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 or please contact Advice and Information on (03) 9034 4824.

Please tick the residential aged care option you would like to apply for:

PERMANENT CARE

- ☐ McLean Lodge - Flemington
- ☐ Ron Conn - Avondale Heights
- ☐ Tom Fitzgerald - Shepparton
- ☐ Port Melbourne
- ☐ Eunice Seddon - Dandenong
- ☐ Hobart – Bellerive (TAS)
- ☐ Williamstown
- ☐ Gilgunya - Coburg

RESPITE

- ☐ Eunice Seddon - Dandenong
- ☐ Williamstown

1. APPLICANT DETAILS

SURNAME		DATE OF BIRTH	
NAME		EMAIL	
ADDRESS			
PHONE		MOBILE	
GENDER IDENTITY		LGBTIQA+	
COUNTRY OF BIRTH		CITIZENSHIP	
RELIGION		CULTURAL BACKGROUND	

SINGLE?	☐ YES	☐ NO
PARTNERED/MARRIED?	☐ YES	☐ NO
WIDOWED	☐ YES	☐ NO
VETERAN?	☐ YES	☐ NO
FORGOTTEN AUSTRALIAN?	☐ YES	☐ NO
INTERPRETER REQUIRED?	☐ YES	☐ NO

IF YES, LANGUAGE _____

DO YOU IDENTIFY AS:

- ☐ ABORIGINAL
- ☐ TORRES STRAIT ISLANDER
- ☐ NEITHER
- ☐ PREFER NOT TO DISCLOSE

Wintringham

2. REFERRAL SOURCE

☐ SELF – go to next question ☐ OTHER - continue

NAME _____ RELATIONSHIP _____
ORGANISATION _____ EMAIL _____
ADDRESS _____

PHONE _____ MOBILE _____

3. ARE YOU CURRENTLY A WINTRINGHAM CLIENT?

i.e. are you currently residing in Wintringham Housing and/or receiving another service through Wintringham?

☐ YES ☐ NO

If YES, please select program:

☐ Home Care Package / Commonwealth Home Support Program
☐ Outreach and/or Housing Support
☐ Currently residing in Wintringham Housing
☐ Currently residing at Angus Martin House (SRS)
☐ NDIS participant

OFFICE: _____ (e.g. Northern, Western)

4. SERVICES

Please tick the boxes for the services that you are currently receiving:

☐ Home help e.g. Assistance with cleaning & laundry
☐ Meal services e.g. Meals on Wheels
☐ Personal care e.g. Help with hygiene, medication etc.
☐ Nursing services
☐ Shopping
☐ Transport
☐ Assistance with financial matters
☐ Social support and activities
☐ Other (please specify):

Wintringham

5. CURRENT HOUSING

Are you currently homeless or at risk of becoming homeless?

☐ YES ☐ NO

If YES, how long have you been homeless for? _____

Please select current housing:

	Crisis Accommodation		Own Home
	Hospital		Private Rental
	Community Housing		Private Hotel
	Rooming House		Street/Car
	Aged Care Facility		Transitional Care Program (TCP)
	Public Housing		Wintringham Housing
	Supported Residential Services (SRS)		Other:_____

Name of Facility or Organisation: _____

6. AGED CARE ASSESSMENT SERVICES (ACAS) APPROVAL

Have you been approved by an ACAS for Respite and/or Permanent Residential Aged Care?

☐ YES ☐ NO - please contact My Aged Care on **1800 200 422**

If YES, Aged Care Referral Code (from My Aged Care): _____

7. NATIONAL DISABILITY INSURANCE SCHEME (NDIS) APPROVAL

Have you been approved to receive an NDIS Support Plan?

☐ YES ☐ NO ☐ UNSURE

Has your Plan commenced?

☐ YES ☐ NO

COMMENCEMENT DATE: _____
PROVIDER NAME _____
NDIS NUMBER: _____

Wintringham

8. NEXT OF KIN

NAME _____ RELATIONSHIP _____

ADDRESS _____
EMAIL _____

PHONE _____ MOBILE _____

9. GUARDIANSHIP

☐ MEDICAL ☐ ACCOMMODATION ☐ OTHER ☐ NONE APPOINTED

If no guardian has been appointed, please proceed to next question.

