



Admission Application

INFINITE AGED CARE

Creating infinite connections...
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.

PART A (All Residents)



Personal Details

Date _____ Gender ☐ Male ☐ Female ☐ Intersex
☐ Indeterminate ☐ Other
 Title _____
 Given Names _____
 Preferred Name _____ Surname _____
 D.O.B _____ Birthplace _____
 Telephone _____ Mobile _____
 Email _____
 Current residential address _____
 State _____ Postcode _____
 Language/s spoken _____ Religion _____
 Indigenous status ☐ Unknown ☐ Aboriginal ☐ Torres Strait Islander
☐ Neither ☐ Both Aboriginal and Torres Strait Islander

Present Living Arrangements

☐ At home – live alone ☐ At home – live with spouse
☐ At home with another person (not spouse) Relationship: _____
☐ Home of family member / other Relationship: _____
☐ Other Residential Aged Care Facility Name of facility: _____
☐ Interim / transition care ☐ Hospital
☐ Specialist Disability Accommodation

Type of Care Required

☐ Permanent care ☐ Respite care - Duration of stay:
 Timeframe for Admission ☐ Immediate ☐ 3 months ☐ 6 months ☐ 12 months

Relationship (If you have a spouse or partner, please supply their full name and address below)

☐ Single ☐ Married ☐ Widowed ☐ Partner
☐ Partner deceased ☐ Partner separated ☐ Partner divorced
 Name _____
 Address _____
 State _____ Postcode _____

PART A (All Residents)



Nominated Representative

Full Name

Relationship

Address

State

Postcode

Telephone

Email

☐Emergency contact

☐Executor to Will

☐Medical (POA)

☐Financial (billing address)

☐Enduring Power of Attorney (EPoA)

☐Next of Kin

Second Nominated Representative

Full Name

Relationship

Address

State

Postcode

Telephone

Email

☐Emergency contact

☐Executor to Will

☐Medical (POA)

☐Financial (billing address)

☐Enduring Power of Attorney (EPoA)

☐Next of Kin

Additional Documents

Please indicate if you have any of the following in place and provide a copy with your application.

☐Power of Attorney

☐Public Trustee Order

☐Guardianship Order

☐Enduring Guardian

☐Advanced Care Directive

How Did You Hear About Us?

☐Respite care

☐Newspaper

☐Infinite website

☐Hospital

☐Word of mouth

☐GP

☐Radio

☐Family

☐My Aged Care

☐Letterbox drop

☐Other

☐Other aged care website

Would you like to receive marketing updates from Infinite Care? ☐Yes ☐No

PART A (All Residents)



NDIS Plan If you are under 65 years of age please answer the following questions.

Do you have an NDIS Plan ☐Yes ☐No

If yes, how is your NDIS Plan managed? ☐Self-managed ☐Plan managed ☐NDIA managed

Do you have a Positive Behaviour Support Plan? ☐Yes ☐No

Please provide details of your NDIS Support Coordinator:

Organisation

Coordinator

Phone

Email

Address

State

Postcode

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)

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)?

☐Residential Respite

☐In Home Respite Care

☐Permanent Residential Aged Care

☐Home Care Package

Are you seeking to transfer from another Residential Aged Care Service? ☐Yes ☐No

Name of Aged Care Facility

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

NOTE: If you have an Aged Care Fee Advice please attach a copy to this application.

PART A (All Residents)



ACAT Assessment

Before you can apply for either permanent or respite care, you must have a current assessment form 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

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 (if applicable):

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

Current Pharmacy

General Information

Medicare number

Medicare reference number Expiry / /

Pension number Expiry / /

Diabetic assoc. number Expiry / /

Veteran affairs number Expiry / /

(gold / white)

PART A (All Residents)



Legal and Financial Details

Does the Applicant have an Enduring Power of Attorney? (EPoA) ☐ Yes ☐ No

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

If you are awaiting a QCAT, NCAT or SACAT 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? (If yes, please attach a copy) ☐ Yes ☐ No

Has a decision been made with regards to a preferred funeral service provider? ☐ Yes ☐ No (please provide details)

Name

Telephone

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.
 - Infinite Aged Care using the information that I provide, and that they obtain, for the purposes related to their services and may disclose information to other persons such as specialist medical practitioners or organisations which require the information to provide services directly related to the service the applicant will receive.
 - 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.

PART A (All Residents)



By signing this declaration, I also acknowledge the following:

- I ☐ do ☐ do not consent to information about me being used for any Secondary Purpose, as defined in the Privacy Act 1988 (Cth). These Secondary Purposes referred have been explained to me.
- I ☐ do ☐ do not consent to Infinite Aged Care taking or using photographic images and recordings (including video, sound and written recordings) of me and to use these photographs and recordings unconditionally in any and all media, including but not limited to online and social media, for any purpose whatsoever.
- I ☐ do ☐ do not consent to information about the organisations products and services being sent to me.

