



JOHN PAUL VILLAGE

Page 1 of 6

ADMISSION APPLICATION

Thank you for your enquiry regarding accommodation at our service. For your information, we have provided an information package available to download from the website, which we hope will answer some of your questions regarding the service offered at John Paul Village. The information available for download includes:

- i) Information on High & Low care.
- ii) An Admission Application Form (below)
- iii) Information on John Paul Village Privacy Policy.

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

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

When completing the admission application form, 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

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.

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

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: _____

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: _____

