



# Admission Application

**INFINITE AGED CARE**

Creating infinite connections...  
where people matter



Deciding on the right residential care service can be a stressful decision for all in the family. At Infinite Care we understand the emotional and complex decision process that residential aged care poses for families. We are here to help take some of that stress away and can empathise and help you feel comfortable in the choices you are making for yourself or a loved one. We also understand that it's going to be your home and we can tailor the experience so you do feel right at home.

Our culture will always be family.

You matter to us.  
Your family matter to us.  
Your life choices matter to us.  
We care about YOU!

We look forward to you joining the extended Infinite family.

# PART A (All Residents)



## Personal Details

Date \_\_\_\_\_ Gender  Male  Female  Intersex  
 Indeterminate  Other

Title \_\_\_\_\_

Given Names \_\_\_\_\_

Preferred Name \_\_\_\_\_ Surname \_\_\_\_\_

D.O.B \_\_\_\_\_ Birthplace \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Current residential address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Language/s spoken \_\_\_\_\_ Religion \_\_\_\_\_

Indigenous status  Unknown  Aboriginal  Torres Strait Islander  
 Neither  Both Aboriginal and Torres Strait Islander

## Present Living Arrangements

At home – live alone  At home – live with spouse

At home with another person (not spouse) Relationship: \_\_\_\_\_

Home of family member / other Relationship: \_\_\_\_\_

Other Residential Aged Care Facility Name of facility: \_\_\_\_\_

Interim / transition care  Hospital

Specialist Disability Accommodation

## Type of Care Required

Permanent care  Respite care - Duration of stay:

Timeframe for Admission  Immediate  3 months  6 months  12 months

## Relationship (If you have a spouse or partner, please supply their full name and address below)

Single  Married  Widowed  Partner

Partner deceased  Partner separated  Partner divorced

Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

## Nominated Representative

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact       Executor to Will       Medical (POA)

Financial (billing address)       Enduring Power of Attorney (EPoA)       Next of Kin

## Second Nominated Representative

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact       Executor to Will       Medical (POA)

Financial (billing address)       Enduring Power of Attorney (EPoA)       Next of Kin

## Additional Documents

Please indicate if you have any of the following in place and provide a copy with your application.

Power of Attorney       Public Trustee Order       Guardianship Order

Enduring Guardian       Advanced Care Directive

## How Did You Hear About Us?

Respite care       Newspaper       Infinite website       Hospital

Word of mouth       GP       Radio       Family

My Aged Care       Letterbox drop       Other       Other aged care website

Would you like to receive marketing updates from Infinite Care?     Yes     No

# PART A (All Residents)



**NDIS Plan** If you are under 65 years of age please answer the following questions.

Do you have an NDIS Plan  Yes  No

If yes, how is your NDIS Plan managed?  Self-managed  Plan managed  NDIA managed

Do you have a Positive Behaviour Support Plan?  Yes  No

Please provide details of your NDIS Support Coordinator:

Organisation \_\_\_\_\_ Coordinator \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

## Accounts and Correspondence

I nominate the following person to receive all correspondence:

Myself (person requiring residential care)

Nominated representative (from previous page)

Other Full name \_\_\_\_\_

Telephone \_\_\_\_\_

Email (for financial statements) \_\_\_\_\_

## Pension Status

What type of pension do you receive?

Full Pension  Part Pension  No Pension

Have you used any of the following services in the current financial year (1 July to 30 June)?

Residential Respite  In Home Respite Care

Permanent Residential Aged Care  Home Care Package

Are you seeking to transfer from another Residential Aged Care Service?  Yes  No

Name of Aged Care Facility \_\_\_\_\_

What date did you enter aged care? \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: If you have an Aged Care Fee Advice please attach a copy to this application.

## ACAT Assessment

Before you can apply for either permanent or respite care, you must have a current assessment form from a local Aged Care Assessment Team (ACAT) that states you are eligible to receive residential care. This assessment can also be called an Aged Care Client Record (ACCR) or a Support Plan.

