

**Admission Application**

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| Thank you for your interest in admission into Esperance Aged Care Facility. To be considered for admission and/or added to the waitlist, we require you to submit the following:   * Esperance Aged Care Facility Admission Application (this form).   Please note all fields must be completed to the best of knowledge and the declaration on Page 5 must be signed for the application to be accepted and processed.   * A copy of the ACAT/Support Plan or Residential Referral Code.   Please make sure you have the correct approvals for the service you are applying for (Residential Respite or Residential Permanent Care)   * If in place; copies of the Enduring Power of Attorney, Guardianship or Administration orders.   All information provided will be treated as highly confidential and accessible only to Esperance Aged Care Facility. |
| **SECTION A**  Date of Application:  What type of care are you applying for?  Respite  Permanent Dementia Specific Waitlisting for future needs  Date of Respite: (if applicable) to  Following Respite, do you have intentions of applying for permanent care? Yes No  My Aged Care Support Plan/ACAT: Referral Code Date of Assessment  **Applicants Details**  Mr Mrs Ms Miss Other Surname:  Given Name(s): Preferred Name:  Phone Number: Date of Birth:  Gender: Male Female Other/unspecified  Language spoken: Interpreter required : Yes No  Country of Birth:  Marital Status: Married De-facto/partner Single Widowed Separated Divorced  Home address:  Postcode:  Pre-admission address e.g., hospital, retirement village  Postcode: |

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| **Australian Pension Number:**  Full Pension Part Pension No Pension Type: Aged Disability Other  DVA Red Blue White Gold  **Medicare and Health Fund Details**  Medicare Number: Expiry Date:  Do you have private health insurance? No Yes, Fund Name  **Current General Practitioner Details:**  Practice Name: Name of Doctor:  Phone Number:  **Social Worker Details** (if applicable)  Name: Telephone: |

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| Medical/Mental Health Diagnosis - Full medical and mental health diagnoses is required |
| Primary Contact for medical decisions (should you become unwell)  Self Enduring Power of Guardian (EPG) Guardian Next of kin Other  Name Relationship  Address Postcode  Home Phone Mobile  Email |

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| Primary Contact for lifestyle decisions (should you wish to access other agencies)  Self Enduring Power of Guardian (EPG) Guardian Next of kin Other  Name Relationship  Address Postcode  Home Phone Mobile  Email |

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| Primary Contact for financial decisions (should you wish to access other agencies)  Self Power of Attorney (EPA) Guardian Next of kin Other  Name Relationship  Address Postcode  Billing Postcode  Address  Home Phone Mobile  Email |

We believe it is important that we only contact the people you want to be involved in your care when you move into our home. Please list below any people (friends or family members) **you do not want to have contact with.**

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| **SECTION B** **– Social Worker or Family Member**  Please complete the following with the applicant or on behalf of the applicant. This information will assist us to create a care support plan that meets expectations, goals and preferences for care.  We offer diverse and inclusive services, and in order for us to better understand your goals and preferences for care and services, we invite you to reflect on the following questions, and where you are comfortable, provide us with some information about yourself.  Do you identify with any of the following groups?   |  |  | | --- | --- | | People from Aboriginal and Torres Strait Islander communities | Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) people | | People from culturally and linguistically diverse  backgrounds | Care Leavers  People living with dementia | | People who live in rural and remote areas  People who are financially or socially disadvantaged  People who are homeless or at risk of becoming homeless | People living with mental illness    Parents separated from their children by forced adoption or removal | |

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| Tell us about your current health concerns and how this is impacting on your daily life and your ability to stay where you are currently living: Tell us what you currently hold dear and is important for you to continue:  How often do you visit your GP?  Will your current GP continue to care for you in our home? Yes  No  Yes  No  If no, will your GP provide us with a current health summary of your past medical/mental health concerns and surgical procedures? Yes  No  Yes  No  Yes  No  ­­­If yes, please contact your GP and request release of this information to us at the earliest opportunity.  What is the best way we can provide information to you to assist your understanding of the Services we can provide?   * Would you like us to organize visual aids, such as large print brochures? * Do you require any assistance with:   + Vision  Yes No   Yes  No  Yes  No  Yes  No   * + Hearing  Yes No   Yes  No   * Do you have any other suggestions how we may be able to assist you?   **Vaccination Status**: Please provide evidence of vaccinations   |  |  |  |  | | --- | --- | --- | --- | | Fluvax  Yes  No  YesNo  Yes  No | Pneumovax  Yes  No  Yes No | Covid-19 Yes No  Yes  No  Yes  No  Yes  No  1 2 3 4 5  Yes  No  Yes  No  Yes  No  Yes  No | Other: |   Height: \_\_\_\_\_\_\_\_\_\_ cms Weight: \_\_\_\_\_\_\_\_\_\_ kgs  What medications are you taking daily?    What supplements do you take regularly (e.g.: vitamins, minerals, nutritional support)?  Please list any allergies or drug intolerance:  What, if any, mobility aids do you use to get around?  What do you usually eat each day?  Do you have any special dietary requirements or restrictions? Yes No  Yes  No  Yes  No  If so, are your dietary preferences or restrictions related to allergies, intolerances, religious or cultural  Yes  No  Yes  No  affiliations? Yes No  If yes, please provide details? |

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| **Social history – clubs, sports, dancing, other:**  What social activities do you enjoy and would like to continue?  Have you considered who might be able to assist you to continue these activities whilst living with us?    Have you considered how we may be able to assist you to continue these activities whilst living with us?  Would you like us to be aware of any other person, cultural or spiritual connections you may have?  Are there any other details you would like us to know about you, your life, past experiences and family? |

* *Have you dated and signed this form?*
* *Have you completed and submitted your Income & Asset Assessment?*
* *Have you provided your ACAT assessment details?*
* *Have you attached all relevant documentation, i.e., Health Summary, EPA, EPG?*

This application was completed by: Applicant Applicant’s Representative

Yes  No

Yes  No

I declared that the information contained in this Application is to my knowledge true and correct.

Name Date

Relationship to Applicant Signature