

# BEDINGFELD PARK INCORPORATED



## Application for Admissions to a Residential Care Facility

DATE FORM COMPLETED:     /     /

- ❖ This form is required to be completed and returned to Bedingfeld Park Inc for admission to Bedingfeld Lodge.
- ❖ The information you provide in this form is information that a residential care service would normally require to assess and meet your needs and to meet Government Requirements.
- ❖ You should consult Bedingfeld Park Inc directly for information about how your privacy is protected.
- ❖ Please use black pen, in clear legible letters and where indicated, tick the box or write a comment as requested.

### Care being sought:

- ☐ Permanent Care                      ☐ Respite Care

### You need to provide:

- ☐ A current ACAR Assessment form or Support Plan referral code \_\_\_\_\_  
(Contact My Aged Care to obtain the referral code if needed)
- ☐ An Assessment of Assets for permanent entry into residential care by contacting either Centrelink or DVA (whichever is applicable)

### Person requiring residential care: (Applicant)

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Current location: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone/s: \_\_\_\_\_

### Pension and benefit details:

Do you hold an Australian Pensioner Concession Card      Yes ☐      No ☐

If yes, indicate the type of pension: Age ☐ Disability ☐ Widow ☐ Blind ☐ DVA ☐  
Overseas ☐ Other ☐

Pension Number: \_\_\_\_\_ Full pension ☐ Part pension ☐

Are you an Australian Ex-Prisoner of War?    Yes ☐    No ☐

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## Personal Details: (of applicant)

Preferred name: \_\_\_\_\_ Male ☐ Female ☐

Date of Birth:     /     /     Age: \_\_\_\_\_ years

Marital status:   Married ☐   Defacto ☐   Single ☐   Widowed ☐   Divorced ☐   Separated ☐

Religion / organisational affiliations (optional): \_\_\_\_\_

Specific cultural requirements?     Yes ☐     No ☐ Please attach details

Country of birth: \_\_\_\_\_ Preferred language(s): \_\_\_\_\_

Do you intend to remain on the electoral roll?     Yes ☐     No ☐

## Medical Details:

General Practitioner: \_\_\_\_\_ Medical Practice: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please attach a copy of a detailed, current summary of the applicant's health (if available)  
(Note: Full medical details will be required on admission)

## Health Insurance and Medicare Details:

Do you have Private Health Insurance? (e.g. HBF, Medibank Private)   Yes ☐   No ☐

Name of Fund: \_\_\_\_\_ Level of Cover: \_\_\_\_\_

Ambulance Cover: Yes ☐ No ☐   Membership Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

## Funeral Arrangements:

Have funeral arrangements been made?   Yes ☐   No ☐

Funeral Director: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cremation ☐ Burial ☐

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## AGED CARE FACILITY

### **Legal and Financial Management Details:**

Has any of the following been appointed on your behalf? Guardian ☐ Administrator ☐

Enduring Power of Attorney (Financial) ☐ Enduring Power of Attorney (Personal & Health) ☐

Power of Attorney (Financial only) ☐ **Certified Copies will be required on admission**

If **Yes**, please provide the names and addresses of persons/organisations appointed

Type of Appointment: \_\_\_\_\_

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Type of Appointment: \_\_\_\_\_

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Has a will been made? Yes ☐ No ☐

Please provide the name and address of person/organisation holding the will:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

# BEDINGFELD PARK INCORPORATED



**I understand that if I do not wish to disclose financial details I may be required to pay maximum fees and charges.**

**Financial Details are not required if this application is for respite care only.**

## **PROPERTY ASSETS**

The following information is required to enable Aged Care Facilities to determine whether the applicant will be requested to pay an Accommodation Bond or Charge.

