

# RESIDENTIAL AGED CARE APPLICATION

Before completing this application, please refer to *I Need a Home > Information Pack > Full Care Accommodation* on the Wintringham website: [www.wintringham.org.au](http://www.wintringham.org.au) or please contact Intake and Service Information on (03) 9034 4824.

## Client Details

First Name: _____	Surname: _____
DOB: _____	
Preferred Name: _____	Pronouns: _____
Address(current/postal): _____	
Phone: _____	Mobile: _____

## Client Consent

<b>Written client consent</b> (Please tick if this option is selected)	<input type="checkbox"/>
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*This referral has discussed with me and I give consent for my information to be shared with Wintringham, for the purposes of the referral. I agree and consent to Wintringham contacting other external agencies in order to confirm my personal and/or health status for the purposes of my application, and that any information collected during this process will be disposed of, in accordance with the Privacy and Data Protection Act 2014, should my application be unsuccessful.*

Client signature	_____
Print name	_____
Date of signature	_____

If the application has been completed on behalf of the applicant, please provide details below

Name:	_____
Relationship to applicant:	_____
Contact number:	_____

*I have supported the applicant to complete the application, and am responsible for providing true and accurate information on behalf of the applicant.*

Signature of support person:	_____
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Or

<b>Verbal consumer consent (agency use only)</b> (Please tick if this option is selected)	<input type="checkbox"/>
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*I have discussed and informed the client about the information in this document being shared with Wintringham, as part of the referral process. I am satisfied that this has been understood by the client and that informed consent has been provided for the information to be shared.*

## My Aged Care Approval

Have you been approved by ACAS/T assessor for respite and/or Permanent Residential Aged Care?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No – please contact My Aged Care on 1800 200 422 before continuing

## Where Would You Like to Live?

Please tick the residential aged care option you would like to apply for (you can apply for multiple sites and transfer to your preferred site when something becomes available):

<b>PERMANENT CARE</b>		
<input type="checkbox"/> Mclean Lodge - Flemington	<input type="checkbox"/> Port Melbourne	<input type="checkbox"/> Williamstown
<input type="checkbox"/> Ron Conn - Avondale Heights	<input type="checkbox"/> Eunice Seddon - Dandenong	<input type="checkbox"/> Gilgunya - Coburg
<input type="checkbox"/> Tom Fitzgerald - Shepparton	<input type="checkbox"/> Hobart - Bellerive (Tas)	
<b>RESPIRE</b>		
<input type="checkbox"/> Mclean Lodge - Flemington	<input type="checkbox"/> Port Melbourne	<input type="checkbox"/> Williamstown
<input type="checkbox"/> Ron Conn- Avondale Heights	<input type="checkbox"/> Eunice Seddon - Dandenong	<input type="checkbox"/> Gilgunya - Coburg
<input type="checkbox"/> Tom Fitzgerald - Shepparton	<input type="checkbox"/> Hobart - Bellerive (Tas)	

## Client Information

Gender identity: _____	Preferred language: _____
LGBTIQA+: _____	Interpreter required: _____
Indigenous status _____	If Yes, language: _____
Veteran: _____	Cultural background: _____
Forgotten Australian: _____	Religion / belief: _____
Country of birth: _____	Citizenship: _____
Relationship Status: _____	

## Client ID

Income type: _____	Medicare number: _____
Centrelink number: _____	Medicare expiry date: _____
Expiry date: _____	NDIS Number: _____
Superannuation: _____	Plan Date – Start: _____
Aged Care number: _____	Plan Date – End: _____
Referral code for service: _____	NDIS Provider Name: _____
(My Aged Care) _____	
Financial Management (e.g. self, POA, administrator): _____	

## Referral Source (Self-referral, go to next question)

Organisation _____	Relationship: _____
Workers Name: _____	Phone: _____
Email: _____	

## Are you currently a Wintringham Client?

Are you currently residing in Wintringham Housing and/or receiving another service through Wintringham?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which site/program: _____

## Housing

Experiencing homelessness	<input type="checkbox"/> Yes <input type="checkbox"/> No
At risk of homelessness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current housing situation: _____	

## Previous Housing

Have you previously resided in Residential Aged Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you experienced unsuccessful tenancies or unstable housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any life experiences (including homelessness or housing instability) that may influence how you prefer to receive care or support in a residential setting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe any known support strategies that work well:		

## Emergency Contact/Next of Kin

First Name: _____	Surname: _____
Phone: _____	Mobile: _____
Email: _____	
Relationship to client: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permission to contact?	

## Administrator

<input type="checkbox"/> Yes <input type="checkbox"/> No – proceed to next question	
Name: _____ Organisation: _____	
Phone: _____ Mobile: _____	
Email: _____	
Relationship to client: _____	

## Guardianship

<input type="checkbox"/> Yes <input type="checkbox"/> No – proceed to next question	
<input type="checkbox"/> Medical <input type="checkbox"/> Accommodation <input type="checkbox"/> Other- <i>please specify</i> _____	
Name: _____ Organisation: _____	
Phone: _____ Mobile: _____	
Email: _____	
Relationship to client: _____	

## Power of Attorney *(if applicable attach copy of appointed Power of Attorney Order)*

<input type="checkbox"/> Yes <input type="checkbox"/> No – proceed to next question	
First Name: _____ Surname: _____	
Phone: _____ Mobile: _____	
Email: _____	
Relationship to client: _____	

## Person Responsible for Paying Fees *(if applicant proceed to next question)*

Name: _____	Organisation: _____
Phone: _____	Mobile: _____
Email: _____	
Relationship to client: _____	

## Other Information

<b>Do you own a Pet?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If Yes, type of pet</i>	_____			
<b>Have you previously experienced violence in the home or in your relationships?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Do you need any immediate assistance to feel safe?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If YES, you can call for Victoria Safe Steps on 1800 015 188 or Tasmania Safe at Home Family Violence Referral 1800 633 937 or police if necessary.</i>				

## Centrelink Authority

Provided by Australian Government Agency Services Australia

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

I authorise the Agency to electronically provide a statement of information to Wintringham to assist in the assessment of my entitlement to services from Wintringham. I understand that the information provided by the Agency 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. I understand that this authority, which is ongoing, can be revoked at any time by giving notice to Wintringham.

I understand that I will be able to obtain a written copy of the Statements at any time from either Wintringham or the Agency.

I understand that if I withdraw part or all of this consent that I may not be eligible for the concessions provided by Wintringham and that I will be responsible for notifying the Agency of all future changes to my accommodation circumstances.

*For more information about the Centrelink Confirmation eServices go to [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au).*

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ CRN: \_\_\_\_\_

**Any Other Additional Support Needs?**

**PLEASE NOTE**

<b>Before you submit your application, have you attached the following?</b>	Tick ✓
Wintringham Medical History Form or a Comprehensive Medical Assessment from your GP	
NSAF Comprehensive Assessment or provide your myagedcare referral retrieval code	

The purpose of this application form is to identify prospective residents. All information provided to Wintringham will remain confidential and will be used to assess the applicant's suitability for Residential Aged Care. It does not constitute any agreement by Wintringham to provide services.

You can submit your application via:

**Email:** [intake@wintringham.org.au](mailto:intake@wintringham.org.au)

Or

**Post:** Intake and Service Information  
PO BOX 193  
Flemington VIC 3031

<b>ADMIN USE ONLY</b> Date application received:
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