

APPLICATION FOR ANGUS MARTIN HOUSE SUPPORTED RESIDENTIAL SERVICE

AUTHORISATION FOR CENTRELINK (INCOME AND ASSET CONSENT)

Provided by Australian Government Department of Human Services

This consent will be used for the sole purpose of authorising Australian Government Department of Human Services ("Department of Human Services") to provide information to Wintringham / Wintringham Housing to assess your eligibility in relation to concessions or services provided by Wintringham / Wintringham Housing.

I _____, CRN _____ & D.O.B ____/____/____

authorise Department of Human Services to electronically provide a statement of information to Wintringham / Wintringham Housing to assist in the assessment of my entitlement to services from Wintringham / Wintringham Housing. I understand that the information provided by Department of Human Services may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and *confirmation* of my current address.

I understand that this authority, once signed, is effective only for the period I am a customer of Wintringham / Wintringham Housing. I understand that this authority, which is ongoing, can be revoked at any time by giving notice to Wintringham / Wintringham Housing

I understand that I will be able to obtain a written copy of the Statements at any time from either Wintringham / Wintringham Housing or Department of Human Services.

I understand that if I withdraw part or all of this consent that I may not be eligible for the concessions provided by Wintringham / Wintringham Housing and that I will be responsible for notifying Australian Government Department of Human Services of all future changes to my accommodation circumstances. For more information about the Centrelink Confirmation eServices go to www.humanservices.gov.au

Signature: _____ Date: ____/____/____



**APPLICATION FOR ANGUS MARTIN HOUSE
SUPPORTED RESIDENTIAL SERVICE**

THIS PAGE IS INTENTIONALLY LEFT BLANK



APPLICATION FOR ANGUS MARTIN HOUSE SUPPORTED RESIDENTIAL SERVICE

1. APPLICANTS DETAILS:

NAME: SURNAME _____

GIVEN NAMES _____

DATE OF BIRTH: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____

GENDER: Male Female

MARITAL STATUS: Married DeFacto

Never Married Widowed

Divorced Separated

ABORIGINAL / TORRES STRAIT ISLANDER Yes No

VETERAN Yes

INTERPRETER REQUIRED Yes

Please state language _____



APPLICATION FOR ANGUS MARTIN HOUSE SUPPORTED RESIDENTIAL SERVICE

2. REFERRAL SERVICE:

SELF Go to Part 3 OTHER Please continue

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: _____ FAX: _____

3. NEXT OF KIN / GUARDIAN / PERSON NOMINATED:

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: _____

RELATIONSHIP: Relative Friend
 Case worker Guardian
 Other _____ Please Specify

DOES THE GUARDAIN / NEXT OF KIN / PERSON NOMINATED WISH TO BE CONTACTED FOR CHANGES IN RESIDENTS CONDITION:

YES **NO**

IF YES PLEASE WRITE YOUR PREFERRED CONTACT DETAILS:

PHONE: _____

EMAIL: _____

4. FINANCIAL INFORMATION:

Centrelink: Aged DVA: Service pension
 Centrelink: Disability DVA: Service plus Disability
 Centrelink: Other Superannuation
 Overseas Pension Other _____ Please specify



APPLICATION FOR ANGUS MARTIN HOUSE SUPPORTED RESIDENTIAL SERVICE

PENSION NUMBER: _____

FINANICAL MANAGEMENT:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Self
 Power of Attorney
 Administrator

DETAILS OF POWER OF ATTORNEY / ADMINISTRATOR:
NAME:

ADDRESS:

POSTCODE:

TELEPHONE:

5. BILL TO:

NAME:

ADDRESS:

POSTCODE:

TELEPHONE:

6. CURRENT HOUSING:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Own Home
 Private Rental
 Public Housing
 Rooming House
 Private Hotel
 Emergency Accommodation

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Street / Car
 Independent Living Unit
 Family
 Aged Care Facility
 Other

Please Specify

.....



APPLICATION FOR ANGUS MARTIN HOUSE SUPPORTED RESIDENTIAL SERVICE

7. HEALTH INFORMATION:

DOCTOR: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____

MEDICARE NO: _____

PRIVATE

HEALTH INSURANCE

Yes

No

8. SERVICES:

Please tick the boxes for the services that are currently received by the applicant and any services that are considered to be required:

	RECEIVED	REQUIRED
• Home Help eg. assistance with cleaning & laundry	<input type="checkbox"/>	<input type="checkbox"/>
• Meal Services eg. Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>
• Personal Care eg. Help with hygiene, medication etc.	<input type="checkbox"/>	<input type="checkbox"/>
• Royal District Nursing Services	<input type="checkbox"/>	<input type="checkbox"/>
• Shopping	<input type="checkbox"/>	<input type="checkbox"/>
• Transport	<input type="checkbox"/>	<input type="checkbox"/>
• Assistance with Financial matters	<input type="checkbox"/>	<input type="checkbox"/>
• Social support and activities	<input type="checkbox"/>	<input type="checkbox"/>
• Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>



APPLICATION FOR ANGUS MARTIN HOUSE SUPPORTED RESIDENTIAL SERVICE

9. GENERAL

(please tick the appropriate columns)

DO you need any help with the following:	Please tick to indicate how much help do you need			
	No help	Help to set up	Supervision	Assistance
Eating				
Transferring				
Walking				
Dressing/Undressing				
Washing and Drying				
Grooming (Shaving, Hair, Teeth)				
Using Toilet				
Toilet Hygiene (hand washing, dressing)				

Do you	Yes	No	Unsure	Comments
Ever have any incontinence?				
Forget things?				
Follow instructions easily?				
Ever wander and get lost?				
Ever get angry?				
Ever get frustrated?				
Suffer from depression?				
Take any regular medication?				
Take medication more than once per day?				
Drink alcohol every day?				
Have any problems taking medication?				
Need injections for anything (e.g. Insulin)?				
Use an allied health provider (e.g. podiatrist, physiotherapist, RDNS)?				
Need blood pressure monitoring (more than weekly)				
Need blood sugar levels taken				
Need pain medication				
Need pressure area care				
Need special feeding (what type)				
Need catheter care				
Need wound care				
Wear compression stockings				
Need oxygen therapy				
Have a stoma				
Need tracheostomy care				



APPLICATION FOR ANGUS MARTIN HOUSE SUPPORTED RESIDENTIAL SERVICE

10. OTHER INFORMATION

Is there any other information you would like to add?

11. SIGNATURE

APPLICANT or
REPRESENTATIVE:

DATE:

Please note

- All information provided to Wintringham will remain confidential and is needed to assess the applicants suitability for Residential Aged Care
- The purpose of the Application Form is to identify prospective residents. It does not constitute any agreement by Wintringham to provide services.
- Completed application forms are to be sent to:

**Wintringham – Advice and Information
346 Macauley Road
Kensington 3031**

OR

**PO Box 193
Flemington VIC 3031**

Phone: (03) 9034 4824 Fax: (03) 9376 8138

Admin use only Date Application Received:
--

