



PART A: APPLICANTS DETAILS

Surname: _____ First Names: _____

Preferred Name: _____

Address _____

Suburb: _____ Postcode: _____

Phone (Home): _____ Mobile: _____

Email: _____

Gender: _____ Date of Birth: _____ Age: _____

Marital Status (please circle): Married Widowed De Facto Divorced Single Separated

Country of Birth: _____ Religion: _____

Do you have a driver's license? YES / NO

Are you a smoker: YES / NO

BlueWave Living has adopted a no smoking policy. Residents and their visitors are not permitted to smoke on the premises or grounds.

Current Location (please circle): Home Family Hospital Other Facility

Preferred time frame for Admission (please circle): Immediate 3-6 months 12months +

Reason for Application: _____

OFFICE USE ONLY

Application Received (Date): _____

Entered Waitlist (Date): _____

Preferred Contact (Please Circle) Applicant or Contact 1

Contact 1 (This will be the person responsible for billing and general correspondence.)

Surname: _____ First Names: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email Address: _____ Relationship to the Applicant: _____

If the Contact above is a nominated person who has legal authority to make decisions for you, please advise the type of authority they have and attach a copy to this application (tick all applicable):

- Next of Kin
- Power of Attorney – Enduring Medical and / or Enduring Financial (please circle)
- Solicitor/Executor
- Guardianship Tribunal (Medical Consent)
- Public Trustee (Financial)
- Office of Protective Commissioner (Financial)
- Other (please specify) _____

Contact 2

Surname: _____ First Names: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email Address: _____ Relationship to the Applicant: _____

If the Contact above is a nominated person who has legal authority to make decisions for you, please advise the type of authority they have and attach a copy to this application (tick all applicable):

- Next of Kin
- Power of Attorney – Enduring Medical and / or Enduring Financial (please circle)
- Solicitor/Executor
- Guardianship Tribunal (Medical Consent)
- Public Trustee (Financial)
- Office of Protective Commissioner (Financial)
- Other (please specify) _____

Contact 3

Surname: _____ First Names: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email Address: _____ Relationship to the Applicant: _____

PART B: HEALTH AND MEDICAL INFORMATION

ACCR / Support Plan

Is a current Aged Care Client Record or Support Plan provided with this application: YES / NO

If NO, please provide a current ACCR / Support Plan as soon as possible.

If an ACCR / Support Plan has not been done, please contact ACAT (Aged Care Assessment Team).

General Practitioner

Name: _____ Phone: _____

Medical History and Care Requirements

Please provide a brief summary of current medical issues:

Please provide a brief summary of any cultural or religious requirements:

Please provide details of any allergies:

Please provide details of any special care requirements

: _____

Medicare Card Details

Number: _____ Expiry: ____ / ____ / ____ IRN: _____

Centrelink Pension Card or DVA Card Details

Centrelink Pension Number: _____ Expiry: ____ / ____ / ____

Or DVA Card Number: _____ Expiry ____ / ____ Colour: _____

Private Health Fund Details

Name of Fund: _____ Membership Number _____

Level of Cover (please circle): Ambulance / Other (please specify) _____

PART C – FINANCIAL DETAILS

Existing/Previous Resident of an Aged Care Facility

Please complete this section If you currently receive, or have received in the past, permanent care in a residential aged care facility.

Facility Name: _____ Phone: _____

Address: _____

Admission Date: _____ Departure Date: _____

Daily Fees (Admission prior 01 July 2014)

Accommodation Bond (Lump Sum) \$ _____

Accommodation Charge \$ _____

Income Tested Fee \$ _____

OR

(Admission on or after 1 July 2014)

Refundable Accommodation Deposit RAD (Lump Sum) \$ _____

Daily Accommodation Payment (DAP) \$ _____

Means Tested Care Fee \$ _____

Spouse / Partner Details

First Names: _____ Last Name: _____

Date of Birth _____

Is your spouse/partner remaining at home? YES / NO

Are you and your partner both applying for residency at BlueWave Living? YES / NO

Home Ownership

Have you or your partner owned a home in the past 2 years? YES / NO

Will any of the following people remain living in that home?

- Spouse / Dependent Child YES / NO

- Carer, eligible for an Income Support Payment & has lived with you for the past 2 years YES / NO
- Close relation, eligible for an Income Support Payment & has lived with you for 5 years YES / NO

PART C – FINANCIAL DETAILS CONT.

Assets

Has an Asset & Income Assessment been lodged with Centrelink or DVA? YES / NO

Is a copy of Centrelink / DVA's confirmation of income and assets attached ? YES / NO

Please tick the current financial status of the Applicant?

- The Applicant has assets less than \$49,000
- The Applicant has assets greater than \$49,000 but less than \$166,707.20
- The Applicant has assets greater than \$166,707.20

NOTE: If the Applicant has a spouse/partner, the Applicant's assets are determined to be 50% of the total combined assets.

NOTE: The value of the family home is excluded in the asset calculation when a spouse, dependent child or eligible carer is remaining in the home.

Income

Do you receive a pension, superannuation or annuity of any type? YES / NO

Please circle appropriate: Full Pension Part Pension Allowance Only Self Funded Retiree

If you are a self- funded retiree and also receive a part pension or allowance please indicate both.

Please circle type of Pension & enter fortnightly amount:

Centrelink

Age Pension \$ _____
 Wife Pension \$ _____
 Widow B Pension \$ _____
 Disability Support Pension \$ _____

Dept. Veterans Affairs

Age Pension \$ _____
 Service Pension \$ _____
 War Widows Pensions & Orphans Pension \$ _____
 Income Support Supplement \$ _____
 Special Rate Disability Pension \$ _____

Other

Overseas Pension \$ _____

Superannuation \$ _____

Annuity \$ _____

Are you an Australian ex-prisoner of War? YES / NO

PART D - DECLARATION

Declaration

I declare that the information provided on this application is true and correct in every detail. I also understand that giving false or misleading information is a serious offence

Name: _____

Relationship to Applicant: _____

Signature: _____

Date: _____

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Privacy

BlueWave Living is committed to safeguarding your privacy. The Privacy Act prohibits any person from accessing, using or disclosing any personal information in the possession of BlueWave Living except in the performance of their duties and in accordance with the relevant legislation.

BlueWave Living only collects information that is required in order to provide care and services for our permanent and respite residents.

How did you hear about BlueWave Living? (please circle)

Friends, family or neighbours Aged Care Assessment Team Medical Practitioner Yellow/White Pages

BlueWave Living Website My Aged Care Website Other (please specify) _____



