086

