



SwanCare

Resident Application

[swancare.com.au](https://swancare.com.au)

Enriching your **aged care** journey



# Applying for Residency in a SwanCare Residential Aged Care Centre

The Application for Residency in a SwanCare Residential Care Centre should be completed and forwarded together with a copy of the Aged Care Assessment Team (ACAT) Report and a copy of the Assets & Income Assessment to the relevant SwanCare centre.

If you have any questions about the application please contact our Admissions Manager on 6250 0250.

## SwanCare Kingia

5 Allen Court, Bentley

P: 08 6250 0100

F: 08 6250 0190

care@swancare.com.au

## SwanCare Ningana

3 Allen Court, Bentley

P: 08 6250 0650

F: 08 6250 0190

care@swancare.com.au

## SwanCare Tandara

73 Jarrah Road, Bentley

P: 08 6250 0101

F: 08 6250 0190

care@swancare.com.au

## SwanCare Waminda

Adie Court, Bentley

P: 08 6250 0051

F: 08 9470 1767

care@swancare.com.au

## ACAT Approval

All incoming residents must be assessed by the Aged Care Assessment Team (ACAT) for approval as a residential care recipient requiring residential care, permanent or respite. Government regulations prevent anyone being provided with these care services if they do not have a current ACAT approval. To be eligible for approval as a residential care recipient, a person must have significant care needs that can be appropriately met through the provision of a particular type of care. The person is eligible if:

- The person is assessed as having significant physical, medical, social or psychological needs that require the provision of care; and
- Those needs cannot be met more appropriately through general care services.

In determining whether these criteria are met, the ACAT will consider the person's medical, physical, psychological and social circumstances. For further information regarding ACAT approvals, contact the My Aged Care Information Line on 1800 200 422.

## Assets & Income Assessment

At the time of being assessed by the Aged Care Assessment Team, forms for assets and income testing will be provided to the person being assessed. These forms should be completed and submitted to Centrelink and/or The Department of Veterans Affairs (whichever is applicable), who will then provide a Statement of Assets & Income for Residential Aged Care Providers. A copy of this statement should accompany an application for residency.

**Where there is a waiting list, the application will be kept on file until a vacancy is offered and accepted, or advice is received from the applicant or their representative to remove the application from the waiting list.**

## What happens when a vacancy occurs?

When a vacancy occurs, the Centre Manager considers all applications based on selection criteria and the ability of the centre to meet that person's needs prior to offering a vacancy to the applicant. Selection criteria includes, but is not limited to:

- Whether the vacancy is in a single or share room
- The applicant's sex if in a share room
- The applicant's care needs and the availability of the resources to meet those needs

The Admissions Manager will then contact the applicant or their representative nominated on the Application for Residency form to offer the applicant a bed.

# Application for Residency in a SwanCare Residential Aged Care Centre

## Applicant Details

☐ Single ☐ Married (registered or de facto) ☐ Widowed ☐ Divorced ☐ Separated

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Surname

Given Names

Preferred Name

Date of Birth

Religion (optional)

Country of Birth

Languages Spoken

Interpreter Required? ☐ Yes ☐ No

Current Address

Post Code

Home Telephone

Mobile

Email Address

Are you an Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

Medicare Number

No. Next to Name

Expiry Date

Does the applicant receive a pension?

☐ Yes

Pension No.

Expiry Date

☐ Full Pension ☐ Part Pension

☐ No

☐ Centrelink ☐ DVA

Colour of DVA Card

Does the applicant have private health insurance?

☐ Yes

Name of Fund

Type of Cover

☐ No

Membership No.

Is the applicant diabetic?

☐ Yes

Diabetic Association No.

☐ No

Does the applicant suffer from any allergies?

☐ Yes

Please Specify

☐ No

Does the applicant have any dietary requirements?

☐ Yes

Please Specify

☐ No

Has the applicant had an ACAT assessment?	<input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> No	<input type="text"/>
		Date Completed		
<b>Home Care:</b>				
Have you received a Home Care package?	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	
		Anniversary Date	Amount of income tested fee	
	<input type="checkbox"/> No			
Is the applicant in hospital?	<input type="checkbox"/> Yes	<input type="text"/>		
		Name of Hospital		
	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	
		Ward	Telephone	
Does the applicant have a social worker assigned to them?	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	
	<input type="checkbox"/> No	Name	Telephone	

It is essential, prior to admission, to confirm that the applicant's doctor will be available to continue care at our centre.

<input type="text"/>	<input type="text"/>
Doctors Name	Telephone
<input type="text"/>	
Address	

Has verbal confirmation of the above been given by the listed doctor? ☐ Yes ☐ No

What is the name of the Pharmacy currently being used by the applicant?

