



Proudly celebrating 58 years of care: 1964-2022

## Application for Respite care or Permanent Entry



*Seymour Elderly Citizens Hostel Inc.*

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# APPLICATION CHECKLIST

- A Copy of the most recent Aged Care Assessment is attached with this application form. Yes / No
- A copy of your current Medicare and Pension Card (if applicable) Yes / No
- A Certified copy of the Power of Attorney has been included with the application. Yes / No
- A copy of the Asset and Income Assessment has been completed. Yes / No
- A copy of the Statement of Resident Status for residential aged care providers has been attached to this application.  
(This is received once Income and Asset assessment has been completed) Yes / No
- Has an Advanced Care Directive been completed? (If yes please attach a copy) Yes/ No
- A full Medical Summary from your Doctor. Yes / No

## Applicants Details:

Person requiring residential care: (applicant)			
Surname		Given Names	
Address		Telephone number 1	
		Telephone number 2	
Person completing the application: (applicant or representative)			
Surname		Given name	
Address		Telephone number 1	
		Telephone number 2	
Email address (if applicable)			
Relationship to applicant			

Preferred Name		Date of Birth	
Identified Gender		Marital Status	
Religion			
Do you have any specific cultural requirements?	YES/NO		
If Yes please provide details here:			
Preferred language/s			
Do you intend to remain on the electoral role?			
Where do you live at the moment (Please Circle)			
In Residential care, provide details:			
In hospital, awaiting permanent care		In Transitional Care	
With a family member		My own home	
Other, provide details:			
Have any of the following people been appointed on your behalf? (Please circle)			
Enduring Power of Attorney (Financial)	Enduring Power of Attorney (Personal & Health)	Guardian Administrator	
Medical Treatment Decision Maker	Financial and Medical Decision maker		
Correspondence relating to this application should be sent to:			
Surname		Given name	
Address		Telephone number 1	
		Telephone number 2	
Email address (if applicable)			
Relationship to applicant			

## Aged Care Assessment Details:

Date of Last Aged Care Assessment			
Approvals that are in place			
This application is for:	PERMANENT CARE	RESPITE CARE	
Level of respite Care Approved:	High Level Care	Low Level Care	
Request is:	Urgent Dementia Care (Secure)	Semi-urgent	Future Planning

## Family and other contacts: (Whom do you wish to name as contact(s) for you?)

### First Contact

Surname		Given name	
Address		Telephone number 1	
		Telephone number 2	
Email address (if applicable)			
Relationship to applicant			

### Second Contact

Surname		Given name	
Address		Telephone number 1	
		Telephone number 2	
Email address (if applicable)			
Relationship to applicant			

## Pension and Benefit Details:

Do you hold an Australian Pensioner Concession Card	Yes/ No	If Yes, indicate type of pension (please circle)			
		Age	DVA	Disability	Widow
		Blind	Non-Pensioner		Overseas
		Other, please specify			
What is your pension number			Full	Part	
What is your DVA Number?		Are you an Australian Ex-Prisoner of War?			

## Health Insurance and Medicare Details:

Do you have Private Health Insurance? (e.g. MBF, Medibank Private, etc.)	Yes / No		
Name of Fund			
Membership Number		Level of Cover	
What is your Medicare Number		Reference no:	
		Expiry date	
Do you have ambulance cover?	Yes / No	Membership no:	

## Medical Details:

Who is your current Doctor?	
Medical clinic:            Name:	
Address:	
Telephone details:	
Please list known medical conditions:	
Please list any surgical procedures:	
Please list all current medication:	
Please list any allergies:	

## Person Completing Application:

Name:	
Signature:	
Relationship to applicant:	
Date of Completion	
Is the applicant aware of this application?	Yes / No