Have you had a formal assessment by the Aged Care Assessment Team?  Yes  No

My Aged Care Referral Code 1 -

(Please attach a copy of your My Aged Care Support Plan)

## Health and Ambulance Cover

**If you have private health insurance, please provide details below:**

Name of fund \_\_\_\_\_

Membership number \_\_\_\_\_

Level of cover \_\_\_\_\_

**If you have ambulance cover, please write the details below (if applicable):**

Name of fund \_\_\_\_\_

Membership number \_\_\_\_\_

Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Information** Please attach medical history from doctor's surgery

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

Telephone number \_\_\_\_\_

Doctor's surgery name \_\_\_\_\_

Doctor's surgery address \_\_\_\_\_

Current Pharmacy \_\_\_\_\_

## General Information

Medicare number \_\_\_\_\_

Medicare reference number \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

Pension number \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

Diabetic assoc. number \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

Veteran affairs number \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_  
(gold / white)

## Legal and Financial Details

Does the Applicant have an Enduring Power of Attorney? (EPoA)  Yes  No

Is the EPoA currently active?

Yes – due to incapacity (medical practitioners letter attached)

Yes – other reason (ie immediate power)

No – does the applicant have the ability to understand and make complex financial decisions?  Yes  No

**If you are awaiting a QCAT, NCAT or SACAT hearing, please specify the following and provide a copy of the order:**

Hearing Date \_\_\_\_\_

Case Manager Name \_\_\_\_\_

Reference Number \_\_\_\_\_

Do you have an Advanced Health Directive? (If yes, please attach a copy)  Yes  No

Has a decision been made with regards to a preferred funeral service provider?  Yes  No (please provide details)

Name \_\_\_\_\_

Telephone \_\_\_\_\_

## Declaration

Upon signing this application, the applicant consents to:

- Infinite Aged Care acquiring health information from external health service providers, for the purpose of maintaining accurate and current health records.
- Infinite Aged Care using the information that I provide, and that they obtain, for the purposes related to their services and may disclose information to other persons such as specialist medical practitioners or organisations which require the information to provide services directly related to the service the applicant will receive.
- Having their photo taken, for identification purposes only.

**I sincerely declare that the answers to all of the questions given in this application form (whether in respect of myself, or on behalf of the applicant) are true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive.**

I have (or will) provide Infinite Aged Care with all requested information and documentation for this application and for admission purposes (if the application proceeds). I understand and acknowledge I will be required to pay all fees, charges and payments as outlined in the agreement supplied in the event I am offered and accept a placement.

I agree by completing this application to be wait listed for a placement and that to allow the accurate determination of my financial status, I will provide further information or proof upon request.

# PART A (All Residents)



By signing this declaration, I also acknowledge the following:

- I  do  do not consent to information about me being used for any Secondary Purpose, as defined in the Privacy Act 1988 (Cth). These Secondary Purposes referred have been explained to me.
- I  do  do not consent to Infinite Aged Care taking or using photographic images and recordings (including video, sound and written recordings) of me and to use these photographs and recordings unconditionally in any and all media, including but not limited to online and social media, for any purpose whatsoever.
- I  do  do not consent to information about the organisations products and services being sent to me.

**Completed by:**     Applicant                       Applicant's Representative

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please note:

- All information is handled in accordance with the Privacy Act 1988 (Cth).
- Infinite Aged Care is committed to protecting the privacy of your personal information. A copy of the organisation's Privacy Policy is available on our website. If you have any questions regarding our privacy obligations, please contact an Infinite Aged Care representative directly.
- Photographs or recordings may be made available to the public generally, including but not limited to, content producers, advertising and marketing agencies, media outlets, printers and designers. Further, the images may be cropped or altered as necessary. For more information, please contact Infinite Aged Care directly.
- You may withdraw your permission regarding use of photographic images and/or recordings by contacting The Proper Officer, Infinite Aged Care, PO Box 8108 GCMC QLD 9726 in writing.



