

Residential Care

# Application Pack



# Application Form

This application form is to aid our staff in providing you with quality care.  
All information you provide on this form will be maintained in a highly confidential manner.

## FACILITY BEING APPLIED FOR

Tick preferred option/s      Fullarton                       Glynde                       Hope Valley

## APPLICANT'S DETAILS

Title       Surname       First Name/s

Preferred Name       Date of Birth

Gender      Male       Female       Other       Prefer not to say

Address

Email       Phone/Mobile

Marital Status       Country of Birth

Language/s Spoken       Is an Interpreter Required      Yes       No

Do you identify as Aboriginal      Yes       No       or Torres Strait Islander      Yes       No

Religion       Name of Minister       Phone

## Funding

Self-Funded Retiree

Overseas Pension      Details:

Aged Pension      Full       Part       No:       Exp. Date

DVA Pension      Full       Part       No:       Exp. Date

Disability Pension      Full       Part       No:       Exp. Date

Type       Applied to DVA for respite compensation      Yes       No

Do you need to lodge the Services Australia Financial Assessment forms?      Yes       No

If yes, when were the forms sent to Centrelink/DVA?      Date

Have you already received the assessment outcome?

Yes       Please attach a copy of the outcome

No       Please complete the 'Financial Statement' and then also send a copy of the outcome once received from the Department.

# Application Form

## Financial Statement

Name of Applicant

I understand that if I do not disclose these details, I will be charged the maximum fees. (please tick)

I have included all the assets, debts and income owned by my partner and me. (please tick)

Do you or your partner own, or are currently paying off the home you live in? Yes  No

If you do, will a protected person live in the family home? Yes  No

If yes, you do not need to state the value of your Home/Unit below.

### ASSETS (APPROXIMATE VALUE)

Please tick whichever is applicable to you

Individual: Single  Couple: Combined

Your Home / LHG Unit (Current value excluding contents)	\$	<input style="width: 160px; height: 20px;" type="text"/>
Home Contents (Market value only)	\$	<input style="width: 160px; height: 20px;" type="text"/>
Other Properties (Including land)	\$	<input style="width: 160px; height: 20px;" type="text"/>
Shares / Managed Funds (Current market value)	\$	<input style="width: 160px; height: 20px;" type="text"/>
Term Deposits / Bonds / Debentures etc.	\$	<input style="width: 160px; height: 20px;" type="text"/>
Bank Accounts / Credit Unions Accounts	\$	<input style="width: 160px; height: 20px;" type="text"/>
Superannuation / Allocated Pension Balance	\$	<input style="width: 160px; height: 20px;" type="text"/>
Loans to Other Parties	\$	<input style="width: 160px; height: 20px;" type="text"/>
Antiques / Works of Art etc.	\$	<input style="width: 160px; height: 20px;" type="text"/>
Motor Vehicles / Boat / Caravan	\$	<input style="width: 160px; height: 20px;" type="text"/>
Other Assets	\$	<input style="width: 160px; height: 20px;" type="text"/>
Gifts within last 5 years	\$	<input style="width: 160px; height: 20px;" type="text"/>
<b>Total Assets</b>	\$	<input style="width: 160px; height: 20px;" type="text"/>

**Debts** (Does not include general bills or credit cards)

Mortgage	\$	<input style="width: 160px; height: 20px;" type="text"/>
Other Debts / Loans	\$	<input style="width: 160px; height: 20px;" type="text"/>
<b>Total Debts</b>	\$	<input style="width: 160px; height: 20px;" type="text"/>

**Income** (Don't include interest earned on investments)

Per Fortnight

Individual: Single  Couple: Combined

Australian Age Pension	\$	<input style="width: 160px; height: 20px;" type="text"/>
Veteran Affairs Pension	\$	<input style="width: 160px; height: 20px;" type="text"/>
Overseas Pension	\$	<input style="width: 160px; height: 20px;" type="text"/>
Other Pensions	\$	<input style="width: 160px; height: 20px;" type="text"/>
Income Support Supplement	\$	<input style="width: 160px; height: 20px;" type="text"/>
Superannuation	\$	<input style="width: 160px; height: 20px;" type="text"/>
Property Income (Net)	\$	<input style="width: 160px; height: 20px;" type="text"/>
Any Other Income	\$	<input style="width: 160px; height: 20px;" type="text"/>
<b>Total Income</b>	\$	<input style="width: 160px; height: 20px;" type="text"/>

## ASSET OPTIONS DECLARATION FORM

**This page is a mandatory part of your application.**

Your level of personal assets may affect your payments or eligibility for Residential Care at Lutheran Homes Group. As such, you must elect to either undertake an Assets and Income Assessment (Option 1) or sign the Assets Assurance (Option 2). This is prescribed by the Aged Care Act (1997) and supporting Aged Care Principles and regulations.

### Option 1: Assets and Income Assessment

I agree to complete a "Permanent Residential Aged Care - Residential Aged Care Calculation of your Cost of Care (SA457) or Residential Aged Care Property Details for Centrelink and DVA (SA485)" form and submit it to Centrelink (or if appropriate, the Department of Veterans Affairs - DVA) in accordance with the instructions in the form.

When I receive the Asset Assessments letter from Centrelink (or DVA) I will forward it to Lutheran Homes Group. The result of this decision means that you could pay up to \$393.42 a day until the annual cap of \$33,309.29 has been reached. The lifetime cap is \$79,924.44 Copies of the form are available from the Department of Social Services [www.humanservices.gov.au/customer/forms/sa457](http://www.humanservices.gov.au/customer/forms/sa457), call 1800 200 422 or collect the pack from reception.

Applicant / Power of Attorney Signature:  Date

Or

### Option 2: Asset Assurance

I have decided not to undertake Option 1 and therefore not provide Lutheran Homes Group with information regarding my financial assets.

In accordance with the Aged Care Act (1997) and the Aged Care Principles, I hereby give an assurance that I am able to pay the agreed accommodation payment and still be in compliance with the minimum permissible asset value regulations.

Applicant / Power of Attorney Signature:  Date

*Lutheran Homes Group recommends that potential residents consider financial advice before deciding on which option.*

If this form has been signed by a person other than the applicant, such as a person holding a Power of Attorney, please complete the following:

Name of person / Power of Attorney   
Relationship to Applicant  Contact Number

# Application Form

**Enrolled to Vote** Yes  No  (You may need to complete an AEC form to update details or to cease voting)

**Funeral Director** (Required for admission – can be changed in the future)

Nominated  Phone

**Contact Details**

If you have completed an Advanced Care Directive, this form now replaces all other documents you may have completed previously, for example, an Enduring Power of Guardianship, Medical Power of Attorney or Anticipatory Direction.

Have you appointed a 'Substitute Decision Maker' as identified in the Advanced Care Directive? Yes  No

(If yes, please provide a certified copy of the document.  
Lutheran Homes Group can certify a copy if the original is available.)

Are Substitute Decision Makers required to make decisions Together?  Independently?

If substitute decision makers have not been nominated, please nominate a 1st, 2nd and/or 3rd contact.

Please list in preferred order of contact.

**Responsible Person – Financial Matters**

Delivery of Accounts: Delivered to Room  or to Contact Person 1  2  3

or as follows:

Name  Relationship

Address  Postcode

Phone: Home  Work  Mobile

Preferred time of day for contact: 24 hrs  Custom (please specify)

Email for Invoices

# Application Form

## First Point of Contact

Acting on behalf of the resident, able to discuss personal information. The first point of contact usually receives LHG notifications, eg Flu vaccination program details. Responsible for passing on information to other contacts.

Title  Name  Relationship  NOK

Address  Postcode

Email

Phone: Home  Work  Mobile

Preferred time of day for contact: 24 hrs  Custom (please specify)

Type of Authority (please attach a copy):

Advance Care Directive – Substitute Decision Maker  Financial Attorney – PoA/EPoA

Medical PoA  Enduring Guardianship

## Second Point of Contact

Title  Name  Relationship  NOK

Address  Postcode

Email

Phone: Home  Work  Mobile

Preferred time of day for contact: 24 hrs  Custom (please specify)

Type of Authority (please attach a copy):

Advance Care Directive – Substitute Decision Maker  Financial Attorney – PoA/EPoA

Medical PoA  Enduring Guardianship

## Third Point of Contact

Title  Name  Relationship  NOK

Address  Postcode

Email

Phone: Home  Work  Mobile

Preferred time of day for contact: 24 hrs  Custom (please specify)

Type of Authority (please attach a copy):

Advance Care Directive – Substitute Decision Maker  Financial Attorney – PoA/EPoA

Medical PoA  Enduring Guardianship

# Application Form

## MEDICAL

Do you have a diagnosis of Dementia as per the ACAT or your doctor? Yes  No

Have you had a current Flu Vaccination Yes  No

Have you had the COVID Vaccination Yes  No  If yes, how many doses

Allergies

Doctor prior to admission  Phone  AHPhone

Dr Address  Postcode

Dr Email  FaxNo.

Medicare Number  Person Number  Exp. Date

Private Hospital Insurance Yes  No  Name of Fund

Membership Number  Table

Medic Alert Number  Type

Ambulance Cover No.  Exp. Date

Access Cab Yes  No

Transport Subsidy Scheme Vouchers Yes  Number  No

Guardianship Order in place  Guardian/s

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### Current Treating Specialist 1

Name  Specialty

Phone  Address  Postcode

Date Last Seen  Future Planned Appointments

Reason Seen by Resident

### Current Treating Specialist 2

Name  Specialty

Phone  Address  Postcode

Date Last Seen  Future Planned Appointments

Reason Seen by Resident

# Application Form

## MEDICAL DETAILS

Please complete the applicant's name, address and 'permission to gain information' section below, then provide this form to the applicant's general practitioner for completion, then return the completed form to LHG.

### Dear Doctor

Name of Applicant

of (address)

has applied for accommodation at Lutheran Homes Group and we seek your assistance to expedite this process.

### Permission to gain information from doctor

I request that you release information about my medical status to Lutheran Homes Group staff for the purpose of gaining admission into Residential Care.

Signature

Date

Doctor's Name

Surgery Address

Postcode

Phone

Fax

Email

### History and current diagnosis



# Application Form

## Medication dose and frequency

## Other treatments required

## Other comments

Signature of  
Medical Officer

Date

# Application Form

## Application Completed by

Name

Signature

Applicant  NOK  EPOA  Other

## Attachments

The following documents must be attached or your application may not be considered:

- A copy of your current Aged Care Assessment approval (ACAT)/Support plan
  - Respite Approval  Permanent Approval
- A certified copy your Advance Care Directive (if applicable).
- A copy of the relevant authority, such as Enduring Power of Attorney and/or Guardianship Papers (SACAT Orders).
- A copy of your Income and Assets Assessment outcome (if already received from Services Australia)
- Medical Details Form completed by your Doctor  
OR Current Medical Health Summary from your Doctor/Hospital.
- Copy of Pension/DVA card (if applicable)

Please note incomplete applications will not be considered and acceptance of this application is not an offer of accomodation.

### Applications can be posted to:

Residential Care Admissions Coordinator  
Lutheran Homes Group  
Level 2, 100 Pirie Street, Adelaide SA 5000

or emailed to [admissions@lutheranhomes.com.au](mailto:admissions@lutheranhomes.com.au)