



APPLICATION FOR RESIDENTIAL ACCOMMODATION

For: Braemar House (High Care) Braemar Lodge (Low Care) Braemar Village (Low Care)
 Braemar Gardens (Independent Living Units/Self Care Units)

APPLICANT INFORMATION

First Name

Second Name

Last Name

Title (Mr, Mrs, Ms, Dr)

Preferred Name

Centrelink No

Gender Male Female Contact applicant directly Yes No

Primary Phone Alternate No

Mobile No Fax No

Occupation

Date of Birth DOB Estimated Yes No

Birth City Birth Country

Aboriginal/TSI Aboriginal TSI Both N/A

Cultural Background (e.g. Australian)

Religion (e.g. Christian, Anglican)

Marital Status Married Single Divorced Widowed De facto Partner

Preferred Language

Interpreter Required No Yes On Electoral Roll No Yes

Alert (Remarks)



APPLICATION FOR RESIDENTIAL ACCOMMODATION

RESIDENTIAL ADDRESS

Address

City State Postcode

Country Email

BILLING ADDRESS

Address

City State Postcode

Country

Comments

NEXT OF KIN CONTACT DETAILS – Contact 1

Title (Mr, Mrs, Miss, etc)

First Name

Last Name

Address

Street	<input style="width: 100%;" type="text"/>		
Suburb	<input style="width: 250px;" type="text"/>	Post Code	<input style="width: 100px;" type="text"/>

Contact Numbers

Daytime	<input style="width: 250px;" type="text"/>	Evening	<input style="width: 100px;" type="text"/>
Mobile	<input style="width: 250px;" type="text"/>	Fax	<input style="width: 100px;" type="text"/>

Relationship to applicant

NEXT OF KIN CONTACT DETAILS – Contact 2

Title (Mr, Mrs, Miss, etc)

First Name

Last Name

Address

Street	<input style="width: 100%;" type="text"/>		
Suburb	<input style="width: 250px;" type="text"/>	Post Code	<input style="width: 100px;" type="text"/>

Contact Numbers

Daytime	<input style="width: 250px;" type="text"/>	Evening	<input style="width: 100px;" type="text"/>
Mobile	<input style="width: 250px;" type="text"/>	Fax	<input style="width: 100px;" type="text"/>

Relationship to applicant

PREVIOUS/EXISTING ACCOMMODATION OF AN AGED CARE HOME

Facility	<input style="width: 100%; height: 20px;" type="text"/>	Entry Date	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	Exit Date	<input style="width: 100%; height: 20px;" type="text"/>

APPLICATION FOR RESIDENTIAL ACCOMMODATION

		Accommodation Bond Amt	
City		Daily Accommodation Charge	
State		No. of Months Paid	
Postcode		Retention Amt Mthly	
		Annually	

PENSION DETAILS

Pension Type	<input type="checkbox"/> Full Pension	<input type="checkbox"/> Part Pension	<input type="checkbox"/> Non Pensioner
Pension No		DVA No	
DVA Card Colour	<input type="checkbox"/> Gold	<input type="checkbox"/> Orange	

INCOME DETAILS

Income Source	<input type="checkbox"/> Centrelink	<input type="checkbox"/> DVA	<input type="checkbox"/> Private Income
	<input type="checkbox"/> Overseas Pension	<input type="checkbox"/> Superannuation	

HEALTH INFORMATION

Medicare No:		Expiry Date	
Health Fund			
Membership No		Expiry Date	
Medication Condition			

Mobility	<input type="checkbox"/> Bed bound	<input type="checkbox"/> Ambulant	<input type="checkbox"/> Walking stick	<input type="checkbox"/> Walking frame
	<input type="checkbox"/> Ambulant with Assistant	<input type="checkbox"/> Hoist two person standing	<input type="checkbox"/> Hoist two person full hoist	
	<input type="checkbox"/> Two person assistance hoist bed bound	<input type="checkbox"/> one person assist with walking frame	<input type="checkbox"/> One person assist wheelchair	
Confused	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

FUNERAL

Funeral Arrangements		Burial <input type="checkbox"/>
		Cremation <input type="checkbox"/>
Will Lodgment		
Restrictions		
Personal History		

APPLICATION FOR RESIDENTIAL ACCOMMODATION

OFFICE USE ONLY

Preferred Accommodation	Room Type
<input type="checkbox"/> House <input type="checkbox"/> Lodge <input type="checkbox"/> Village <input type="checkbox"/> Garden	<input type="checkbox"/> Single Room with Ensuite <input type="checkbox"/> Single Room with shared Ensuite

Facility Tour Completed On	Applicant's Weight	Applicant's Height
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CLASSIFICATION				
<input type="checkbox"/> Concession	<input type="checkbox"/> Assisted	<input type="checkbox"/> Bond	<input type="checkbox"/> Supported	<input type="checkbox"/> Unsupported
<input type="checkbox"/> N/A	Net Assets: \$ _____		Asset Assessment Received <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACAT APPROVALS				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residential Aged Care	Respite Care	Dementia	As at Date	Expiry Date
<input type="checkbox"/> High <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Low	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PREDICTED RCS	
RCS Category	Date Entered

PREDICTED ACFI				
ADL	BHV	CHC	<input type="checkbox"/> High	<input type="checkbox"/> Low

RESPITE INFORMATION				
Days Taken	Days Required	As at Date	Receipt No.	Amount \$

ADMISSION/DISCHARGE DETAILS				
Application Fee				
Application Date	Receipt Date	Receipt No	Deposit Amount	
Billing Start Date		Accommodation Entry Date		
Billing End Date		Accommodation Exit Date		Accommodation Cleared Date
Admitted From				
<input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Braemar <input type="checkbox"/> Care Waiting Placement <input type="checkbox"/> Another Facility <input type="checkbox"/> Other _____				
Exit Reason		Exit Description		

Comments:

Preparation for admission checklist completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Staff Member	Date
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