

2 Wattle Street, Bunbury WA 6230
Phone: (08) 9721 4100 **Fax:** (08) 9791 3290
Email: admin@whl.org.au **Website:** www.wattlehillcare.com.au

RESIDENTIAL AGED CARE APPLICATION FORM

The information requested in this Application Form will enable Wattle Hill Lodge Inc, trading as Wattle Hill Care, to assess your care and accommodation needs. Please fill in the underlined space or tick the appropriate box. If you would like assistance or further information on completing this application, please contact the Wattle Hill Care Facility Manager by telephone: (08) 9791 6384.

Upon receipt of your completed Application Form and ACAT assessment, you can arrange an appointment to visit and tour the facility. Wattle Hill Care sets aside each Wednesday for appointments and tours. This appointment is to establish if Wattle Hill Care is able to provide the type and level of assistance that you may require, and answer any questions you may have, and address the financial details associated with this Application Form.

Do you have an Aged Care Assessment Team (ACAT) form completed for Residential Care?

Yes No

We can access a copy of the assessment online, please provide your ACAT Referral Code and Medicare Number. If your Medicare number or Referral Code is not available, please supply a copy of the assessment with this Application Form.

ACAT Referral Code: (Example 1-1234567890 - The referral code is a 1- plus a 10 digit number and can be found in the letter received from ACAT regarding the outcome of your assessment)

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Medicare Card Number:

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Position on Card:

(ie. Number appearing before Name)

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***Please note all Wattle Hill Care facilities are Non-Smoking.
Residents and Staff are not permitted to smoke in our buildings or grounds.***

A. PERSONAL DETAILS

Surname: _____

Christian Names: _____

Title: (please circle) **Mr** **Mrs** **Ms** **Miss**

Date of Birth: _____ **Weight:** _____

Marital Status: Married Widowed Divorced Single

Partner's Name: _____ **Date of Birth:** _____

Nationality: _____ **Preferred Language:** _____

Current Address:

_____ **Post Code:** _____

Contact Phone No: _____

Email Address: _____

NEXT OF KIN: (if possible, please list two contacts)

1. Name: _____ Relationship: _____

Address: _____

Post Code: _____ Home Phone No: _____

Work Phone No: _____ Mobile Phone No: _____

Email Address: _____

2. Name: _____ Relationship: _____

Address: _____

Post Code: _____ Home Phone No: _____

Work Phone No: _____ Mobile Phone No: _____

Email Address: _____

POWER OF ATTORNEY:

Have you given anyone Power of Attorney (PA)? *** Yes No

Have you given anyone Enduring Power of Attorney (EPA)? *** Yes No

If so, Who? Name: _____ Relationship: _____

Address: _____

Post Code: _____ Phone No: _____

Email Address: _____

HEALTH CARE & MEDICAL INFORMATION:

Do have an Advanced Health Directive? Yes No

Centrelink or Department of Veterans Affairs Pension No.:

Overseas Pension No.: (if applicable) _____

PBS Safety Net Card No.: _____

Who is your current Doctor?:

Name: _____

Phone No: _____

Address: _____

_____ Post Code: _____

Is your Doctor prepared to continue to care for you if you move to Wattle Hill Care?

Yes No

B. YOUR PERSONAL CARE NEEDS *(please tick appropriate box)*

WALKING independent with aid assisted/supervised full assistance

AIDS walking stick quad stick splints wheelchair

USED:

gutter frame frame wheelie walker

DRESSING/UNDRESSING: independent assisted/supervised fully assisted

EATING/DRINKING: independent supervised assisted/encouraged

Other _____

SPECIAL DIETARY

REQUIREMENTS: Medical Yes No / Cultural Yes No / Religious Yes No

Do you have difficulty in swallowing? Yes No Details: _____

SHOWERING/WASHING:

independent assisted/encouraged partly assisted fully assisted

TOILETING:

independent supervised partly assisted fully assisted

equipment required

Do you experience incontinence? Yes No

PERSONAL SUPPORT NEEDS *(please tick appropriate box)*

Do you experience:	YES	NO	How do you deal with these problems?
Poor vision	<input type="checkbox"/>	<input type="checkbox"/>	
Poor hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Communication difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Poor memory	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Fear	<input type="checkbox"/>	<input type="checkbox"/>	
Frustration/anger	<input type="checkbox"/>	<input type="checkbox"/>	



