

# Application for accommodation



**Korongee Village** 264A Main Road, Derwent Park, Tasmania (03) 6145 6600 kadmin@glenview.org.au  
**Windsor Street** 2-10 Windsor Street, Glenorchy, Tasmania (03) 6277 8800 admin@glenview.org.au

## Thank you for choosing Glenview Community Services

Please complete all fields in this application and indicate with N/A if not applicable.

Email the completed form and attachments to [admin@glenview.org.au](mailto:admin@glenview.org.au)

Given names .....

Preferred name .....

Last name .....

Mr  Mrs  Miss  Ms  Mx Date of birth .....

Gender  Female  Male  Other

Home phone ..... Mobile ..... Email .....

Current address .....

Marital status  single  married  widowed  de facto

Country of birth ..... Nationality .....

Language(s) spoken ..... Do you require an interpreter?  Yes  No

Please list all of your dietary requirements .....

All of Glenview is smoke free. Do you smoke?  Yes  No

Are you associated with any religion, spiritual, cultural or other diverse groups?  Yes  No

If so, please list. For example, the name of the church or cultural group you are associated with.

Is your application to live at:  Korongee Village or at  Windsor Street?

How soon would you like to move to Glenview?  immediately  weeks  months

What date would you prefer to move in? .....

Would you prefer us to communicate with you  directly or  with a nominated representative

Does this application include a partner?  No  
 Yes, then your partner must complete a separate application.

Where are you moving from?  Home  Hospital  Other aged care home

Address of above .....

Date that you moved into the other aged care home .....

Date that you left the other aged care home .....

What is your current **ACAT** Aged Care Assessment Team, or ACAT permanent residential referral code?

It will look similar to 1-123456789101 .....

What is your **ACCR** Aged Care Client Record? .....

What is your **Care Recipient ID**, this is the residential care recipient identification number, allocated when the Aged Care Client Record (ACCR) has been lodged and processed .....

Do you or your partner already live in residential aged care?  Yes I do  Yes they do  No

If yes, what is your partner's name .....

Name of aged care home .....

Address of your partner's aged care home .....

Date that you or your partner entered the aged care home .....

**Medicare** number ..... Reference number ..... Expiry .....

What is your Centrelink Customer Reference Number or **CRN** .....

Pension  Full  Part  Self funded Pension card expiry .....

What is your Department of Veterans Affairs or **DVA** number? .....

Name of private health fund ..... Health fund number .....

## YOUR NOMINATED REPRESENTATIVE

If you would like us to contact your representative about this application, or about your care after you move to Glenview, please provide their details. If this person has the legal authority to make decisions for you, such as a Power of Attorney does, please advise the type of authority and attach a copy of the authority to this application.

Representative's name ..... Last name .....

Address .....

Mobile phone ..... Daytime phone .....

Evening phone ..... Email .....

Relationship to you .....

Type of authority if applicable .....

## FINANCIAL ADVICE

We recommend that you contact the financial information services team at Centrelink in Services Australia on **13 63 57** and discuss your financial status regarding aged care fees and charges.

Centrelink will assist you to determine expected costs and fees, if you are eligible for any subsidies and which forms you should complete.

You can also use the My Aged Care estimator to calculate the approximate cost of your care at [myagedcare.gov.au/how-much-will-i-pay](http://myagedcare.gov.au/how-much-will-i-pay)

We suggest you discuss your plans with an independent financial adviser. If you have any questions about billing, please email the Glenview finance team at [enquiries@glenview.org.au](mailto:enquiries@glenview.org.au) or call (03) 6277 8800.

## MEDICAL

Name of doctor (GP) .....

Name of clinic ..... Phone .....

Does your doctor (GP) agree to continue your care when you move to Glenview?  Yes  No

Covid 19 vaccinations: first dose date ..... second dose date ..... booster date .....

Influenza vaccination: most recent dose date .....

Evidence provided:  Immunisation History Statement  Covid19 Digital Certificate

Optional: please supply a current health summary from your doctor (GP).

## LEGAL

Do you have a Power of Attorney or an Enduring Power of Attorney?  Yes *attach a copy if available*  No

Name .....

Do you have an Enduring Guardian?  Yes *attach a copy if available*  No

Name .....

Do you have an advanced care directive?  Yes *attach a copy if available*  No

## How did you hear about Glenview Community Services?

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> ACAT referral     | <input type="checkbox"/> Community affiliation  | <input type="checkbox"/> Event                | <input type="checkbox"/> Google search/website |
| <input type="checkbox"/> Hospital referral | <input type="checkbox"/> Marketing campaign   | <input type="checkbox"/> Online advertisement | <input type="checkbox"/> Open Day              |
| <input type="checkbox"/> Print media       | <input type="checkbox"/> Service Professional   | <input type="checkbox"/> Social media         | <input type="checkbox"/> Walk by/local signage |
| <input type="checkbox"/> Word of mouth     | <input type="checkbox"/> My Aged Care Portal <a href="http://www.myagedcare.gov.au">www.myagedcare.gov.au</a> | <input type="checkbox"/> Placement partner    |  |
| <input type="checkbox"/> Resident referral | <input type="checkbox"/> ILU resident   | <input type="checkbox"/> Other                | <input type="checkbox"/> Unknown               |

# Application checklist

Moving in to aged care can be complex, we hope this checklist helps with the process. If you'd like assistance with this application call Glenview reception on **03 6277 8800**.



## STEP 1: HAVE YOUR INCOME AND ASSETS ASSESSED

### EITHER

- For those **not currently receiving a means tested payment** through DVA or Centrelink, complete a **Form SA457 Residential Aged Care** calculation of your cost of care. Available from Services Australia [www.servicesaustralia.gov.au/sa457](http://www.servicesaustralia.gov.au/sa457)

Please **complete one of these forms urgently** as it may take up to 6 weeks to review your submission. **Submit** the form to **Centrelink or DVA**, who will provide you with a letter when the assessment is complete. You then give **a copy of that letter to Glenview**.

### OR

- For those **who receive a means tested payment** and own all or part of their home, complete a **Form SA485 Residential Aged Care** property details for Centrelink and DVA customers. Available from Services Australia [www.servicesaustralia.gov.au/sa485](http://www.servicesaustralia.gov.au/sa485)

Please **complete one of these forms urgently** as it may take up to 6 weeks to review your submission. **Submit** the form to **Centrelink or DVA**, who will provide you with a letter when the assessment is complete. You then give **a copy of that letter to Glenview**.

## STEP 2: ATTACH THESE DOCUMENTS TO YOUR APPLICATION

- A copy of your **Aged Care Assessment**. If you don't have one, please contact the Aged Care Assessment Team (ACAT) on **1800 200 422** to arrange. We recommend that you seek permanent approval for aged care.
- A copy of your **Income and Assets Assessment** provided by Services Australia. You are not required to attach a copy, but it is recommended that you request this assessment as it may effect your fees. Please discuss this with Centrelink.

### Also attach a copy of any of these documents that apply to you:

- Power of Attorney    Enduring Power of Attorney    Enduring Guardian  
 Advanced Care Directive

When you have all documents required, check that this application form is complete.

- Application for accommodation at Glenview

Email the application and attachments to [enquiries@glenview.org.au](mailto:enquiries@glenview.org.au)

**Thank you for making an application to live at Glenview in Korongee Village or Windsor Street.**

One of our friendly staff will be in touch to discuss your application. Applicants with the highest care needs are given priority for a permanent residential place. The suitability of each applicant for entry is based on our ability to meet the care needs of each applicant.