<input type="text"/>	<input type="text"/>
Name	Telephone

Has the safety net been reached?	<input type="checkbox"/> Yes	<input type="text"/>
	<input type="checkbox"/> No	Please provide Safety Net Number

Where has the applicant recently been residing?	<input type="checkbox"/> At home	<input type="checkbox"/> In a care centre
	<input type="checkbox"/> Other	<input type="text"/>
		Please give details

Has the applicant been living in an aged care centre?

• Prior to 20 March 2008? ☐ Yes ☐ No • Prior to 1 July 2014? ☐ Yes ☐ No

<input type="text"/>
Name of centre

Has the applicant been paying an accommodation charge?	<input type="checkbox"/> Yes	<input type="text"/>
	<input type="checkbox"/> No	From what date

Has a 'Request for Income & Assets Assessment' been completed?	<input type="checkbox"/> Yes	<input type="text"/>
	<input type="checkbox"/> No	What date was this submitted (Please provide copy of Status)

Does the applicant have an Enduring Power of Attorney? ☐ Yes (Please supply a copy) ☐ No

Does the applicant have an Enduring Power of Guardianship? ☐ Yes (Please supply a copy) ☐ No

Does the applicant have an Administration Order? ☐ Yes (Please supply a copy) ☐ No

Does the applicant have a Guardianship Order? ☐ Yes (Please supply a copy) ☐ No

Is the applicant on the electoral roll? ☐ Yes ☐ No You will need to change the applicant's address listing on the electoral roll. A form is available online at [aec.gov.au](http://aec.gov.au)

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**Next of Kin 1** (In emergency circumstances Next of Kin 1 will be contacted first).

<input type="text"/>		<input type="text"/>
Name		Relationship to Applicant
<input type="text"/>		
Current Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Code	Day Time Telephone	Home Telephone
<input type="text"/>	<input type="text"/>	
Mobile	Email	

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**Next of Kin 2**

<input type="text"/>		<input type="text"/>
Name		Relationship to Applicant
<input type="text"/>		
Current Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Code	Day Time Telephone	Home Telephone
<input type="text"/>	<input type="text"/>	
Mobile	Email	

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**Next of Kin 3**

<input type="text"/>		<input type="text"/>
Name		Relationship to Applicant
<input type="text"/>		
Current Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Code	Day Time Telephone	Home Telephone
<input type="text"/>	<input type="text"/>	
Mobile	Email	

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**Signature of individual completing application**

<input type="text"/>	
Name	
<input type="text"/>	<input type="text"/>
Signature	Date

# Residential Aged Care Centre

## Should I consider an Enduring Power of Attorney, Guardianship or Administration?

### Enduring Power of Attorney

An enduring power of attorney is a legal agreement that enables a person to appoint a trusted person – or people – to make financial and/or property decisions on their behalf. An enduring power of attorney is an agreement made by choice that can be executed by anyone over the age of 18, who has full legal capacity.

An enduring power of attorney can be operational while the person still has capacity but may be physically unable to attend to financial matters.

The benefit of an enduring power of attorney is that unlike an ordinary power of attorney, it will continue to operate even if the donor loses full legal capacity. An enduring power of attorney does not permit an attorney to make personal and lifestyle decisions, including decisions about treatment. The authority of the attorney is limited to decisions about the donor's property and financial affairs.

To cancel (revoke) the enduring power of attorney the donor must have full legal capacity. It is recommended that the revocation is made in writing. If the donor has lost capacity, an application must be made to the State Administrative Tribunal to decide if the enduring power of attorney should be cancelled (revoked).

### Administration Order

An administrator is appointed by SAT to make financial and legal decisions in the best interests of someone not capable of making those decisions for themselves. An administrator may be given authority to decide specific matters such as the sale of assets, payment of debts or investment of money. Not only do they manage these financial issues but they also pay all the daily bills, purchase clothes and they must keep detailed accounts.

### Enduring Power of Guardianship

An Enduring Power of Guardianship is a legal document that authorises a person of your choice, to make important personal, lifestyle and treatment decisions on your behalf should you ever become incapable of making such decisions yourself. This person is known as an enduring guardian.

An enduring guardian could be authorised to make decisions about things such as where you live, the support services you have access to and the treatment you receive.

An enduring guardian can not be authorised to make property or financial decisions on your behalf. The person you appoint as your enduring guardian must also be 18 years of age or older and have full legal capacity.

### Guardianship Order

A guardian is appointed by SAT to make personal medical and or lifestyle decisions in the best interests of someone who is not capable of making those decisions for themselves.

