



# Application for Residential Aged Care Accommodation

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## Applicant details

Title: (Miss / Mrs. / Ms. / Mr. / DR)

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a current aged care assessment?  Yes  No

Have you lodged the Combined Assets and Income Assessment?  Yes  No

Pension or Veteran Affairs No: \_\_\_\_\_ Expires: \_\_\_\_\_  
 Not applicable  Part Pension  Full Pension

Medicare No: \_\_\_\_\_ Expires: \_\_\_\_\_

## Details of the person making the enquiry (if different to applicant)

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Do you wish to be the contact person for the applicant?  Yes  No

If "no", give details of a contact person (or next of kin):

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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### Timeframe for Accommodation Request:

1. I request urgent or immediate Residential Aged Care Accommodation  Yes
2. I request Residential Aged Care Accommodation within 3 months  Yes
3. I request Residential Aged Care Accommodation with 6 months  Yes
4. I request Residential Aged Care Accommodation with 12 months  Yes
5. I request my name to be included on the waiting list for possible future requirements  Yes

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Name (print)

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Signature

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Date



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## Details of the Applicant

Place of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

Preferred Language: \_\_\_\_\_ Do you require a translator?  Yes  No

Religion: \_\_\_\_\_ Special religious needs:  Yes  No

Do you have any special dietary requirements?  Yes  No

If YES, please give details: \_\_\_\_\_

\_\_\_\_\_

Please describe the kind of problems you are experiencing living in the home you occupy at present:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the type of support that family, close friends or neighbours currently provide you, and how often they provide this support.

\_\_\_\_\_

\_\_\_\_\_

Please indicate how often you use community support services:

Meals on Wheels: \_\_\_\_\_

Home Care cleaning: \_\_\_\_\_

Other: \_\_\_\_\_

Do you attend Day Centres, Senior Citizen or other community social groups?  Yes  No



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Please provide a brief summary of your medical history, e.g. Stroke, heart attack, diabetes, short term memory loss, other illnesses.

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Present Medications: (If more than 5, please provide a separate list)

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

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Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Do you require assistance with:

Toileting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feeding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you continent of urine?  Yes  No

Are you continent of faeces?  Yes  No

Do you suffer from any sensory defects:

Sight	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Touch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smell	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a smoker?  Yes  No

### **THE CHARTER OF RESIDENT'S RIGHTS AND RESPONSIBILITIES**

Every person has the right to freedom and respect and to be treated fairly by others. A person's rights do not diminish when that person moves into an aged care facility such as AVACS, regardless of his or her physical or mental frailty or ability to exercise or fully appreciate his or her rights.

A positive, supportive and caring attitude by family, friends, aged care proprietors and staff, carers and the community will help people who live in aged care facilities to continue as integral, respected and valued members of society.

The Charter of Resident's Rights and Responsibilities recognises social justice principles. The personal, civil, legal and consumer rights of each resident are not diminished in any way when he or she moves into an aged care facility. The Charter also recognises that residents of aged care facilities have the responsibility to ensure that the exercising of their individual rights does not affect others' individual rights, including those providing care. The Charter recognises that residents have specific rights and responsibilities which balance the needs of the individual against the needs of the aged care community as a whole.

AVACS is very mindful of and respects the philosophy behind the Charter of Resident's Rights and Responsibilities viz":

**Each Resident of a residential care service has the RIGHT:**

- To full and effective use of his or her personal, civil, legal and consumer rights.
- To quality care which is appropriate to his or her needs.
- To full information about his or her own state of health and about available treatments.
- To be treated with dignity and respect, and to live without exploitation, abuse or neglect.
- To live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation.
- To personal privacy.
- To live in a safe, secure and homelike environment and to move freely both within and outside the aged care facility without undue restriction.
- To be treated and accepted as an individual and to have his or her individual preferences taken into account and treated with respect.
- To continue his or her cultural and religious practices and to retain the language of his or her choice, without discrimination.
- To select and maintain social and personal relationships with any other person without fear, criticism or restriction.
- To freedom of speech.
- To maintain his or her personal independence, which includes recognition of personal responsibility of his or her own actions and choices, even though some actions may

involve an element of risk which the resident has the right to accept and must not then be used to prevent or restrict those actions.

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- To maintain control over and to continue making decisions about the personal aspects of her or his daily life, his or her financial affairs and possessions.
- To be involved in the activities, associations and friendships of his or her choice, both within and outside the aged care facility.
- To have access to services and activities which are available generally in the community.
- To be consulted, on and to choose to have input into decisions about the living arrangements of the residential care service.
- To have access to information about his or her rights, care, accommodation and any other information, which relates to him or her personally.
- To complain and to take action to resolve disputes.
- To have access to advocates and other avenues of redress.
- To be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights.

*Each Resident of an Aged Care Facility has the RESPONSIBILITY:*

- To respect the rights and needs of other people within the residential care service and to respect the needs of the residential care service community as a whole.
- To respect the rights of staff and the proprietor to work in an environment which is free from harassment.
- To care for his or her own health and well-being, as far as he or she is capable, and
- To inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and his or her current state of health.