Wattle Hill Care

Sadness	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Lost	<input type="checkbox"/>	<input type="checkbox"/>	
Other:(describe)			

APPLICANT'S SIGNATURE::

Date of Application: _____

**Name & Signature of the person who completed this form on your behalf:
(IF DIFFERENT FROM APPLICANT)**

Name: _____

Relationship to Applicant: _____

Signature: _____ **Date:** _____

Thank you

Office Use Only:		
Name:	Date Sent:	Date Received:
<u>APPLICATION CHECK LIST</u>		
<ol style="list-style-type: none"> 1. <input type="checkbox"/> Have you completed all sections of this form? 2. <input type="checkbox"/> Have you enclosed your completed, signed Statutory Declaration? 3. <input type="checkbox"/> Have you signed this Application form? 4. <input type="checkbox"/> If you are claiming Supported Resident Status, have you provided a copy of confirmation? (see page 5) 		



*****LEGAL AND FINANCIAL AFFAIRS**

Most decision making disabilities are caused by such things as illness and accidents in later life. You may not be able to prevent the onset of a decision-making disability, but by planning ahead it is possible to make sure that all legal and financial possibilities have been considered for the future. Getting legal and financial advice while the person can participate is essential.

Some matters to consider are:-

- Do you have an up to date Will ?
- Do you have an Enduring Power of Attorney ?
- Do you have an Enduring Power of Guardianship ?
- Are you aware of Guardianship requirements;
- Do you have an Advance Health Directive ?
- Have you discussed your financial affairs with a financial adviser ?

Wills:

A Will gives instructions as to how the estate of a deceased person should be distributed. A Will is legal only when the person understands its effects, the extent of the property involved and the claims of dependants and other family members. If a deceased person does not have a Will, there is no guarantee that his or her wishes will be carried out. This can cause conflict, stress and even hardship.

Questions for you to consider:

- Do you have an up-to-date Will?
- Do you and the Executor of these Wills know where the documents are kept?
- Has an Attorney been appointed through the use of an Enduring Power of Attorney?
- Do you have a copy of the Enduring Power of Attorney and know where the documents are kept?

Enduring Power of Attorney:

A person can sign an Enduring Power of Attorney if he or she (the donor) understands enough about their needs to give permission for some other person (the Attorney) to look after their personal, business and financial affairs.

A standard Power of Attorney is only valid up to the time the donor becomes mentally incapable, while an Enduring Power of Attorney can continue up to the donor's death.

The powers granted by the Enduring Power of Attorney may give the Attorney the right to do most things necessary to ensure the person is well cared for. It greatly assists with your care in the future whilst living in a Residential Aged Care facility if the main carer has an Enduring Power of Attorney.

Explanatory Notes Relating to the Statutory Declaration of Income & Assets:

The 1997 Aged Care Act and consequent structural reform of the industry dramatically changed the way by which potential new residents are classified (financially speaking).

One of the main aims of the new legislation is to ensure that those people, who have the capacity to do so, partly contribute to the cost of their own care when living in a Residential Aged Care facility.



Most residents attract a daily care subsidy from the Commonwealth Government which is paid directly to the facility in which the resident lives. This subsidy is used by the facility to offset the cost of providing the aforementioned care.

All relevant Government departments are now linked together and 'speak' to each other on a daily basis, thereby ensuring that each new resident's financial affairs are properly assessed. When a resident is assessed as possessing assets over a specified amount and/or earning more than the full basic pension, that resident is required to pay an accommodation bond and/or variable ongoing fortnightly fees (the amount of accommodation bond and ongoing required varies according to that resident's capacity to pay). To ensure that the Residential Aged Care facility complies with this directive, each care subsidy paid to the facility is regularly assessed and reduced accordingly, if appropriate.

Some potential residents of course, do not have the capacity to pay an accommodation bond, or higher than normal ongoing fees. These persons are deemed FULLY SUPPORTED residents and each facility reserves appropriate numbers of spaces for them. A PARTIALLY SUPPORTED resident may be required to pay an Accommodation Bond, or variable fees, and will receive exactly the same care and services as all other residents.

