



ROSEWOOD CARE GROUP INC

APPLICATION FOR ADMISSION

Form MA 8A

(Please indicate ✓) ☐ 67 Cleaver Street, WEST PERTH
☐ 5 Britannia Road, LEEDERVILLE

(Strictly Confidential Data)

THIS FORM MUST BE COMPLETED PRIOR TO AGREEMENT BEING ENTERED INTO

Date of Admission: _____

Facility:	WEST PERTH	LEEDERVILLE	EITHER	(Please circle)
Surname:			Title:	
First Name:			Preferred Name:	
Date of Birth:			Country of Birth:	
Gender:			Marital Status:	
Nationality			Language spoken:	

Current GP:	Phone No:		
Facility GP:	Name on Electoral roll	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ACAT assessed:			
Date:	Team:	Social Worker:	Phone
Pension / DVA No:	Type:	Expires	
Please circle: Full / Part / Non-Pensioner			
Medicare No./Ref:	Expiry Date:		
Name of Health Fund:			
Membership Number:			
Type of Cover: Hospital / Ancillary / Ambulance			
Safety Net Entitlement No:			
Ambulance Fund Membership No:	Expiry date		

Next of Kin / Contact in case of Emergency:	Relationship:
Name:	Title
Address:	
Home Phone:	
Email:	Mobile Phone:

2nd Contact in case of Emergency:	Relationship:
Name:	Title
Address:	
Home Phone:	
Email:	Mobile Phone

Preferred Funeral Service Provider:	Burial / Cremation (please circle)
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Name of Person responsible for Accounts:	
Billing Address:	
Legal information (Appointed Guardian, Power of Attorney, Executor etc, Advanced Health Directive)	
Attach copy	
Completed by:	Date:

INITIAL ENTRY MEDICAL INFORMATION SHEET

Name of Resident:		Room No:
Could you please assist us by providing any relevant medical information (not already included on the ACCR). (For example ulcers, recurring infections, previous medical conditions, swallowing difficulties, memory loss)		
Allergies:		
Please tick appropriate ✓		
Communication	Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Memory loss /Confusion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing aid (s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition: Normal diet <input type="checkbox"/> Diabetic <input type="checkbox"/> Other: <input type="checkbox"/>		
Special Precautions/needs/allergies:		
Incontinence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Uses pads:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Type of pad:	
Constipation <input type="checkbox"/> Yes <input type="checkbox"/> No	Aperient required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Type of aperient:	
Assistance with toileting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Requires reminding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobility: Totally independent / Uses aids / Requires assistance / Totally dependent		
Aids used: Walking stick / Quad stick / Frame / Wheelchair / Other (<i>please specify</i>)		
Hygiene: Showers daily <input type="checkbox"/> Yes 2nd Daily <input type="checkbox"/> Yes		
Special requirements:		
Dental Care: Own teeth: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dentures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance required:		
Sleep Routine: Usual retiring time: Generally sleeps well <input type="checkbox"/> Yes <input type="checkbox"/> No		
No Other needs: (eg no. of pillows, night light, sedation etc)		
Medical equipment required: Oxygen / Nebuliser / Concentrator / Other (<i>please specify</i>)		
Special instructions: Wound dressing / Podiatrist / Naturopath / Physio etc. - please specify and attach relevant reports		
Other relevant information: for example pain management concerns, wandering, emotional needs, spiritual and social support needs.		

APPROVED BY: **(SIGNATURE OF CARE COORDINATOR)**

DATE:

APPLICATION FOR PERMANENT RESIDENTIAL CARE

Residents Name:	
Contact Phone No.:	

Application for permanent care at _____

The following information is in addition to Pages 1 and 2 to help us gather information to provide you with the most appropriate accommodation within the correct room status category.

If you require any help in completing this form please do not hesitate to contact the Executive Support Officer.

A current ACCR (Aged Care Client Record, formerly known as an ACAT Assessment) is required before entering into our Facility.

ACCR completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No – Do you need assistance to initiate an ACCR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of ACCR attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Present Accommodation Address:	
Is your family aware of your application:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had Respite at any other Facility, if so when and for how long?	

APPLICATION FOR PERMANENT RESIDENTIAL CARE

Private and Confidential

FEES & CHARGES

Before being admitted to an aged care facility, we request a "Permanent Residential Aged Care Request for a Combined Assets and Income Assessment" (form SA 457, downloadable from the Department of Human Services website). This form is used to determine the Accommodation Payment or Accommodation Contribution levied on admission, and to determine the rate of fortnightly fee for new residents.

Professional assistance with the completion of the form should be sought where necessary. Submission of the form is not compulsory, however, residents not providing details will be levied the maximum Accommodation Payment.

Accommodation Payments

Until July 2014, certain residents were required to pay an accommodation bond, but this has changed. If your Combined Assets and Income Assessment meets a certain level, the government has deemed that you must contribute to your accommodation costs. You will have the choice of paying this through a fully refundable deposit, a rental style periodic payment, or a combination of both. As at July 2014, the maximum amount of accommodation payment that an aged care provider can charge is \$85 per day.

Accommodation Contributions

If, based on your Income and Assets Assessment, the government deems that you can pay part of your accommodation costs, you will be asked to pay an Accommodation Contribution. The government will make up the difference in cost.