### Interim Residential Care Fee Estimator

Name of Resident \_\_\_\_\_

This Fee Estimator is used as a tool to provide Infinite Aged Care with an Interim Means Tested Fee (MTCF) whilst waiting for the Department to provide your approved MTCF based on your Assets and Income Assessment. The actual amount of the fees and charges payable will depend on the results of the Assessment and Infinite Aged Care will make adjustments accordingly once this advice is received by the Department.

All reasonable care has been taken in preparing and designing the Interim Means Tested Fee Estimator based on the **My Aged Care Residential Care Fee Estimator**; however, Infinite Aged Care provides no warranty and makes no representation that the information provided by this tool is appropriate for your particular circumstances or indicates you should follow a particular course of action. You should consider obtaining independent legal, financial, taxation or other advice to check how the information relates to your particular circumstances.

Infinite Aged Care is not liable for any loss caused, whether due to negligence or otherwise arising from the use of, or reliance on, the information provided directly or indirectly on or through this Estimator.

**90 days post admission, if Infinite Aged Care has yet to receive your Department Assessment letter, full fees and charges will apply.**

Please note:

- If you choose not to disclose your income and assets the maximum fees will apply.
- If a resident is a member of a couple, please enter combined assets. The calculator will automatically half the value. When the asset is held jointly, or in common, with another person other than the resident's partner, the value of the asset is taken in to be the resident's interest in the asset.
- If the value of your income and assets varies, so to will your fees and payments.

## PART B (Permanent Residents Only)



### Your Information

Do you have a partner?  Yes  No

**Income** includes:

- Income support payments from the Australian Government such as the age pension or service pension
- Income from superannuation income streams such as annuities and allocated pensions
- War widow / widower pensions and some disability pensions
- Net income from business, including farms
- Overseas pension income
- Family trust distributions
- Net income from rental property
- Dividends from private company shares

Do not include interest from your bank accounts or financial investments. Your financial assets will be deemed to earn a certain rate of income.

**Please state your estimated Annual Income** including;

- Aged care / war widow / widower / disability pensions
- Net income from rental property / Net income from business (including farms)
- Income from superannuation streams such as annuities and allocated pensions, overseas pension income, family trust distributions, etc.

If you have a partner, enter your combined income.

\$ \_\_\_\_\_

### Homeowner Status

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

Your **home** will be included as an asset unless it is occupied by a protected person. A protected person is:

- Your partner or dependent child
- Your carer who has lived with you in the home for the past two years and is eligible for an income support payment
- A close relation, such as a sister, brother, parent, child or grandchild who has lived with you in the home for the past five years and is eligible for an income support payment.

Will a protected person live in the family home?  Yes  No

**Net market value of the home**

Enter the market value of your home less any outstanding mortgages on the home.

\$ \_\_\_\_\_

## PART B (Permanent Residents Only)



### Financial Assets (including):

**Financial assets** include:

- Bank, building society and credit union accounts
- Term deposits
- Friendly society bonds
- Listed shares and securities
- Shares in unlisted public companies
- Gifted assets - if you have gifted amounts above \$10,000 in the last year or \$30,000 in the last five years, include the amount above these limits as a financial asset.
- Cash
- Cheque deposits
- Managed investments
- Loans and debentures
- Gold and other bullion

**Total value of financial assets (if partner, combined total)** \$ \_\_\_\_\_

### Other Assets (including):

**Other assets** include:

- Household contents and personal effects (these are typically valued at \$10,000)
- Foreign assets including investments, business interests and real estate
- Investment property
- Superannuation balances
- Refundable accommodation deposits
- Special collections such as stamps, art works or antiques
- Private trusts, family trusts and private companies
- Net retirement village entry contributions

**Total value of other assets (if partner, combined total)** \$ \_\_\_\_\_

### Debts

A **debt** is any loan, mortgage, charge or encumbrance held over an asset which has been included as a financial asset or other asset:

- Include the value of the mortgage over the family home (if there is one)
- Do not include credit card debt or personal loans
- Do not include a loan if it is taken out for the benefit of someone else other than your partner.

**Total debt (if partner, combined total)** \$ \_\_\_\_\_

### Income and Asset Information

Have you had your Means Test (income / assets) conducted by Centrelink or DVA?  Yes  No

If **YES**, please provide a copy of your assessment from Centrelink or DVA.

