

# Application for residential accommodation

Please print using black or dark blue pen

Date of application:      /      /

## What type of care are you applying for?

Type of care:     Permanent Care     Respite Care

Region: if known     Cardiff     Caulfield     Darlinghurst     Erina  
 Hammondville     Horsley     Miranda     North Turrumurra  
 Scone     Wahroonga     Waratah     Woy Woy

Specific facility: if known

Has the Aged Care Assessment Team/Service (ACAT/ACAS) completed an ACAT/ACAS Assessment?     Yes     No

Date of ACAT/ACAS Assessment:      /      /

Referral Codes    Residential Permanent: \_\_\_\_\_

Residential Respite: \_\_\_\_\_

## Applicant details

If applicable, please write your name exactly as shown on your Pensioner Concession Card.

Title:     Mr     Mrs     Miss     Dr     Other    Specify Other: \_\_\_\_\_

Family name: \_\_\_\_\_     Male     Female

Given name/s: \_\_\_\_\_    Date of birth:      /      /

Preferred name: \_\_\_\_\_

Home address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Present address, if different from above: \_\_\_\_\_

Postcode: \_\_\_\_\_

Have you used any of the following services in the current financial year?     Yes     No

Please tick:     Residential respite care     In home or community based respite care  
 Permanent residential aged care     Transition Care     Home Care Packages

If any please specify the service provider/s: (Please include dates for the services used above)

\_\_\_\_\_ /      /      : \_\_\_\_\_

\_\_\_\_\_ /      /      : \_\_\_\_\_

\_\_\_\_\_ /      /      : \_\_\_\_\_

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## Pension details

**Pension type:**  Full Pension  Part Pension  No Pension

**Pension number:** [ ][ ]-[ ][ ]-[ ][ ]-[ ][ ] **Expiry:** / /

**DVA Gold Card:**  Yes  No **Card number:**

**Medicare number:** [ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ]

**Row number:** **Expiry date (e.g 11/2016):** /

**Do you have private health care?:**  Yes  No

**Name of fund:** **Member number:**

**Level of cover:** **Do you have ambulance cover?:**  Yes  No

## Cultural information

**Aboriginal/Torres Strait Islander:**  Yes  No

**Nationality:** **Country of birth:**

**Language spoken:** **Interpreter required:**  Yes  No

**Religion:** (if relevant)

## Spouse/partner information:

### Marital status

Single  Married  De facto  Widowed  Separated  Divorced

**Are you (the applicant) and your (their) spouse applying together for a place in a HammondCare Facility?**

Yes  No  N/A

**Does your (the applicant's) spouse already live in a residential aged care service? (may or may not be a HammondCare Facility)?**

Yes  No  N/A

**If currently married, please supply the full name and address of your spouse:**

Mr / Mrs / Ms / Other:

Address:

Postcode:

## Nominated representative

Please provide details of a nominated representative for the applicant, who HammondCare can contact, if required, on your behalf about this application or about your care after you enter the service. If the nominated representative has the legal authority to make decisions for the applicant, please indicate the type of authority, such as Power of Attorney (POA), and attach a photocopy of this authority to this application. **Please note:** The POA only has power regarding financial and legal decisions. The POA does not have power regarding healthcare, lifestyle or accommodation decisions. The Guardian only has power regarding healthcare, lifestyle and accommodation decisions. The Guardian does not have power regarding financial and legal decisions. One individual can hold both types of authority.

**Name:**

**Relationship:**

**Residential address:**

**Postcode:**

Power of Attorney (Please enclose a copy with application)

Guardian (Please enclose a copy with application)

**Telephone Work:**

**Home:**

**Mobile:**

**E-mail:**

## Accounts information

Does the applicant, nominated representative or other party wish to be responsible for receiving correspondence from HammondCare, including accounts information, once a residential service place has been accepted?

**Who will receive accounts correspondence from HammondCare?**

Applicant  Nominated Representative  A different person (eg financial guardian -add details below)

**Name:**

**Relationship:**

**Address:**

**Postcode:**

Power of Attorney (Please enclose a copy with application)

Guardian (Please enclose a copy with application)

**Telephone Work:**

**Home:**

**Mobile:**

**E-mail:**

## Signature of applicant or representative:

Before signing please check that you have completed all sections of the application, and that the information is accurate to the best of your knowledge.

**Name of person signing application:**

**Signature:**

**Date:**

We suggest you retain a copy of this form for your records and send the original with other required information to the address specified in the covering letter.