Do you own or part-own the house, unit or flat in which you normally live? Yes ☐ No ☐

If **Yes**, please provide the following information in regard to the property:

Address: \_\_\_\_\_

Post code: \_\_\_\_\_ Current Market Value of Property: \$ \_\_\_\_\_

## **Your home may be excluded- Please answer the following questions**

Do you have a spouse or dependent child living in your home? Yes ☐ No ☐

If **Yes**, please indicate: Spouse ☐ Dependent ☐

Have you had a carer who is eligible for a pension or other support payment living in your home for at least the past two years? Yes ☐ No ☐

Have you had a close relative who is eligible for a pension or other income support living in your home for at least five years? Yes ☐ No ☐

Have you disposed of any property in which you were living in the past two years? Yes ☐ No ☐

Do you own, or part - own any other residential or commercial property? Yes ☐ No ☐

Have you any loans to repay? Yes ☐ No ☐ If **Yes**, please give details \_\_\_\_\_

## **Previous Aged Care Residential Accommodation details:**

Have you paid an entry contribution or accommodation bond/charge to another facility?

Yes ☐ No ☐ If **Yes**, please provide the following details:

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Admission to first facility / /

# BEDINGFELD PARK INCORPORATED



Please provide details of your financial status. An “Assets Assessment for Permanent Entry into an Aged Care Facility” from Centrelink / DVA is also required.

ASSETS	YOURS	YOUR PARTNER'S	JOINT
Your Home (the value of your home is capped at \$168,351.20)			
Net Retirement Village Entry Contribution (refundable balance less loans)			
Accommodation Bond (refund received or to be received) or refundable Accommodation Deposit)			
Financial Accounts (bank accounts, term deposit, bonds, debentures, money on loan)			
Shares e.g. listed & unlisted shares, option rights & other securities			
Managed Investments Investment trusts, personal investment plans and superannuation e.g. investments in the accumulation phase.			
Assessable income Streams - e.g. the asset value of allocated pensions & annuities, and some superannuation pensions			
Foreign Assets (all overseas assets including investments, business interest & real estate).			
Real Estate and Business Interests (this does not include the value of your home)			
Private Trusts and Private companies (the value of your interest in a private trust or small private company)			
Gifts/Deprivation (gifts of money or assets over the allowable limits)			
Other Assets (e.g. motor vehicles, life assurance policies, household furniture and personal effects)			
<b>DEBTS</b> ( Includes only debts not accounted for above)			
Personal Loans			
Other Debts			
<b>Asset Reduction Amounts</b>			
<b>TOTAL VALUE OF ASSETS</b> (the value of your assets for aged care purposes)			
<b>INCOME</b>			
Government Income Support Payments			
<b>Other Income</b> (e.g. income from work, regular compensation payments, rental income)			
<b>Your Total Income</b>			

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**FAMILY AND OTHER CONTACTS:** (Whom do you wish to name as contact(s) for you?)

## **FIRST CONTACT**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone (Day): \_\_\_\_\_ Telephone (Mobile): \_\_\_\_\_

Telephone (A/hours): \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## **SECOND CONTACT**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone (Day): \_\_\_\_\_ Telephone (Mobile): \_\_\_\_\_

Telephone (A/hours): \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## **PERSON COMPLETING THE APPLICATION (if different to the first contact details):**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone (Day): \_\_\_\_\_ Telephone (Mobile): \_\_\_\_\_

Telephone (A/hours): \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## **CORRESPONDENCE RELATING TO THIS APPLICATION SHOULD BE SENT TO (if different to the first contact details):**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Mobile \_\_\_\_\_ A/Hrs \_\_\_\_\_

## Useful Aged Care Websites and Phone Numbers

- ❖ **My Aged Care: Phone: 1800 200 427 [www.myagedcare.gov.au](http://www.myagedcare.gov.au)**  
My Aged Care helps you navigate the aged care system.
- ❖ **Aged Care Assessment Team: Phone: 9599 4517**  
A member of an ACAT will talk to you about your current situation and work out if you are eligible to receive government-subsidised aged care services.
- ❖ **Department of Health: Phone: 1300 653 227**  
The Department works to deliver quality, affordable and accessible in aged care and services for older people.
- ❖ **Medicare/Centrelink Phone: 132 300 [www.humanservices.gov.au](http://www.humanservices.gov.au)**  
Request for a Combined Assets and assets and income for permanent residential aged care purposes.
- ❖ **Department of Veterans' Affairs: Phone: 133 254 [www.dva.gov.au](http://www.dva.gov.au)**  
DVA provides additional assistance for Former Prisoners of War.
- ❖ **Aged Care 101 [www.agedcare101.com.au](http://www.agedcare101.com.au)**  
This website can assist with your understanding of the residential aged care entry process.