

Application for Accommodation Form

2-10 Windsor Street, Glenorchy, Tasmania P (03) 6277 8800 E admin@glenview.org.au

Thank you for choosing Glenview.

To commence the application process, please complete this application form and email it to us along with your most recent ACAT assessment or ACAT referral code.

All fields are mandatory. If not applicable, please write N/A.

Is this a joint application which includes a partner? ☐ Yes ☐ No

If **YES**, your partner must complete a separate application.

APPLICANT DETAILS

Surname: _____

Given Names: _____ Preferred Names: _____

☐ Mr ☐ Mrs ☐ Miss ☐ Mx Date of Birth: _____

Home Phone: _____ Mobile: _____

Current Address: _____

Do you wish to be communicated with directly? ☐ Yes ☐ No

If **NO**, would you prefer us to communicate through your nominated representative? ☐ Yes ☐ No

Do you have an ACAT approval for entry into Residential Aged Care? ☐ Yes ☐ No

If **YES**, what is your ACAT permanent residential referral code? _____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ De Facto

Are you and your partner applying together for a place in an aged care home? ☐ Yes ☐ No

Do you or your partner already live in a residential aged care home? ☐ Yes ☐ No

If **YES**, what is your partner's name and the name of the residential aged care home?

Moving from: ☐ Home

☐ Hospital. If arriving from hospital; date of original entry to hospital: _____

☐ Other Aged Care Home (Please specify):

Name: _____

Address: _____

Date you entered the facility: _____

Date departed from other aged care home (If applicable): _____

Country of Birth: _____ Religion: _____

Language Spoken: _____ Nationality: _____

Do you require an interpreter? ☐ Yes ☐ No

Medicare No: _____ Reference No: _____

Medicare Card Expiry Date: _____

Private Health Fund Name: _____ Private Health Fund No: _____

Pension No: _____ ☐ Full ☐ Part ☐ None

Pension Card Expiry Date: _____ DVA No: _____

Are you associated with any spiritual, cultural or other diverse groups?

If so, please list contacts below. (i.e. name of a church or cultural group you are associated with)

Do you have any specific dietary requirements? (Please list)

NOMINATED REPRESENTATIVE

If you would like the aged care home to contact a representative on your behalf about this application or about your care after you enter the home, 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:

Surname: _____

Given Names: _____

Address: _____

Contact Numbers: Daytime Phone: _____

Evening Phone: _____

Mobile: _____

Email: _____

Relationship to you: _____

Type of Authority (If applicable): _____

Do you have a Power of Attorney?

☐ Yes (attach copy if available) ☐ No

Name: _____

Do you have an Enduring Power of Attorney?

☐ Yes (attach copy if available) ☐ No

Name: _____

Do you have an Enduring Guardian?

☐ Yes (attach copy if available) ☐ No

Name: _____

Do you have an advanced care directive?

☐ Yes (attach copy if available) ☐ No

Name: _____

Have you completed an Asset and Income Assessment form through the Department of Human Services?

☐ Yes ☐ No

*If **NO**, please contact the Department as soon as possible as they can take up to six weeks to review your submission.*

MEDICAL

Doctor Name: _____

Clinic Name: _____

Phone: _____

Does your GP agree to continue your care on admission to Glenview?

☐ Yes ☐ No

Aged Care Checklist

While placing a loved one in aged care can often be overwhelming and complex, we would like to provide you with a checklist to help with the process.

COMMENCING THE PROCESS

- ☐ **Complete a Care Assessment by an Aged Care Assessment Team (ACAT)**
(To organise, please contact My Aged Care on 1800 200 422)
- ☐ **Complete an Asset and Income Assessment through the Department of Human Services.**
This will determine the applicable aged care fees and co-contribution costs. Please complete this urgently as the department can take up to 6 weeks to review your submission
(<https://www.humanservices.gov.au/individuals/forms/sa457>)

APPLICATION REQUIREMENTS

To commence the application process with Glenview, please submit the following:

- ☐ **Glenview application form**
- ☐ **Your ACAT referral code**
- ☐ **A copy of a valid Department of Human Services letter**

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Thank you for making an application to live at Glenview.

One of our friendly staff will be in touch to complete the necessary paperwork prior to admission.

Please note: Applicants with the highest care needs will be given priority for a permanent residential place at Glenview. The suitability of each applicant for entry to Glenview will be based on our ability to meet the care needs of each applicant.



GLENVIEW
Community Services

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