



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.

Applicant 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

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

If you ticked YES, please complete the following:

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.

Relationship (If you have a spouse or partner, please supply full details below)

- Single Married Widowed Partner
 Partner deceased Partner separated Partner divorced

Name _____

D.O.B _____

Email _____

Phone Number _____

Address _____

State _____ Postcode _____

Type of Care Required

- Permanent care Respite care
 Timeframe for Admission Immediate less than a month 1-3 months

Nominated Representative

Full Name _____

Relationship _____

Address _____

State _____ Postcode _____

Telephone _____ Email _____

- Emergency contact Executor to Will Medical (POA)
 Accounts/Billing Enduring Power of Attorney (EPoA) Next of Kin Nominated Guarantor

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

Nominated Guarantor

Full Name _____

Relationship _____

Address _____

State _____ Postcode _____

Telephone _____ Email _____

Second Nominated Representative

Full Name _____

Relationship _____

Address _____

State _____ Postcode _____

Telephone _____ Email _____

- Emergency contact
 Executor to Will
 Medical (POA)
 Accounts/Billing
 Enduring Power of Attorney (EPoA)
 Next of Kin
 Nominated Guarantor

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

Second Nominated Guarantor

Full Name _____

Relationship _____

Address _____

State _____ Postcode _____

Telephone _____ Email _____

Funeral Directors

Name _____

Address _____

State _____ Postcode _____

Telephone _____ Email _____

Have you made funeral arrangements?
 Yes
 No
 Cremation
 Burial

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

Pension Status

What type of pension do you receive?

Full Pension
 Part Pension
 No Pension
 DVA

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

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

If No, has one been booked? Date / /

My Aged Care Referral Code

(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 _____

Will your current GP treat you in care? Yes No

If Yes, will they visit the aged care home? Yes No

General Information

Medicare number _____

Medicare reference number _____ Expiry ____/____/____

Pension number _____ Expiry ____/____/____

Diabetic assoc. number _____ Expiry ____/____/____

Veteran affairs number _____ Expiry ____/____/____
(gold / white)

PBS Subsidy Card _____

Do you wish to remain on the electoral role? Yes No

*If you wish to be removed, please note this is your responsibility. To do so, please contact the Australian Electoral Commission (AEC) at www.aec.gov.au/About_AEC/residential-care

Applicant's Financial Information

Do you have a partner? Yes No

If Yes, please ensure you have completed the Relationship Partner Details on Page 3.

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 the home you live in? Yes No

Will anyone remain living in the family home? Yes No

If Yes, please select current living arrangements:

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
- None of the above

Net market value of the home \$ _____

Enter the market value of your home. Value of property after costs & expenses are deducted for Estate Agent/Solicitors

Finances Financial assets include income (not including investment income, bank interest or shared dividends):

Account based pension	\$ _____	Overseas Pension	\$ _____
Employment Income	\$ _____	Superannuation	\$ _____
Other Income	\$ _____		

Assets

Household contents	\$ _____
Special collections such as stamps, art works or antiques	\$ _____

Investments

Bank Accounts, Building Societies, Credit Unions	\$ _____	Shares, options, rights, convertible notes in listed or unlisted companies	\$ _____
Cash not kept in financial institutions	\$ _____	Managed Fund	\$ _____
Funeral Bonds	\$ _____	Prepaid Funeral	\$ _____
Insurance or Government Bonds	\$ _____	Life Insurance that can be encashed	\$ _____

Investment Properties

If the applicant has an investment property, please complete below:

Property Name/Address _____

Market Value

Gross rental income \$ _____ Net rental income (per month) \$ _____

Will property be kept or sold? _____

Gifted Assets

If you have gifted amounts above \$10,000 in the last year, or \$30,000 in the last five years, include all the amounts.

Name gifted to _____ Month _____ Year _____ Amount _____

Name gifted to _____ Month _____ Year _____ Amount _____

Name gifted to _____ Month _____ Year _____ Amount _____

Debts

- Credit cards
 - Personal loans
 - Money owing
 - Mortgages
 - Any other debt that you are going to repay
- \$ _____

Income and Asset Information

Has the applicant submitted an Assets & Income Assessment form with Centrelink or DVA Yes No

If Yes, date submitted: Date ____/____/____

Have you received your Aged Care Fees letter from Centrelink or DVA Yes No

If Yes, please provide a copy of this letter

If No, please speak with our friendly staff to obtain the required form for completion

Please provide an Income Statement from Centrelink/DVA

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.

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.