RESIDENTAL AGED CARE APPLICATION

The information requested in this application will enable Villa Dalmacia To assess your care and accommodation needs. Please fill in the underline space or tick the appropriate box. If you would like assistance of further information on completing this application, please contact Administration on 9418 5222.

Upon receipt of the completed Application form and ACAT assessment, you will be duly contacted to confirm that we have received your application and invite you to tour the facility if not already done so.

Do you have an Aged Care Assessment Team (ACAT) form completed? Yes ☐ No ☐

To apply for entry to an Aged Care Facility you MUST have a completed ACAT assessment form. A copy of the completed assessment form must be attached to this application form.

Centerlink or Department of Veterans Affairs Pension No:____

Overseas Pension No, (if applicable):____

Please Circle: Full Pension Part Pension Non Pension

Medicare No:____ Expiry Date:____________ Ref:_________

PERSONAL DETAILS:

TITLE (Mr, Mrs, Ms, Miss):_____________________ Surname:____

Maiden Name:_____________________________ First Name:______________________________________

Date of Birth:______________________________ Marital Status:____________________________________

Nationality:_______________________________ Preferred Language: (please specify)___________________

Current Address:____

Post Code:________________________________ Phone No:____

Next of Kin (If possible, please list two)

1. Name:____________________________________ Relationship:____________________________________

Address:____

Post Code:________________ Phone No:____

Email:____

1. Name:____________________________________ Relationship:____________________________________

Address:____

Post Code:________________ Phone No:____

Email:____

PERSONAL DETAILS (continued):

Do you manage your own financial affairs: Yes ☐ No ☐

If Not, who manages your financial affairs:

Name:_______________________________________ Relationship:___________________________________

Address:____

Post Code:____________________________________ Phone No:_____________________________________

Email:____

Have you given anyone Power of Attorney (PA)? Yes ☐ No ☐

Have you given anyone Enduring Power of Attorney (EPA)? Yes ☐ No ☐

Have you given anyone Enduring Power of Guardianship? Yes ☐ No ☐

If yes: Name:__________________________________ Relationship:___________________________________

Address:____

Post Code:____________________________________ Phone No:_____________________________________

Email:____

** Please attach Copy

Do you have private health Insurance? Yes ☐ No ☐

Name of Insurance company:_________________________ Member Number:___________________________

St John Ambulance No:_____________________________ Expiry Date:________________________________

PBS Safety Net Card:________________________________

Do you have a will? Yes ☐ No ☐

Held by?____ Relationship:_________________________________

Address:____

Phone No:____

Have you made any funeral arrangements? Yes ☐ No ☐

If so Who? Name:____

Address:____

Phone:____

Type of Funeral: Burial ☐ Cremation ☐

Religion:______________________________________

YOUR PERSONAL CARE NEEDS

Who is your current Doctor?____

Medical Practise?____ Phone:______________________

Is your Doctor prepared to continue to care for you if you move to Villa Dalmacia Aged Care: Yes ☐ No ☐

Medical Conditions: (eg. Current Diagnosis, Diabetic etc):_______________________________________

____

____

____

____

Allergies:____

____

Can you manage your own mediations? Yes ☐ No ☐

Any comment:____

____

WALKING: independent ☐ with aid ☐ assisted/supervised ☐ full assistance ☐

walking stick ☐ quad stick ☐ splints ☐ wheelchair ☐

gutter frames ☐ frame ☐ Wheelie walker ☐

Are these aids owned by you? Yes ☐ No ☐

The aids are in loan from:____

DRESSING Independent ☐ Assisted/Supervised ☐ Fully Assisted ☐

UNDRESSING: Independent ☐ Assisted/Supervised ☐ Fully Assisted ☐

USUAL TIME FOR BED _____________________________

EATING/DRINKING: Independent ☐ Assisted/Supervised ☐ Fully Assisted ☐

Other ☐____________________________________

Special dietary requirements Medical YES ☐ No ☐

Religious YES ☐ No ☐

Cultural YES ☐ No ☐

Details:____

Do you have difficulty in swallowing? YES ☐ No ☐ Details:_________________________

____

TOILETING: Independent ☐ Assisted/Supervised ☐ Fully Assisted ☐

Do you experience incontinence? YES ☐ NO ☐

Do you have problems with:

Bladder Control: Always ☐ Usually ☐ Occasionally ☐ Never ☐

Bowel Control: Always ☐ Usually ☐ Occasionally ☐ Never ☐

Do you use incontinent aids? (ie pads) Yes ☐ No ☐ During the Day ☐ At Night ☐

Catheter: YES ☐ NO ☐

PERSONAL SUPPORT NEEDS *(please tick appropriate box)*

Do you experience:	YES	NO	How do you deal with these problems?
Poor Vision			
Poor Hearing			
Communication difficulties			
Poor memory			
Anxiety			
Fear			
Frustration / Anger			
Sadness			
Getting Lost			

Other:
(describe)____

____

____

PERSONAL SOCIAL HISTORY:
What activities/interests do you enjoy?____

____

____

____

____

____

____

Where do you currently live?: Own Home ☐ Hostel ☐
Nursing Home ☐ Hospital ☐
Other ☐ Waiting for a placement ☐

If other please describe:
____

If Aged Care Facility (ie hostel): Name of the facility:_______________________________

Type of Accommodation Required: Secure ☐ Non Secure ☐

An applicant requires secure accommodation if they wander or exhibit behaviour that will impinge on the quality of like of others.

CHECK LIST:

1. ☐ Have you enclosed your ACAT/ MY AGED CARE SUPPORT PLAN form?
2. ☐ Have you completed all section of this form that are relevant to you?
3. ☐ Have you enclosed a copy of your Centre Link Assessment?

APPLICANT'S SIGNATURE: ____

Date of Application:____

Name and signature of the person who completed this form *(IF DIFFERENT FROM APPLICANT)*

Name:____

Relationship to Applicatant:____

Signature:____

Date of Application:____

Thank you

Villa Dalmacia Aged Care
27 Gorham Way
Spearwood WA 6163
Ph: 08 9418 5222
Fax: 08 9434 1755
Email: info@villadalmacia.com.au