If **NO**, please speak to our friendly staff to obtain the necessary forms for the testing to be completed.

### Assets and Income Details

Entering residential aged care for the first time may require completion and lodgement of forms to determine your ability to contribute to the cost of care and accommodation. We have listed and explained these forms below.

Please note that if you receive a means tested income support payment (ie. age pension) and you DO NOT own a home – you also DO NOT need to complete any forms.

#### **1. Residential Aged Care Property details for Centrelink and DVA customers form (SA485)**

If you receive a means tested income support payment (ie. age pension) and you DO own a home – you need to complete this form (SA485) which looks at key aspects of your property and incorporates the protected person questions (spouse, carer, relative). These details will be used to assess how much you need to pay for care in an aged care home.

#### **2. Residential Aged Care Calculation of your cost of care form (SA457)**

If you DO NOT receive a means tested income support payment (ie. age pension) – you DO need to complete this form (SA457) in full. This form will ask for your income and asset details which will then be used to assess how much you need to pay for residential aged care.

These forms need to then be lodged at the Department of Human Services (Centrelink) or Department of Veteran Affairs. This assessment determines both the means tested care fee (if any) you will pay as well as whether you qualify for Government assistance towards your accommodation costs.

Please note that if you do not intend lodging a Residential Aged Care Calculation of your cost of care form (SA457) you will be liable for the maximum accommodation price and the maximum means tested care fee on admission regardless of your financial status. Completing this section of the application form will assist us with determining your financial status so that we can provide you with draft fees and costs and answer any queries or concerns you may have in relation to your aged care accommodation costs and ongoing fees.

## CHECKLIST: APPLICATION FOR RESIDENTIAL CARE SERVICES

To assist with the timely processing of your application please ensure that all sections are completed to the best of your ability and that you have provided the following documents/ information with this application.

### Required Documentation

- A copy of your Aged Care Support Plan or Referral Code
- A copy of your Aged Care Fees Letter including Assets and Income Summary Statement (if received from Department of Human Services or DVA)
- Photocopy of Pension and Medicare Card
- Certified Enduring Power of Attorney (attached a complete copy)
- Certified QCAT, NCAT or SACAT – if applicable
- Certified Advance Health Directive – if applicable
- Current Health Summary provided by Doctor
- Medication Chart supplied by Doctor (not necessary if admitting from hospital)
- Pharmacy Information Sheet
- Copy of Rates notice where a property is owned

### Completed and Signed Forms

- Direct Debit Request (SIGNED) or Centrepay Form (SIGNED)
- Application Form Declaration (SIGNED)
- Additional Technology Services Form (SIGNED)
- Request for testing and tagging Form (SIGNED)

**HEAD OFFICE**

Suite 6, Level 3, 128 Bundall Road  
Bundall QLD 4217

**CARAVONICA WATERS**

15-17 Lake Placid Road  
Caravonica QLD 4878

**CHRISTIES BEACH RESIDENTIAL CARE SERVICE**

50 Gulfview Road  
Christies Beach SA 5165

**THE CHURCHILL RETREAT**

470 Churchill Road  
Kilburn SA 5084

**INFINITE CARE CORNUBIA**

144 Beenleigh- Redland Bay Rd  
Cornubia QLD 4130

**EDGE HILL ORCHARDS**

15 Oregon St  
Manoora QLD 4870

**EDMONTON GARDENS**

5 Bruce Highway  
Edmonton QLD 4869

**HAHNDORF RESIDENTIAL CARE SERVICE**

1a Main Street  
Hahndorf SA 5245

**INFINITE CARE IPSWICH**

43 South Street  
Ipswich QLD 4305

**INFINITE CARE MOUNT LOFTY**

69 Stuart Street  
Mount Lofty QLD 4350

**KLEMZIG RESIDENTIAL CARE SERVICE**

Leighton Avenue  
Klemzig SA 5087

**ROSE COURT AGED CARE FACILITY**

3 Grant Avenue  
Gilles Plains SA 5086