Accommodation Supplement

If, based on your Income and Assets Assessment, the government deems that you are unable to meet any of your accommodation costs, they will pay your accommodation costs in the form of an Accommodation Supplement.

Daily Accommodation Payment

This is calculated as a daily cost (charged monthly) if the Accommodation Payment was not paid in full. It is a percentage of the Accommodation Payment that is still owed, plus interest (the Maximum Permissible interest rate is set by the Department of Social Services and is reviewed in March and September each year).

Basic Daily Fee

This fee is for daily living costs, such as meals, electricity, laundry and cleaning. It is calculated at a rate of 85% of the Single Aged Care Pension, which equates to \$47.15 as at July 2014. If your income is below \$25 118.60 and your assets are below \$45 500, you will only pay the Basic Daily Fee. If your income and assets are over these thresholds, you may be asked to pay an additional means-tested fee.

Assets, Income & Liability Summary

Please note

Applicants who have joint accounts, assets or liabilities only write their share on this form – NOT the total amount.

IT IS IMPORTANT THAT YOUR NAME IS RECORDED ON EACH OF THE FOLLOWING PAGES.

Name of Resident:	
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1. Australian Pension

Do you receive the Centrelink pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please tick type	<input type="checkbox"/> Full <input type="checkbox"/> Part
Do you receive a Department of Veterans Affairs pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what colour card issued:	<input type="checkbox"/> White <input type="checkbox"/> Gold <input type="checkbox"/> Orange
Fortnightly amount received:	\$ _____
Are you recognised by the Department of Veterans Affairs as a POW?	

APPLICATION FOR PERMANENT RESIDENTIAL CARE
Private and Confidential

Name of Resident:	
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2. Overseas and Other Pensions

Please give details (type and amount) of other pensions received for example overseas pensions.	
Details	Amount

3. Other Incomes

Do you receive any other income not mentioned in 1 or 2 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source	Net average weekly income \$
Rent	
Interest	
Dividends (excl. franked credits)	
Insurance policy/friendly society etc.	
Dividends/distributions/bonuses	
Business profits	
Other income	
Total	\$

Total average weekly other income means total average weekly income, assessable for tax purposes (excluding imputation credits attaching to franked divided income), net of expense deductible for tax purposes, receivable from all sources except for Centrelink Aged Pensions, Department of Veterans' Affairs pensions and, in both cases, rental assistance and pharmaceutical allowances paid as supplements to those pensions.

4. Home Ownership Status

Have you owned a home in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your spouse/dependant child/carers or close relative been living in the home for 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse/dependant child/carers or close relative eligible for any pension or benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION FOR PERMANENT RESIDENTIAL CARE
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Name of Resident:	
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5. Financial Details

Assets	\$	Liabilities	\$
Value of home (excluding contents)		Mortgages to be repaid	
Household contents and effects ie furniture, white goods		Other mortgages	
Other real estate			
Cash in hand			
Savings Account/s			
Cheque Account/s			
Shares, notes, units in trust etc.		Loans etc.	
Insurance policies (maturity value)		Bank overdraft etc.	
Businesses			
Any other assets ie car, paintings, collectables		Any other liabilities	
Total		Total	

The information I have declared in this form is, to the best of my knowledge, true and correct in all material respects.

Dated:
Signature: (Resident or Legal Representative)
Print Name:
In the presence of: (Witness Name)
Address of Witness:
Witness signature:

Please complete and return to Administration, Rosewood Care Head Office., 67 Cleaver Street, West Perth 6005.

PERMANENT RESIDENTIAL CARE

Private and Confidential

Checklist for residents who are becoming permanent.

You should read this document carefully. The questions in it are designed to draw your attention to some of the important matters that you should consider before deciding to enter a retirement facility. If you are uncertain about any aspects of the facility or the document you have received from the facility, seek advice.

Part One:

- Have discussed my decision to enter a retirement facility with my family, friends, a social worker or local Citizen Advice Bureau?
- Have enquired about pets, car parking, and public transport?
- What discussion have I had with the facility I have chosen?
- Does the lifestyle of the facility (including social activities) meet my needs?
- How do the terms and amounts of repayment of my in-going sum compare with other charges?
- How will I have to adapt and alter my existing lifestyle to comply with the regulations and restrictions of life in an Aged Care Facility?
- Do these facilities for the elderly meet my future needs?

Part Two:

- What is the position regarding pets, visitors car parking and public transport?
- Does the facility provide nursing care, an emergency call system and facilities specially designed for the elderly?
- Can I be moved from the facility or within the facility without my consent? If so, under what circumstances can I be moved?
- Can the owner terminate my occupancy at any time? If so, under what circumstances can the owner do this?
- Is my long-term occupancy at the facility secure?
- What is the in-going sum I must pay (if applicable) and any other extraordinary cost which can be imposed on me?
- Are the residents actively involved in decisions concerning services provided?
- When do I get access to my money after I leave the facility?
- What system does the facility have for resolving disputes?
- Is the facility capable of being sold or transferred? What protection do I have?

Part Three:

Do I know and understand the answers to questions in Part Two of this list and the consequences of the answers to those questions?