

VILLA TERENZIO

Italian Aged Care Incorporated

Application Form

RESIDENTIAL AGED CARE ACCOMODATION

This Application Form will become part of your documentation on admission

VILLA TERENCE

WELCOME

Thank you for considering Villa Terenzio for Residential Care.

To assist us with an offer of placement that is best suited to your needs please complete all pages to the best of your ability.

If you have any difficulty or concerns completing any sections please do not hesitate to contact Villa Terenzio on 9247 0888 or email reception@iaci.com.au.

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1.0 APPLICATION INFORMATION

Are you looking for Permanent or Respite Accommodation

Have you completed an Aged Care Assessment (ACAT/Support Plan)? Yes No

Do you have a copy of the ACAT/Support Plan? Yes No

If **YES**, please attach with your application, if **NO** please provide the referral code for residential care approval.

This code starts with the number 1 – followed by 11 numbers.

Referral Code Number

| | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | - | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|

1.1 Personal Details

Title: Mr Mrs Miss Ms Other

| | |
|------------------------------------|--|
| Surname | |
| Given Name | |
| Preferred Name | |
| Permanent Address | |
| Transfer from another facility | |
| Name of Facility | |
| Original date of entry at Facility | |
| Date of Birth | |
| Country of Birth | |
| Preferred Language Spoken | |
| Marital Status | <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> De Facto <input type="radio"/> Widowed <input type="radio"/> Divorced |
| Religion/Spiritual Needs | |
| Medicare Number | |
| Name on Card | |
| Expiry Date and Reference No | / / Ref |
| Pensioner Status | <input type="radio"/> Full <input type="radio"/> Part <input type="radio"/> Non |
| Pension Number | |
| Non Australian Pension | <input type="radio"/> Yes <input type="radio"/> No |

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| | |
|---|--|
| Pension Details | |
| Private Health Insurance | <input type="radio"/> Yes <input type="radio"/> No |
| Fund Name | |
| Member Number | |
| Transport Access Scheme | <input type="radio"/> Yes <input type="radio"/> No |
| Nominated Hospital | |
| Applicant is registered on the Electoral Role | <input type="radio"/> Yes <input type="radio"/> No |
| Consent of Photos to be taken | <input type="radio"/> Yes <input type="radio"/> No |
| Consent for facility outings | <input type="radio"/> Yes <input type="radio"/> No |

1.2 Nominated Representative

Primary Contact

| | | | |
|-------------------|---|---------------------------|--|
| Name | | Relationship to Applicant | |
| Address | | | |
| Suburb | | Postcode | |
| Daytime Phone | | Mobile Phone | |
| Email | | | |
| Type of Authority | <input type="radio"/> Nil <input type="radio"/> Enduring Power of Attorney <input type="radio"/> Power of Attorney <input type="radio"/> Enduring Guardianship <input type="radio"/> Financial Manager <input type="radio"/> Other | | |

Secondary Contact

| | | | |
|-------------------|--|---------------------------|--|
| Name | | Relationship to Applicant | |
| Address | | | |
| Suburb | | Postcode | |
| Daytime Phone | | Mobile Phone | |
| Email | | | |
| Type of Authority | <input type="radio"/> Nil <input type="radio"/> Enduring Power of Attorney <input type="radio"/> Power of Attorney <input type="radio"/> Enduring Guardianship <input type="radio"/> Financial Manger <input type="radio"/> Other | | |

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2.0 ASSETS AND INCOME INFORMATION – Estimation Only

Completing this section will assist in determining your financial status so we can provide you with an estimate of fees and costs when entering our aged care facility.

If you have already completed a Centrelink Income and Assets Assessment you are not required to complete this section. Please attach a copy of the Asset Assessment to this application.

2.1 Principal Home Information

a) Do you own your own home

- No If **NO**, please go to question 2.3 Assessable Assets and Income
 Yes If **YES**, please continue

b) Do you live alone

- Yes If **YES**, please go to question 2.2 Principal Home Financial Information
 No If **NO**, who is the person that lives with you

- Spouse/Partner
 Dependent Child
 Carer (2 years or more)
 Immediate family member (5 years or more)

c) Will the person/s live in your home after you enter residential care

- Yes, If **YES**, please go to question 2.3 Assessable Assets and Income
 No If **NO**, please complete question 2.2 Principal Home Financial Information

2.2 Principal Home Financial Information

Estimated Value of Your Principal Home

| | |
|---|----------|
| Total Market Value | \$ _____ |
| Less Mortgage | \$ _____ |
| Less Deferred Management Fees (retirement living) | \$ _____ |
| Less estimated selling costs | \$ _____ |
| Estimated net value | \$ _____ |

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2.3 Assessable Assets and Income

If you have any combined assets with a spouse/partner/ family member please provide combined income and asset information.

Other Assessable Assets

| | |
|---|----|
| Bank Accounts | \$ |
| Term Deposits/Bonds | \$ |
| Shares | \$ |
| Managed Investments (eg. investment trusts) | \$ |
| Superannuation : in accumulation phase | \$ |
| : in pension phase | \$ |
| Other real estate other than family home | \$ |
| Furniture | \$ |
| Motor Vehicle/s | \$ |
| Any other assets | \$ |
| <u>Total of Other Assessable Assets</u> | \$ |
| Assessable Income (per fortnight) | \$ |
| Australian Government Pension | \$ |
| Non-Australian Pension | \$ |
| Other income | \$ |
| <u>Total of Assessable Income</u> | \$ |
| Less Deferred Management Fees (retirement living) | \$ |
| Less estimated selling costs | \$ |
| Estimated net value | \$ |

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3.0 Your Current Health Status

If there have been any changes to your health since your ACAT/Support Plan Assessment please complete this section to assist us in assessing your care needs.

Have you had any new medical diagnoses since your ACAT/Support Plan Yes No

If YES, please record any new diagnoses below

Please record any changes to your health and wellbeing since your ACAT/Support Plan:

Food and Refreshments No change in Nutrition needs

| Any Changes (please tick) | v | Details of Changes |
|--|---|--------------------|
| Change of diet (eg soft/pureed) | | |
| Has thickened drinks | | |
| Needs assistance with eating/drinking | | |
| Uses eating/drinking aids | | |
| Specific diet (eg diabetic, low fibre) | | |
| Uses a gastric tube | | |
| Other (please specify) | | |

Personal Hygiene No change in personal hygiene

| Any Changes (please tick) | v | Details of Changes |
|---|---|--------------------|
| Washing/Showering | | |
| Dressing/Grooming | | |
| Needs supervision with personal hygiene | | |
| Needs assistance with personal hygiene | | |
| Other (please specify) | | |

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Continence

No change in continence

| Any Changes (please tick) | √ | Details of Changes |
|----------------------------------|---|--------------------|
| Urinary Incontinence | | |
| Bowel Incontinence | | |
| Uses Continence Aids | | |
| Needs Supervision with toileting | | |
| Needs Assistance with toileting | | |
| Other (please specify) | | |

Mobility

No change in mobility

| Any Changes (please tick) | √ | Details of Changes |
|---------------------------|---|--------------------|
| Walks with aids | | |
| Uses a wheelchair | | |
| Needs supervision | | |
| Needs assistance | | |
| Other (please specify) | | |

Falls Risk

No change in falls risk

| Any Changes (please tick) | √ | Details of Changes |
|---------------------------|---|--------------------|
| Any recent falls/injuries | | |
| Frequency of falls | | |
| Other (please specify) | | |

Cognition and Behaviours

No change in behaviours

| Any Changes (please tick) | √ | Details of Changes |
|--------------------------------|---|--------------------|
| Short term memory problems | | |
| Long term memory problems | | |
| Verbal aggressive behaviours | | |
| Physical aggressive behaviours | | |
| Confusion/Disorientation | | |
| Wandering | | |
| Other (please specify) | | |

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4.0 SOCIAL PROFILE

4.1 Reason for Placement

Please state the reason you are looking at entry to an Aged Care facility.

4.2 Activities

Please indicate (v) the following activities that would be or have been of interest.

| | |
|-----------------------|-------------------------|
| Word games/quizzes | Cards |
| Bingo | Gardening |
| Art | Walking Group |
| Cooking | Shopping Outings |
| Outings | Craft |
| Concerts/Performances | Movies |
| Jigsaws | Beauty Care |
| Happy Hour | Receive daily newspaper |
| Exercise | Reading |
| Attend Mass | Other |

4.3 Life Profile

| |
|---|
| What was your occupation |
| Did you enjoy working/have you retained any occupational skills |
| Did you have any pets/what are they |
| Were you in military service |
| What is your travel experience |

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| |
|---|
| What languages do you speak |
| Spouses Name |
| Children(s) Name/Where do they live/Do they keep in contact |
| Grandchildren/Great Grandchildren Names/Do you see them |
| Close friends & neighbours |
| Do you have any sexuality and intimacy needs |
| Do you have any specific cultural preferences |
| What are you finding difficult at this time |
| How can we help you to maintain your independence levels |

4.3 Further Disclosure

If there is any further information regarding your Social Profile please provide details below

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5.0 TIMEFRAME FOR RESIDENTIAL CARE PLACEMENT

Please indicate the time frame you are seeking for residential care placement

- Urgent/as soon as possible
- Within three months
- Three to six months
- Six months or longer

Please Note: If your circumstances change please contact Villa Terenzio on 9247 0888 to update your preferred time frame for placement. We will keep your information on our waitlist within your selected timeframe. If we do not hear from you in this time, we will archive your details.

5.1 Offer of Placement

If an offer is made for placement:

- We will contact you to view the available accommodation and invite you to attend the facility within 24 hours.
- If you accept the placement, admission will generally need to occur within 48-72 hours from acceptance.

The information collected on this form:

- Will only be used in connection with your application for residential care.
- Will only be accessed by Villa Terenzio staff as necessary to perform duties.
- Will not be released to any third party without your consent.
- Should you not proceed to admission all documents will be securely disposed of.

DECLARATION

Full name of person completing this Application Form

Name _____

I sincerely declare that all the information in this application is true to the best of my knowledge.

Signature _____ Date _____

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APPLICATION CHECKLIST

To assist with timely processing of your application, please ensure all sections are completed to the best of your ability and that you have provided all relevant documentation or information you have available with this application.

- Copy of your Aged Care Assessment
- Referral Code for Residential Approval
- Copy of Power of Attorney and/or Guardianship Approvals
- Advance Health Directive
- Copy of Centrelink Assets and Income Summary (if available)

This application form together with other relevant documentation can be emailed to Villa Terenzio at reception@iaci.com.au.

Alternatively you can mail or hand deliver completed documentation to:

Waitlist
Villa Terenzio
33 Kent Road
Marangaroo WA 6064

Thank you for completing the application for wait-listing at Villa Terenzio