For further information on Pricing, Payments & Key Features Statement please visit our website:

www.wattlehillcare.com.au

For further information on Changes to Residential Care please visit:

www.myagedcare.gov.au

Alternatively, you can contact the Department of Social Services on:

1800 200 422



The Evidence Act, 1906 (WA)

Statutory Declaration Of Income and Assets

I (insert full name) _____

of (insert current address) _____

do solemnly and sincerely declare that every statement and item of information in this Statutory Declaration is in no way false, inaccurate, incomplete, misleading or deceptive, or likely so to be or have been. I agree that to enable Wattle Hill Lodge Inc., trading as Wattle Hill Care, to accurately determine my financial status, I will provide further information or expansion on or proof of the following information at the request of Wattle Hill Care.

I acknowledge and accept that any breach of this warranty and representation may result in the termination of an offer to me, or of my residency. I understand that if my application is accepted I will be required to enter into a written Agreement.

1. INCOME & ASSET

Are you (please tick)	Full Pensioner †	Part Pensioner †	Non Pensioner (Superannuation)†
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INCOME SOURCE	Income \$ per f/night
Pension	
• Centrelink Aged Pension	\$
• DVA - Pension	\$
• DVA - Disability	\$
• Overseas Pension	\$
Investments	
• Cash on Hand	\$
• Bank Accounts, Building Societies, Credit Unions	\$
• Shares, options, rights, convertible notes in listed or unlisted companies?	\$
• Superannuation, Managed Funds	\$
• Insurance or Government Bonds	\$
• Funeral Bond	\$
• Prepaid Funeral	\$
• Life insurance that can be encashed	\$
• Property (rent or lease paid to you)	\$
• Home (see Question 2 - rent or lease paid to you)	\$
Other income source	
• Gifts	\$
• Other (please specify)	\$
TOTAL: (per f/night)	\$

ASSET TYPE	ASSET VALUE
• Home (see Question 2 before answering this question)	\$ _____
• Other Property (eg: land, rental house or unit)	\$ _____
• Home Contents	\$ _____
• Motor vehicles, boats, caravans or trailers?	\$ _____
• Special collections (eg. stamps, artwork, antiques?)	\$ _____
• Other valuables (personal effects, furniture and fittings)	\$ _____
TOTAL:	\$ _____

2. HOME OWNERSHIP & TENURE

Please write YES or NO against each of the statements below:

I currently own or have in the last two years owned my own home. _____

My spouse, partner or a dependent child is currently living in my home. _____

A carer or close relative who is eligible to receive a pension has lived continuously in the home for the past two years. _____

The value of the home (or if disposed of in the last two years sale price) \$ _____

(Note: this amount should be the same as that recorded in the table on the previous page against Home, or if the home has been sold the proceeds should appear against investments.)

Address of the Home if still owned:

I make this solemn declaration conscientiously believing the same to be true and by virtue of section 106 of the *Evidence Act 1906*.

Declared at _____ in the State of Western Australia on this
 _____ day of _____ 20_____

By the said (full name) _____

Signature of person making Declaration _____

Before me (name of authorised witness) _____

Signature of authorised Witness: _____

Date: _____



A statutory declaration under the Statutory Declarations Act 1959 may be made before –

(1) a person who is currently licensed or registered under a law to practice one of the following occupations:

Chiropractor	Dentist	Legal Practitioner
Medical Practitioner	Nurse	Optometrist
Patent Attorney	Pharmacist	Physiotherapist
Psychologist	Trade Marks Attorney	Veterinary Surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)

Bailiff

Bank Officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
- (c) exercising his or her function in that place

Employee of the Commonwealth who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
- (c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at a grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

- (a) an officer; or
- (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act with 5 or more years of continuous service; or
- (c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

- (a) the Parliament of the Commonwealth; or
- (b) the Parliament of a State; or
- (c) a Territory legislature; or
- (d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A or Division 1 of Part IV of the Marriage Act 1961

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority; or
- (c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or a Deputy Registrar, of a court

Senior Executive Service employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a state or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution