



# Application for Respite Care or Permanent Entry

The Kilmore and District  
Hospital Aged Care Facilities  
Caladenia & Dianella

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# Introduction

**Thank you for considering The Kilmore & District Hospital for your residential aged care services. The information you provide us in this form will help us to get to know you and understand your needs.**

We understand that this can be a busy and possibly stressful time for you and your family and we want to assist you through this process where possible. If you need assistance at any time please feel free to contact us.

Before sending please check you have included:

- ACAT Assessment
- Application form (this form)
- Assets & income assessment
- Copies of any legal authority (eg - power of attorney)

**When you've completed as much of the Application Form as you can, please return to:**

The Kilmore & District Hospital  
PO Box 185  
Kilmore VIC 3764

## **What is an ACAT Assessment?**

To apply for residential care, an Aged Care Assessment Team (ACAT) needs to have completed an ACAT assessment.

The assessment is free of charge and can be organised by calling My Aged Care on 1800 200 422 (have your Medicare card ready). For more information visit the My Aged Care website at [www.myagedcare.gov.au](http://www.myagedcare.gov.au)

## **What is an Assets and Income Assessment?**

You will need an Assets and Income Assessment to determine if you are eligible for any assistance from the Australian Government towards your accommodation payment.

To obtain an Assets and Income Assessment, you need to submit a 'Permanent Residential Aged Care Requests for a combined Assets and Income Assessment' form to Centerlink, or the Department of Veterans Affairs (DVA).

You can access the form:

- From your ACAT assessor
- Download at [www.humanservices.gov.au](http://www.humanservices.gov.au)
- Contact The Kilmore & District Hospital and we can post one to you

# Applicant Details

Please complete the following information. This will help us to get to know you and understand your needs.

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address Street \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_ / \_\_ / \_\_\_\_\_

Marital Status  Married  Single  Widowed  De Facto

Country of Birth \_\_\_\_\_

Cultural Background \_\_\_\_\_

Religion (optional) \_\_\_\_\_

Are you Aboriginal or Torres Strait Islander?

Aboriginal

Torres Strait Islander

Neither

Do you require an interpreter for everyday English? (please circle) Yes No

## Person completing this form

Is the applicant the primary contact for this application? (please circle) Yes No

*If no, please complete Part B on the following page*

I certify that to the best of my knowledge all information in this application is correct

Signed \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_\_

Full Name \_\_\_\_\_

# Contact & Legal Details

## Primary Contact Details

Please provide details for the person(s) we can contact regarding your application and for the duration of your time with us.

### Primary Contact

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship to the applicant (eg. son/daughter) \_\_\_\_\_

Tick the options that apply

Billing Contact       Clinical Contact       Legal Contact

Other \_\_\_\_\_

Address Street \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Secondary Contact

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship to the applicant (eg. son/daughter) \_\_\_\_\_

Tick the options that apply

Billing Contact       Clinical Contact       Legal Contact

Other \_\_\_\_\_

Address Street \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

# Contact & Legal Details (continued)

## Legal Details

Please note, if you answer yes to any of the following questions, you need to supply a copy of the relevant documentation.

Do you have a Power of Attorney? (please circle)      Yes      No

If yes, Full name of Attorney \_\_\_\_\_

Type of Attorney

- Enduring Power of Attorney (Medical)
- Enduring Power of Attorney (Financial)
- Enduring Power of Guardianship
- General Power of Attorney

Do you have a Legal Guardian? (please circle)      Yes      No

If yes, Type of Guardian

- Public Trustee
- Office of protective commissioner
- Guardianship Tribunal
- Other \_\_\_\_\_

# Accommodation Details

Which type of accommodation do you require?

- Permanent only     
  Permanent & Respite     
  Respite Only

In which facility?

- Caladenia     
  Dianella     
  Either

Where do you live at the moment?

- A residential care facility - Facility Name \_\_\_\_\_  
 In hospital awaiting placement  
 In transitional care  
 With a family member  
 My own home  
 Other (please provide details) \_\_\_\_\_  
 \_\_\_\_\_

When do you require accommodation?

- As soon as possible  
 Future date (please advise) \_\_\_\_\_

**Please complete the following for respite only:**

Have you accessed respite in this financial year? (please circle)    Yes    No

If yes, how many days? \_\_\_\_\_

# Income & Asset Details

**Please note: This section is not required for Respite Only applications**

This information will be used to estimate your fees. Asset details are not required to be completed if an Assets and Income Statement is provided with this application

## Income Details

### Pension Details

Do you receive a pension?

- Full pension     
  Part pension     
  No I don't receive a pension

If yes, what type of pension do you receive?

