



JOHN PAUL VILLAGE

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ADMISSION APPLICATION

CR 1a

Thank you for your enquiry regarding accommodation at our service. For your information, we have put together an information package, which we hope will answer some of your questions regarding the service offered at John Paul Village. The enclosed package includes:

- i) Information Brochure
- ii) An Admission Application Form
- iii) A Privacy Information Brochure

To facilitate the prompt processing of your application can you please complete the enclosed forms and return at your earliest convenience to:

John Paul Village
Attention: Resident Relations Officer
15 The Avenue
HEATHCOTE NSW 2233

When completing the enclosed forms, please ensure;

- i) you complete all questions (use N/A for any question which does not apply).
- ii) that you fully complete and enclose with this application the following documents:
 - a. Assessment Form (ACCR) from the Aged Care Assessment Team (ACAT), if an assessment has been undertaken
 - b. Certified copy of a Power of Attorney or Legal Guardianship documentation (if applicable)
 - c. Any correspondence from Centrelink/DVA regarding Assets Assessment Results
(This will be required before admission)

Should you require any assistance with completing this form or require additional information about residential aged care services or services provided at John Paul, please contact the Resident Relations Officer on 02 9520 2444.

Please note the High Care application will be held on file for a period of **three (3) months** after which time it will be removed if we have had no communication with you. If alternative accommodation is found or your circumstances change it would be appreciated if you would advise the Resident Relations Officer.

Privacy Statement

The information provided in this application form is used for the primary purpose of determining eligibility for placement into John Paul Village. For this purpose the information may be disclosed to staff involved in the admission of individuals to the service and the information may also be discussed with the person or authority that you have indicated in your application form.

If your application is successful, John Paul will also use this information to provide care and other services to you. For these purposes, the information may be disclosed to staff members, consulting health and allied practitioners, business and service providers to John Paul Village or as required in accordance with the law.

Please be assured that under the Privacy Act Amendment (2000) John Paul Village will take all reasonable steps to protect this information.

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JOHN PAUL VILLAGE

ADMISSION APPLICATION PART A - APPLICANT INFORMATION CR 1a	OFFICE USE ONLY
	Potential Client's Surname:

A. TYPE OF ACCOMMODATION SOUGHT

Type of accommodation: (low level care) – Hostel Dementia Specific
 (high level care) - Nursing Home

Permanent Respite From: __ / __ / ____ To: __ / __ / ____

Would a shared room be acceptable if available? Yes No

B. PERSONAL DETAILS OF PERSON REQUIRING SERVICES

Title: Mr Mrs Ms Other (*please specify*): _____

Surname: _____

Given name/s: _____

Preferred name: _____

Residential address: _____
(street no) *(street name)*

_____ *(suburb)* *(state)* *(postcode)*

Telephone number: _____

Marital status: Single Married De Facto
 Widowed Separated Divorced

Date of birth: _____

Religion: _____

Primary language spoken: _____

Present living situation: own home/unit rented accommodation
 with family or friend/s hospital
 another residential aged care service
 other - please specify: _____

Does the person: live alone with a spouse/partner
 with a carer

C. FINANCIAL ARRANGEMENTS

Has a request for an Assets Assessment form been completed and submitted to Centrelink or Department of Veterans' Affairs?

- No – Request forms can be found in the *5 Steps to Entry into Residential Care* available from the Aged Care Assessment team or Resident Relations Officer
- Yes - please attach copy of your assessment result

This form must be completed and results available before admission.

Pensioner status: full part non

If a full or part pension, pension type: Centrelink
 DVA (non-means tested)
 DVA (means tested)
 Overseas

Pension number: _____

Medicare number: _____

D. PREVIOUS RESIDENTIAL AGED CARE PLACEMENT

Have you been or is currently a resident in another aged care facility?

Nursing Home: yes no
 Hostel: yes no

If yes;

Date of Admission to this service: _____

Date of Discharge: _____

Reason for you/the person leaving: _____

Was an Accommodation Charge or Accommodation Bond payable to the other aged care facility? yes no

If yes, how much;

Accommodation Charge: _____ \$ per day

Accommodation Bond: _____ \$

E. HEALTH AND CARE DETAILS

Have you/the person been assessed by an Aged Care Assessment Team (ACAT) as suitable for placement in a residential aged care service?

- No - please see your general practitioner
 Yes - please attach copy of your assessment (Form ACCR)

Name of Your General Practitioner: _____

Surgery Address: _____
(street no) (street name)

(suburb) (state) (postcode)

Telephone number: _____

Is your general practitioner aware of this application Yes No

Do you belong to a private health fund Yes No

If yes, name of health fund: _____

F. LEGAL DETAILS

if you answer yes to any of the following, please supply certified copy of documentation

Do you have a Power of Attorney? Yes No

Do you have an Enduring Power of Attorney? Yes No

Do you have an Enduring Guardian? OR Yes No

Has the Guardianship Tribunal appointed a Guardian? Yes No

If yes, name of the person who holds the Power of Attorney or is the appointed Guardian: _____

G. CONTACT DETAILS

Please indicate the person/s who can be contacted for the purposes of this application.

Primary Contact

Surname: _____

Given name/s: _____

Relationship to you: _____

Address: _____
(street no) (street name) (Suburb) (state) (postcode)

Contact Telephone: Home: _____ Mobile: _____ Business: _____

