



## Application for Admission

### 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**

Please provide the reference number for Permanent Residential Aged Care or attach the current Aged Care Client Record or Support Plan with this application: Ref: I- \_\_\_\_\_

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 Number \_\_\_\_\_

**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: \_\_\_\_\_

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**Centrelink Pension Card or DVA Card Details**

Centrelink Pension Number: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Or DVA Card Number: \_\_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_ Colour: \_\_\_\_\_

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**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 \$50,500
- The Applicant has assets greater than \$50,500 but less than \$171,535.20
- The Applicant has assets greater than \$171,535.20

**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) \_\_\_\_\_



Thank you for  
your application