These decisions often relate to work, living arrangements or medical treatment. The decision – making authority of a guardianship order may be limited to specific areas such as medical and accommodation (limited order) or apply to all areas of the person's life (plenary order).

You can obtain advice about an enduring power of attorney, guardianship or administration order through a solicitor, a community legal centre, or the Office of the Public Advocate.

# Consent for Vaccination

Name of Resident

- ☐ **I consent:** I have read and understood the information given to me about immunisation including the risk of the vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risk and the benefits with my doctor/nurse. I consent for the above named to be vaccinated with the following vaccines for the duration of their stay in the above named centre providing the risks and benefits do not substantially change.

I understand that I may withdraw consent at any time in the future. I also understand that not all vaccinations are federally funded and some costs may be incurred.

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- ☐ **Influenza vaccine - Annually**
- ☐ **COVID-19 vaccine - As recommended by Government**
- ☐ **Shingles vaccine - As recommended by Government**
- ☐ **Pneumococcal vaccine - As recommended by Government**

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- ☐ **I do not consent** to vaccination of the above named. I have read and understood the information given to me about immunisation including the risk of the vaccination and the risk of not being vaccinated.

Name

Relationship to Resident

Signature

Date

Name of Witness

Signature of Witness

Date

# Consent to Exchange Resident's Health Information

Name of Resident

To comply with Privacy Legislation, we need your consent to exchange information in relation to resident's care needs.

This form must be completed by either the resident, a relative or guardian.

I / We \_\_\_\_\_ agree to the exchange of information  
(Print full name of resident/relative or guardian)

regarding the services and/or medical information of \_\_\_\_\_  
(Name of resident )

from general practitioners, specialist medical practitioners, hospitals, care and support agencies and allied health professionals with the care centres of SwanCare.

I understand that all information obtained will be kept confidential.

<input type="text"/>	<input type="text"/>
Name	Relationship to Resident
<input type="text"/>	<input type="text"/>
Signature	Date

<input type="text"/>	
Name of Witness	
<input type="text"/>	<input type="text"/>
Signature of Witness	Date

## Collection Statement

We are collecting the information on this form for the purpose of assessing your care needs at this Residential Aged Care Centre.

The information relating to your current state of health and financial status will be disclosed to the Commonwealth Government, as this is a requirement under the Aged Care Act. It will be used to make decisions about the level of funding we receive for the care we deliver.

Information contained on this form will not be disclosed to any other individual or organisation (unless they are directly related to your care) without your consent.



# Funeral Arrangements

Name of Resident

Which family member or friend should we notify of the resident's passing?

Name

Relationship to Applicant

Home Phone

Day Time Telephone

Mobile

☐ Please notify at any time of day

☐ Please notify during the following times:

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Which funeral director should we contact?

Name of Company

Address

Phone Number(s)

After hours phone number

Please indicate  
the individual's  
preference;

☐

Burial

☐

Cremation

Religion (optional)

Name of Executor of Will

Phone

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Signature of individual completing application

Name

Signature

Date

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Notes of Nursing Staff:

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# GENERAL INFORMATION

## TERMS & CONDITIONS

1. SwanCare Kingia, Ningana, Tandara and Waminda are residential aged care centres of SwanCare.
2. SwanCare is a registered not-for-profit charitable organisation.
3. SwanCare is an incorporated organisation and is administered by a Board of Directors whose members are drawn from leadership roles within the community and corporate sector. All are volunteers.
4. As a registered charitable organisation, SwanCare is eligible to accept tax deductible donations and bequests under the Income Tax Assessment Act.
5. An applicant must undergo an Aged Care Assessment and qualify as requiring care accommodation under the Federal Government regulations guiding admission to a care centre.
6. An interview with the family and/or applicant is desirable prior to acceptance of an application for admission.
7. All residents in residential accommodation, including respite residents, will be asked to pay a daily care fee.
8. Applicants acknowledge that this application is an "Expression of Interest" only and is not a guarantee of an accommodation offer. A waiting period will usually apply.
9. Applicants have the right to accept or reject a formal offer of accommodation without prejudice.
10. SwanCare Kingia, Ningana, Tandara and Waminda residential aged care centres have achieved national accreditation.
11. Please note that all SwanCare residential aged care centre and communal areas are totally non-smoking.

### Your Privacy Rights

SwanCare is committed to the protection of personal and sensitive information that is provided to us from any source. SwanCare is governed by the Aged Care Act 1997, it's own policies and procedures & the Commonwealth National Principles which have been designed to ensure that your personal information is protected. A full copy of our Privacy Policy Statement is included in our Admission Pack.