NAME _____ RELATIONSHIP _____

ADDRESS _____
EMAIL _____

PHONE _____ MOBILE _____

10. POWER OF ATTORNEY

Have you appointed a Power of Attorney?

☐ YES ☐ NO - If NO, please proceed to next question.

NAME _____ RELATIONSHIP _____

ADDRESS _____
EMAIL _____

PHONE _____ MOBILE _____

Attach copy of your appointed Power of Attorney

Wintringham

11. ADMINISTRATOR

Do you have an appointed Administrator?

☐ YES ☐ NO - If NO, please proceed to next question.

NAME _____ RELATIONSHIP _____

ADDRESS _____
EMAIL _____

PHONE _____ MOBILE _____

12. FINANCIAL MANAGEMENT

☐ SELF
☐ POWER OF ATTORNEY
☐ ADMINISTRATOR (e.g. State Trustees)

13. FINANCIAL INFORMATION

What financial support do you receive?

☐ Centrelink: Aged
☐ Centrelink: Disability
☐ Centrelink: Other
☐ Overseas Pension
☐ Department of Veteran Affairs: Service pension
☐ Department of Veteran Affairs + T&PI
☐ Superannuation
☐ Other Please specify _____

PENSION NUMBER: _____

You need to have a formal income and assets assessment from Services Australia (SA) or the Department of Veterans' Affairs (DVA) and should arrange this as soon as possible as the process takes time. You can ask for an income and assets assessment before you start receiving care. The income and assets assessment is used to determine if you are eligible to receive assistance with your accommodation costs from the Australian Government and if you need to pay a means-tested care fee.

Call the Centrelink Asset Assessment team on 1800 227 475 and ask for an Asset Assessment or Review

14. BILLING DETAILS

NAME _____ RELATIONSHIP _____

ADDRESS _____
EMAIL _____

PHONE _____ MOBILE _____

Wintringham

15. HEALTH INFORMATION

Ask your GP for a copy of your medical history to attach to the application.

DOCTOR _____

ADDRESS _____

EMAIL _____

PHONE _____ MOBILE _____

MEDICARE NO. _____

PRIVATE HEALTH INSURANCE?	☐ YES	☐ NO
HAVE YOU BEEN VACINNATED AGAINST COVID?	☐ YES	☐ NO
HAVE YOU BEEN VACINNATED AGAINST INFLUENZA?	☐ YES	☐ NO

16. OTHER INFORMATION

ADVANCED CARE PLAN ☐ YES ☐ NO

If YES, please provide copy.

FUNERAL PLAN? ☐ YES ☐ NO

If YES, name of funeral director. _____

CURRENT LEGAL WILL? ☐ YES ☐ NO

If YES, where is the Will held? _____

DO YOU OWN A PET? ☐ YES ☐ NO

If YES, a Pet Assessment and Agreement must be completed

If YES, type of pet _____

HAVE YOU PREVIOUSLY EXPERIENCE VIOLENCE IN THE HOME OR IN YOUR RELATIONSHIPS? ☐ YES ☐ NO

DO YOU NEED ANY IMMEDIATE ASSISTANCE TO FEEL SAFE? ☐ YES ☐ NO

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.

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17. GENERAL ACTIVITIES OF DAILY LIVING

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				

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18. ANY OTHER ADDITIONAL SUPPORT NEEDS?

19. SIGNATURE

APPLICANT or REPRESENTATIVE SIGNATURE:
PRINT NAME:
DATE:

PLEASE NOTE

All information provided to Wintringham will remain confidential and is needed to assess the applicant's 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.

Before you submit your application, have you attached the following?	Tick ✓
Copy of your Medical Summary/History from your GP	
Copy of your Power of Attorney (if applicable)	
Copy of your Advance Care Plan (if applicable)	

You can submit your application via:

Email: adviceandinfo@wintringham.org.au

OR

Post: **Advice and Information**
PO BOX 193
Flemington VIC 3031

THANK YOU

ADMIN USE ONLY
Date application received: