Wirraminna care

RESIDENTIAL AGED CARE APPLICATION FORM

APPLYING FOR:

☐ Permanent Residential Care ☐ Day Care

☐ Respite Care ☐ Home Care Package

☐ From: ..... to .....

☐ As soon as accommodation is available

1. APPLICANT DETAILS

Name of Applicant: .....

Gender ☐ Male ☐ Female

Date of Birth ...../...../.....

Home address:

.....

.....Postcode.....

2. NOMINATED REPRESENTATIVE

If you would like Wirraminna Care to contact a representative on your behalf about this application, or to nominate someone to receive correspondence, please provide their details below.

If you are nominating a person who has the legal authority to make decisions for you, please advise the type of authority that they have, such as Power of Attorney, and attach a photocopy of the authority to this application.

DETAILS OF YOUR NOMINATED REPRESENTATIVE

Full Name: .....

Home address: .....

.....Postcode.....

Phone: ..... Mobile: .....

Email: .....

Relationship to you: .....

Type of authority (if applicable): .....

3. RESPONSIBILITY FOR PAYING ACCOUNTS and RECEIVING CORRESPONDENCE

Do you wish to be responsible for receiving correspondence from Wirraminna care, including accounts if you are offered and accept a place in the home?

☐ Yes, I would like to receive my correspondence; or

☐ No, I would like..... (nominated representative) to receive my correspondence

4. EXISTING/PREVIOUS RESIDENT OF AN AGED CARE HOME

Do you currently receive, or have you ever received, permanent care in a residential aged care home? If so, please complete the following details:

Name of current, or previous, residential aged care home:

.....

Address of current, or previous, residential aged care home:

.....

.....Postcode.....

Date you accepted a place: .....
Date of departure (if applicable): .....

If applying for respite, how many respite days have you used for this financial year?

.....

5. PLEASE LET US KNOW YOUR HEALTH AND LIFESTYLE NEEDS

Provision of this information is optional however it will assist us in ensuring we can appropriately meet your specific care needs

Mobility	□ independent	□ need assistance
Showering	□ independent	□ need assistance
Dressing and grooming	□ independent	□ need assistance
Toileting	□ independent	□ need assistance
Continence	□ independent	□ need assistance
Eating	□ independent	□ need assistance

Is active night care required? If so, what would be the primary care need? .....

.....

Do you currently require ongoing wound treatment? .....

.....

Do you drink alcohol?	Yes / No	□ Daily	□ Occasionally
Do you smoke?			Yes / No
Do you require insulin or other injections?			Yes / No
Do you require drugs of dependence?			Yes / No

Is there any other information that would support us in providing you with the appropriate care and accommodation?

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.....

6. IF YOU NEED AN INTERPRETER TO HELP YOU WITH EVERYDAY ENGLISH, PLEASE, WRITE THE LANGUAGE YOU SPEAK HERE?

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7. PLEASE ADVISE WHETHER THERE ARE ANY CULTURAL, RELIGIOUS OR OTHER ORGANISATIONS THAT YOU WOULD LIKE TO REMAIN IN CONTACT WITH IF YOU ACCEPT A PLACE IN RESIDENTIAL CARE AT WIRRAMINNA CARE

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8. MEDICAL CONTACT

Your general practitioner:

Name: ..... Medical Centre: .....

Address: .....

.....Postcode.....

Phone: ..... Mobile: .....

IMPORTANT please:

- Attach a photocopy of your current Aged Care Assessment approval (ACAT); and,
- Attach a photocopy of the relevant authority, such as a Power of Attorney or Guardianship Papers, if someone else has the legal power to make decisions on your behalf.
- If an authorised representative is signing this application on your behalf, please attach a copy of the documentation authorising the representative to act on your behalf, e.g. Power of Attorney.
- If applying for permanent residential care a copy of your Assets Assessment (if available). An assets assessment is not compulsory unless a person wants to find out if they are eligible for government assistance with their accommodation costs for permanent residential aged care.
- If an Assets Assessment is not available please complete an Assets Declaration Form.

Signature: _____ Date: ...../...../.....

Thank you for expressing interest in the aged care services that Wirraminna care Inc can offer you. Completion of this application form does not guarantee a place at Wirraminna care however it does register your interest to receive information and residential care services from Wirraminna care inc.

If you have any questions in relation to completing this application please contact Administration on (08) 8524 6396. Your completed application can be returned via:

FAX: (08) 8524 6052

MAIL: PO Box 446 (Memorial Drive)
Williamstown SA 5351

EMAIL: admin@wirraminna.com.au