- Age                     
  Disability                     
  Widow  
 DVA                     
  Blind                     
  Overseas

Pension concession card number (if applicable) \_\_\_\_\_

Expiry Date \_\_\_\_\_

DVA treatment card number (if applicable) \_\_\_\_\_

Expiry Date \_\_\_\_\_ Colour: (please circle) Gold    White    Orange

### Other Income

Current income you receive	Fortnight	Month	Year
	Complete one column only		
Centerlink or DVA pension			
Superannuation			
Overseas Pension			
Rental property income			
Business income			
Trust distributions and/or share dividends			
Other (please specify source)			



# Income & Asset Details (continued)

## Asset Details

Do you and/or your partner own, or are currently paying off the home you live in? (please circle)    Yes    No

Your home will be included as an asset unless it is occupied by a protected person. A protected person is:

- your partner or dependent child
- your carer who has lived with you in the home for the past two years and is eligible for an income support payment
- a close relation, such as a sister, brother, parent, child or grandchild who has lived with you in the home for the past five years and is eligible for an income support payment

Will a protected person live in the family home? (please circle)    Yes    No

What is the estimated current value of your home? \_\_\_\_\_

What is the current value of your financial assets (list below)

*If you have a current partner please record your share only. (ie - \$50,000 shares for husband and wife = \$25,000 asset for individual)*

Financial Asset	Current Value
Cash and Bank accounts	
Managed Investments	
Listed Shares and securities	
Loans	
Unlisted shares	
Gold and bullion	
Gifted assets (above \$10,000 in last 12 months or \$30,000 in last 5 years)	
Other (please specify source)	

## Income & Asset Details (continued)

What is the current value of your other assets?

Other Asset	Current Value
Household Contents (typically valued at \$10,000)	
Foreign assets inc business interests, real estate and investments	
Investment property	
Special collections such as art works, antiques or stamps	
Superannuation balances	
Private trusts, family trusts and private companies	
Refundable accommodation deposits	
Car, Boat, Caravan, Other (please specify source)	

What is the current value of your debts?

Debt	Current Value
Credit card	Not Applicable
Personal Loans (only include personal loans if it is held over an asset listed above)	
Mortgage taken out for the benefit of someone else	Not Applicable
All other loans, encumbrances, charges, debts, mortgages	

# Health Cover Details

## Medicare Details

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

Individual Reference Number \_\_\_\_\_ Valid to \_\_\_ / \_\_\_\_\_

## Health Fund Details

Health Insurance Provider \_\_\_\_\_

Membership Number \_\_\_\_\_

Type of Cover \_\_\_\_\_

## Ambulance Cover

Membership Number (if applicable) \_\_\_\_\_

Expiry Date \_\_\_ / \_\_\_ / \_\_\_

# Medical Details

## Medical Contacts

### Your General Practitioner (GP)

Name of GP \_\_\_\_\_

Name of GP Medical Practice \_\_\_\_\_

Address Street \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Other Health Professionals important to your care

Name \_\_\_\_\_

Field/Speciality \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Field/Speciality \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Field/Speciality \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_



# Medical Details (continued)

Please list any allergies (eg, food, drugs, etc)

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Is there anything else we should know about your health that is not covered in your ACAT Assessment?

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Do you have an advanced health directive? (please circle)      Yes              No  
If yes, please bring a copy with you on admission

Any other information you would like us to have?

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# Submission of Documentation

**Once completed please return this form to:**

The Kilmore & District Hospital  
Aged Care Admission  
PO Box 185  
KILMORE VIC 3764

**Please ensure you have attached the following:**

- ACAT assessment letter
- Income & Assets statement
- Copies of legal documents

**If you have any questions in relation to this form please contact one of our friendly staff for assistance:**

**Caladenia Manager**

Rebecca van de Paverd  
03 5434 2155  
vander@humehealth.org.au

**Dianella Manager**

Bernadette Lavars  
03 5734 2030  
lavarsb@humehealth.org.au

**Finance Department**

# What happens next?

- The Kilmore & District Hospital will review your application and add you to the waiting list
- When a bed becomes available we will contact you
- If your health or financial circumstances changes, please let us know
- If you no longer wish to be on the waiting list, please advise us

## **The Kilmore & District Hospital**

Address: Rutledge Street, Kilmore, Vic, 3764  
Postal: PO Box 185, Kilmore, Vic, 3764  
Phone: (03) 5734 2000  
Email: [kilmoreweb@humehealth.org.au](mailto:kilmoreweb@humehealth.org.au)

## **Caladenia Nursing Home**

Address: The Kilmore & District Hospital  
Rutledge Street, Kilmore, Vic, 3764  
Phone: (03) 5734 2155  
Email: [kilmoreweb@humehealth.org.au](mailto:kilmoreweb@humehealth.org.au)

## **Dianella Hostel**

Address: The Kilmore & District Hospital  
Rutledge Street, Kilmore, Vic. 3764  
Phone: (03) 5734 2170  
Email: [kilmoreweb@humehealth.org.au](mailto:kilmoreweb@humehealth.org.au)