Completed by: ☐ Applicant ☐ Applicant's Representative

Surname _____

Given Names _____

Relationship to Applicant _____

Signature _____

Date ____/____/____

Please note:

- All information is handled in accordance with the Privacy Act 1988 (Cth).
- Infinite Aged Care is committed to protecting the privacy of your personal information. A copy of the organisation's Privacy Policy is available on our website. If you have any questions regarding our privacy obligations, please contact an Infinite Aged Care representative directly.
- Photographs or recordings may be made available to the public generally, including but not limited to, content producers, advertising and marketing agencies, media outlets, printers and designers. Further, the images may be cropped or altered as necessary. For more information, please contact Infinite Aged Care directly.
- You may withdraw your permission regarding use of photographic images and/or recordings by contacting The Proper Officer, Infinite Aged Care, PO Box 8108 GCMC QLD 9726 in writing.

PART B (Permanent Residents Only)



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 in to be the resident's interest in the asset.
- If the value of your income and assets varies, so to will your fees and payments.

PART B (Permanent Residents Only)



Your Information

Do you have a partner? ☐ Yes ☐ No

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

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

- 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

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

PART B (Permanent Residents Only)



Financial Assets (including):

- Financial assets include:
- Bank, building society and credit union accounts
 - Term deposits
 - Friendly society bonds
 - Listed shares and securities
 - Shares in unlisted public companies
 - 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.
 - Cash
 - Cheque deposits
 - Managed investments
 - Loans and debentures
 - Gold and other bullion

Total value of financial assets (if partner, combined total) \$

Other Assets (including):

- 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
 - Superannuation balances
 - Refundable accommodation deposits
 - Special collections such as stamps, art works or antiques
 - Private trusts, family trusts and private companies
 - Net retirement village entry contributions

Total value of other assets (if partner, combined total) \$

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:
- Include the value of the mortgage over the family home (if there is one)
 - Do not include credit card debt or personal loans
 - Do not include a loan if it is taken out for the benefit of someone else other than your partner.

Total debt (if partner, combined total) \$

Income and Asset Information

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

PART B (Permanent Residents Only)



Assets and Income Details

Entering residential aged care for the first time may require completion and lodgement of forms to determine your ability to contribute to the cost of care and accommodation. We have listed and explained these forms below.

1. Residential Aged Care Property details for Centrelink and DVA customers form (SA485)

If you receive a means tested income support payment (ie. age pension) and you DO own a home – you need to complete this form (SA485) which looks at key aspects of your property and incorporates the protected person questions (spouse, carer, relative). These details will be used to assess how much you need to pay for care in an aged care home.

2. Residential Aged Care Calculation of your cost of care form (SA457)

If you DO NOT receive a means tested income support payment (ie. age pension) – you DO need to complete this form (SA457) in full. This form will ask for you your income and asset details which will then be used to assess how much you need to pay for residential aged care.

These forms need to then be lodged at the Department of Human Services (Centrelink) or Department of Veteran 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.

Please note that if you do not intend lodging a Residential Aged Care Calculation of your cost of care form (SA457) 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.

PART C (Forms)



CHECKLIST: APPLICATION FOR RESIDENTIAL CARE SERVICES

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.

Required Documentation

- ☐ A copy of your Aged Care Support Plan or Referral Code
- ☐ A copy of your Aged Care Fees Letter including Assets and Income Summary Statement (if received from Department of Human Services or DVA)
- ☐ Photocopy of Pension and Medicare Card
- ☐ Certified Enduring Power of Attorney (attached a complete copy)
- ☐ Certified QCAT, NCAT or SACAT – if applicable
- ☐ Certified Advance Health Directive – if applicable
- ☐ Current Health Summary provided by Doctor
- ☐ Medication Chart supplied by Doctor (not necessary if admitting from hospital)
- ☐ Pharmacy Information Sheet
- ☐ Copy of Rates notice where a property is owned

Completed and Signed Forms

- ☐ Direct Debit Request (SIGNED) or Centrepay Form (SIGNED)
- ☐ Application Form Declaration (SIGNED)
- ☐ Additional Technology Services Form (SIGNED)
- ☐ Request for testing and tagging Form (SIGNED)

NATIONAL SUPPORT CENTRE

128 Bundall Road
Bundall QLD 4217

CASA MIA

28 Alma Road
Padstow NSW 2211

CARAVONICA WATERS

15-17 Lake Placid Road
Caravonica QLD 4878

CHAMBERLAIN GARDENS

53-67 Chamberlain Road
Wyoming NSW 2250

CHRISTIES BEACH

50 Gulfview Road
Christies Beach SA 5165

CHURCHILL RETREAT

470 Churchill Road
Kilburn SA 5084

CORNUBIA

144 Beenleigh- Redland Bay Rd
Cornubia QLD 4130

EDGE HILL ORCHARDS

15 Oregon St
Manoora QLD 4870

EDMONTON GARDENS

5 Bruce Highway
Edmonton QLD 4869

HAHNDORF

1a Main Street
Hahndorf SA 5245

IPSWICH

43 South Street
Ipswich QLD 4305

KLEMZIG

Leighton Avenue
Klemzig SA 5087

MOUNT LOFTY

69 Stuart Street
Mount Lofty QLD 4350

ROSE COURT

3 Grant Avenue
Gilles Plains SA 5086

SOUTHAVEN

11 Queensbury Road
Padstow Heights NSW 2211

