



Wirraminna  
care

## RESIDENTIAL AGED CARE APPLICATION FORM

### APPLYING FOR:

☐ Permanent Residential 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.....

Phone No (if appl): .....

Do you own your own home: Yes/ No

Do you receive a pension: Yes/No



Have you done an Income and Means Assessment with Services Australia: Yes/No

(\*\*include a copy if applicable\*\*)

Please supply any Referral codes you have from My Aged Care:

.....

## **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:

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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. HEALTH AND LIFESTYLE NEEDS

**\*\*Please provide your current ACAT Assessment and most recent Health/ Medical summary (including medication list) from your GP or hospital stay.**

Your specific care needs:

Mobility	<input type="checkbox"/> independent	<input type="checkbox"/> need assistance	<input type="checkbox"/> Full assist
Showering	<input type="checkbox"/> independent	<input type="checkbox"/> need assistance	<input type="checkbox"/> Full assist
Dressing	<input type="checkbox"/> independent	<input type="checkbox"/> need assistance	<input type="checkbox"/> Full assist
Toileting	<input type="checkbox"/> independent	<input type="checkbox"/> need assistance	<input type="checkbox"/> Full assist
Continence	<input type="checkbox"/> independent	<input type="checkbox"/> need assistance	<input type="checkbox"/> Full assist
Eating	<input type="checkbox"/> independent	<input type="checkbox"/> need assistance	<input type="checkbox"/> Full assist

Communication: .....

Do you drink alcohol? Yes / No ☐ Daily ☐ Occasionally  
Do you smoke? 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. 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);
- 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.
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- 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.

7. If you need an interpreter to help you with everyday english, please, write the language you speak here?

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8. Please advise whether there are any cultural, religious or other organizations that you would like to remain in contact with if you accept a place in residential care at Wirraminna care

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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](mailto:admin@wirraminna.com.au)