

Corpus Christi Community, Greenvale

Application for entry into Residential Aged Care

This form will help you, your carer, family member, friend or guardian to prepare and collate all the information needed to apply for placement in our Aged Care Residence.

All information provided on this form is treated with confidentiality and Corpus Christi Community complies with all requirements of the Information Privacy Act, 2000; Health Records Act, 2001; Privacy Act 1988; and Privacy Amendment (Private Sector) Act, 2000.

If at any time you have been placed in another residence or advise us that you would like to be removed from our waiting list any records held by us will be securely destroyed.

The person applying for a place must first have a current and valid **Aged Care Client Record (ACCR/NSAF)** approval for either High or Low Permanent or Respite Residential Aged Care before an application can be considered for a Commonwealth-funded place in an aged care residence.

If you have not obtained this approval please contact the Commonwealth Carelink Centre on **1800 052 222** to arrange for an Aged Care Assessment Team to come and assess your care needs.

Additionally, you will need to complete an **Application for Assets Assessment** and send to either Centrelink or the Department of Veteran's Affairs depending on your pension type.

Once you have completed these steps you will be eligible to apply for a placement in Residential Aged Care and be accepted onto our waiting list.

There are a small number of emergency places assessed as needed.

APPLICANT DETAILS	
My Aged Care ID	
Admission Category	Respite <input type="checkbox"/> Other <input type="checkbox"/> Details:
Title	Mr <input type="checkbox"/> Other <input type="checkbox"/> Details:
First name / given name	
Middle name	
Last name / family name	
Preferred name	
Resident phone number	
Smoker	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alcohol	Yes <input type="checkbox"/> No <input type="checkbox"/>

RESIDENT DEMOGRAPHICS

Date of birth	
Gender / sex / I describe myself as	Male <input type="checkbox"/>
	Other <input type="checkbox"/> Please describe:
	Preferred pronouns:
Aboriginal or Torres Strait Islander	Yes <input type="checkbox"/> Details:
	Homeland / Country - Mob:
	No <input type="checkbox"/>
Country of birth	
Primary language spoken	
Secondary languages spoken	
Religion	Practicing: Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
	Separated <input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/>
Partner's first name	
Partner's last name	
MEMBERSHIP DETAILS	
Medicare number	
Member number on card	
Name on Medicare card	
Card expiry date	
Bank details registered	
Pensioner status	Full pension <input type="checkbox"/> Part pension <input type="checkbox"/> Non-pensioner <input type="checkbox"/>
Centrelink / Pension number	
Centrelink expiry date	

MEMBERSHIP DETAILS (continued)

Department of Veteran Affairs	
DVA number	
DVA card colour	
DVA card expiry date	
Membership number	
NDIS number	
NDIS provider and contact details	
Ambulance membership number	
Diabetic Association number	
RESIDENT PREFERENCES	
Nominated hospital	
Funeral preferences	
Funeral arrangement	Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Prepaid funeral <input type="checkbox"/> Undecided <input type="checkbox"/>
Funeral director	
Advance Care Directive / End of Life Care Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> Copy received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments / location of Advance Care Directive	

DETAILS PRIOR TO ADMISSION

Previous care (admitted from)	Private residence <input type="checkbox"/>	Other aged care service <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other <input type="checkbox"/>
Name of other facility				
Contact details				
Phone number				
Email address				
Address / street				
Suburb / state / postcode				
Have you had a flu vaccination?	Yes <input type="checkbox"/>	If Yes, date:	/	/
	No <input type="checkbox"/>			
Have you had a COVID vaccination?	Yes <input type="checkbox"/>	Dose 1 date:	/	/
	Yes <input type="checkbox"/>	Dose 2 date:	/	/
	Yes <input type="checkbox"/>	Dose 3 date:	/	/
	No <input type="checkbox"/>			

PRIMARY CONTACT

If you would like us to use this person, (e.g. carer/family member/friend) for all contact on your behalf about this application or about your care after entering Corpus Christi Community, please provide details below. If you are nominating a person who has the legal authority to make decisions for you, please advise they type of authority they hold (Guardianship/Enduring Power of Attorney/Administrator), and attach a photocopy of the authority to this application.

Contact first name	
Last name	
Contact type	
Relationship to resident	
Mobile	
Home telephone	
Work telephone	
Email address	
Address / street	
Suburb / state / postcode	

SECONDARY CONTACT

Contact first name	
Last name	
Contact type	
Relationship to resident	
Mobile	
Home telephone	
Work telephone	
Email address	
Address / street	
Suburb / state / postcode	

RESPONSIBILITY FOR PAYING ACCOUNTS:

Responsibility for paying account	Resident <input type="checkbox"/>	
	First contact <input type="checkbox"/>	Next of Kin <input type="checkbox"/>
	State trustee <input type="checkbox"/>	
	Financial Attorney / POA / Enduring POA <input type="checkbox"/>	
Contact first name		
Last name		
Mobile		
Home telephone		
Work telephone		
Email address		
Address for billing / street		
Suburb / state / postcode		
Email address		
Attached copy of EPOA	Yes <input type="checkbox"/>	No <input type="checkbox"/>

GENERAL PRACTITIONER DETAILS

Current CMA	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health summary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your doctor consented to visit you at Corpus Christi Community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health summary		

GENERAL PRACTITIONER DETAILS (continued)

Last name	
Telephone	
Mobile	
After hours telephone	
Fax	
Email address	

Thank you for your application. Please ensure that you have completed the following documentation as part of your application:

- Corpus Christi Community Application for Entry to Residential Aged Care
- Consent to Use, Disclose, Obtain and Release Information
- ACAS Assessment (if required)
- Medical History / Discharge Summary from Medical Practitioner
- Centrelink Asset and Income Assessment
- Charter of Aged Care Rights
- Resident Fees & Payments Declaration
- Centrepay Deduction Authorisation

Completed Applications can be returned either by:

Email cccg@vmch.com.au

Faxed (03) 9070 3899

Return by post to: Corpus Christi Community
Resident Admissions
855 Mickleham Road Greenvale, VIC 3059