

# Application for residency in a SwanCare facility

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# Applying for residency in a SwanCare residential care facility

The Application for Residency in a SwanCare Residential Care Facility 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 facility.

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

## SwanCare Kingia

5 Allen Court, Bentley  
Phone: (08) 6250 0100  
Fax: (08) 6250 0190  
Email: care@swan care.com.au

## SwanCare Ningana

3 Allen Court, Bentley  
Phone: (08) 6250 0650  
Fax: (08) 6250 0190  
Email: care@swan care.com.au

## SwanCare Tandara

73 Jarrah Road, Bentley  
Phone: (08) 6250 0101  
Fax: (08) 6250 0190  
Email: care@swan care.com.au

## SwanCare Waminda

Adie Court, Bentley  
Phone: (08) 6250 0051  
Fax: (08) 9470 1767  
Email: care@swan care.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 prevents 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.**

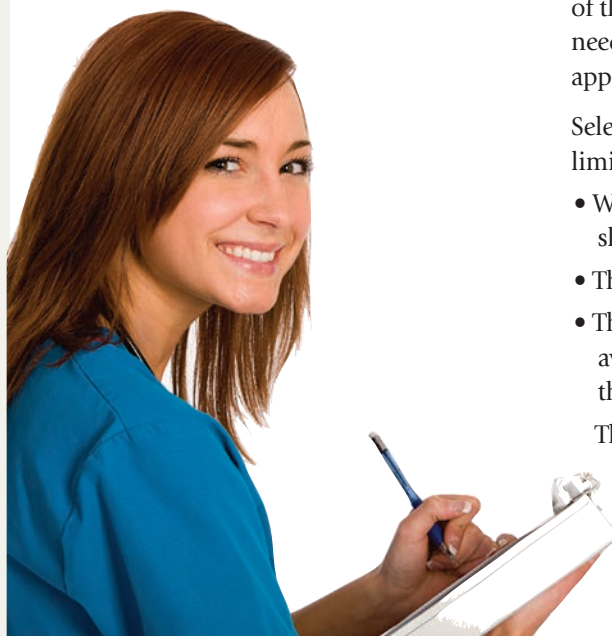
## What happens when a vacancy occurs?

When a vacancy occurs, the Facility Manager considers all applications based on selection criteria and the ability of the facility 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 Manager Admissions 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 Care Facility

## Applicant's details

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

[ Mr / Mrs / Ms / Miss ] Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Religion: (*optional*) \_\_\_\_\_

Country of birth: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Current address: \_\_\_\_\_

Interpreter required:  Yes    No

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

Centrelink

DVA,

Colour of DVA card: \_\_\_\_\_

No

Does the applicant have  
private health insurance?

Yes,

Name of insurer: \_\_\_\_\_

Membership no.: \_\_\_\_\_

Type of cover: \_\_\_\_\_

No

Does the applicant have  
ambulance insurance?

Yes,

Membership no.: \_\_\_\_\_

Expiry date: \_\_\_\_\_

No

Is the applicant diabetic?

Yes,

Diabetic Association no.: \_\_\_\_\_

No

Does the applicant suffer from  
any allergies?

Yes,

Please specify: \_\_\_\_\_

No

## Application for residency in a SwanCare Residential Care Facility (continued)

Has the applicant had an ACAT assessment?  Yes,  No

Date completed: \_\_\_\_\_

Is the ACAT form attached?  Yes  No *Please provide the form at your earliest convenience.*

Is the applicant in hospital?  Yes,  No

Name of hospital: \_\_\_\_\_

Ward: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does the applicant have a social worker assigned to them?  Yes,  No

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Doctor's name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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? \_\_\_\_\_

Telephone: \_\_\_\_\_

Has the safety net been reached?  Yes,  No

please provide Safety Net Number: \_\_\_\_\_

Where has the applicant recently been residing?  At home  In a care facility  Other, Please give details: \_\_\_\_\_

Has the applicant been living in an Aged Care facility

- prior to 20 March 2008?  Yes  No
- prior to 1 July 2014?  Yes  No

What is the name of the facility? \_\_\_\_\_

Has the applicant been paying an accommodation charge?  Yes, From what date? \_\_\_\_\_  No

Has a 'Request for Income & Assets Assessment' been completed?  Yes,  No

What date was this submitted? \_\_\_\_\_

*Please provide copy of Status.*

Please nominate a person to arrange and accompany the care recipient on appointments

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

*The Care Facility is unable to provide transport but may, on occasion, be able to assist through the volunteer workforce.*

## Application for residency in a SwanCare Residential Care Facility (continued)

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

Relationship to applicant:

Current address:

Postcode:

Home phone:

Mobile:

Is the applicant on  
the electoral roll?

Yes,

*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)*

No

**Next of Kin 1**

Name:

*In emergency  
circumstances*

Relationship:

*Next of Kin 1*

Address:

Postcode:

*will be contacted first.*

Home phone:

Day-time phone:

Mobile:

Email:

**Next of Kin 2**

Name:

Relationship:

Address:

Postcode:

Home phone:

Day-time phone:

Mobile:

Email:

**Next of Kin 3**

Name:

Relationship:

Address:

Postcode:

Home phone:

Day-time phone:

Mobile:

Email:

**Signature of individual completing application**

Name:

Signature:

Date:

# Residential care

## 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 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

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Name of resident

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Disease	Effects of disease	Side effects of vaccination
<b>Influenza</b>	Contagious virus spread by respiratory droplets; causes fever, muscle and joint pains, pneumonia.	Causes increased hospitalisation in the elderly. High-risk groups include the elderly, diabetics, alcoholics etc
		About 1 in 10 have reactions (soreness, redness, lump at injection site)  Guillain-Barre syndrome occurs in about 1 in 1 million.

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**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 facility 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.

Influenza vaccine - Annually

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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.

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The date of the resident's last vaccination was:

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Name: \_\_\_\_\_ Relationship to resident: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of witness: \_\_\_\_\_  
 Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent to exchange resident's health information

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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.*

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

the services and/or medical information of \_\_\_\_\_ from general practitioners, specialist medical  
(name of resident )

practitioners, hospitals, care and support agencies and allied health professionals with the care facilities of SwanCare.

I understand that all information obtained will be kept confidential.

Name: \_\_\_\_\_ Relationship to resident: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of witness: \_\_\_\_\_

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 Facility.*

*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

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Name of resident

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

Name:

Relationship to resident:

Home phone:

Day-time phone:

Mobile:

Please notify at any time of day

Please notify during the following times:

Which funeral director should we contact?

Name of company:

Name of individual (if applicable):

Address:

Phone number(s):

After hours phone number:

Please indicate the individual's preference;

Burial

Cremation

Religion (*optional*):

Name of Executor of Will:

Phone:

## *Signature of individual completing application*

Name:

Signature:

Date:

*Notes of Nursing Staff:*

## GENERAL INFORMATION • TERMS & CONDITIONS

1. Kingia, Ningana, Tandara and Waminda are care facilities of SwanCare.
2. SwanCare is a registered non-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 facility.
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. Kingia, Ningana, Tandara and Waminda Care Facilities have achieved national accreditation.
11. Please note that all SwanCare facilities 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, its 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.