



Your application

Applicant's name:

Please complete this form and return, either by mail or drop-off or please download and email to the customer service officer in your chosen Care Community.



A guide to completing your application

Thank you for considering Opal HealthCare as a partner in your aged care. We are committed to bringing you joy during this important stage of life by offering you the opportunity to continue a life of purpose and meaning.

So that we can review your application and determine if we are suited to meet your personal needs, please confirm that you have:

- Read the Privacy Statement, which is detailed at the end of this form
- Completed your application form by filling in all relevant questions and ticking any boxes that apply to you
- Included a copy of your ACAT assessment or referral code. If you don't have a copy, please let us know so we can obtain a copy on your behalf
- Included a copy of your Income and Assets Determination Letter from the Department of Human Services or DVA (if you have one)
- Included a certified copy of a Power of Attorney (if you have one)
- Included copies of Medicare card, Pension card, private health fund card



How do I submit my application?

Once you have completed your application, please hand it to the administration officer in your chosen Care Community. If you would prefer to mail or scan your application form and documents, please call the Care Community team for the relevant details.



Can I be placed on a waitlist?

If the Care Community you have selected is able to meet your clinical needs but does not have an appropriate bed available, we will ask you if you wish to be placed on a wait list.



What happens next?

As soon as we receive your application, we will review the information to determine whether or not the Care Community you have chosen is able to meet your needs and requirements. If we are unable to accommodate you, we will either refer you to another of our Care Communities or direct you to an alternative aged care provider.



How will I be notified?

The team in your chosen Care Community will call you to discuss your application. However, as always, if you have any questions along the way, please do not hesitate to call our team.

Your Application



Date

D D M M Y Y Y Y

Placement required:

 Permanent Respite care
 Dementia-specific care

About you: The person requiring residential aged care

Title Mr Mrs Ms Other

Surnames

Given name(s)

Current residential address

Street number

Street name

Suburb

State

Postcode

Phone (Day)

Phone (Night)

Mobile

Email

Marital status Single Married Defacto Widowed Divorced

Gender Male Female

Date of birth

D D M M Y Y Y Y

Country of birth

Aboriginal/Torres Strait Islander

 Yes
 No

Preferred language English Other (specify)

Require an interpreter Yes No

Name of someone who can assist with interpreting if necessary:

Phone

Email

Your religion

Your application



Your pension status

Pension status Full pension Part pension No pension

Pension from Centrelink Department of Veterans Affairs (DVA) Other

Type of pension (e.g. age, disability etc)

Pension number Card expiry date

DVA number Card expiry date

Red Blue Gold White Other

Your health care

Name of your General Practitioner

Postal address

Phone number Email

Medicare card no. Expiry date Reference no.

If you have private health insurance, please complete:

Name of fund Membership number

Level of cover Do you have ambulance cover? Yes No

Your partner

Do you have a spouse or partner? Yes No

Spouse/partner name

Are you and your spouse/partner applying together for a place in aged care? Yes No

Does your spouse/partner already live in a residential care home? Yes No

Name and address of aged care home

Your application



Your living arrangements

Where do you live? Own home Rented home Hospital With family/friends

Retirement Village Other residential aged care

Who do you currently live with? Spouse/partner Alone Carer With family/friends

Are you currently living in residential aged care? Yes No

If yes, please specify which aged care home

Address of current aged care home

Telephone number of current aged care home

Is your current care Respite Permanent

Date you entered current aged care home

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Your previous aged care experiences

Have you ever been a resident in residential aged care in the past? Yes No

If yes, please indicate whether Respite Permanent

If respite, how many days of respite have been used since 1 July of this year?

Name of previous aged care home

Date of entry

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Your eligibility for residential aged care

Have you been assessed by an Aged Care Assessment Team (ACAT/ACAS) as eligible for residential aged care services?

Yes (Please attach a copy of your NSAF assessment or Aged Care Client)

Respite referral code

Permanent referral code

If you have not yet arranged an Aged Care Assessment, please contact My Aged Care on 1800 200 422 or visit myagedcare.gov.au

Your application



Nominated contacts

Whenever possible, we will always talk to you, about the care and services we provide to you. However, we ask that you please nominate a trusted person/s whom we can contact if necessary.

Primary contact details

Title Mr Mrs Ms Other

Full name

Relationship to you

Primary contact's residential address

Address

Suburb State Postcode

Primary contact's phone number

Day Night

Mobile

Email Address

Secondary contact's details

Title Mr Mrs Ms Other

Full name

Relationship to you

Secondary contact's residential address

Address

Suburb State Postcode

Secondary contact's phone number

Day Night

Mobile

Email Address

Your application



Billing

Who should receive bills related to your care?

I should (the resident) Primary contact Secondary contact

Other contact (please complete below)

Preferred delivery Email Post

We appreciate your support in helping us to move towards environmentally-friendly electronic statements. Hard copy statements incur a \$1 per month handling fee.

Billing contact details

Full name

Relationship to you

Organisation name (if applicable)

Phone number

Email address

Your legal details and preferences

Please make sure that you have supplied certified copies of the relevant documentation to support details specified below.

Do you have a power of attorney(s) or guardianship? Yes No

Document description

Full name and phone number of person appointed under the document

Please note that the scope of authority granted varies depending on the type of document and the jurisdiction.

Certified copy of relevant document attached

Signature

Name of person requiring residential aged care

Signature

If an authorised person is signing for the resident:

Name of authorised person

Capacity/authority of person?

Signature

Date
D D M M Y Y Y Y

Please return this form to the Care Community you are applying to. Alternatively, please call **1300 362 481** or email us at **communications@opalhealthcare.com.au**

Privacy Statement

The personal information provided in this application and in any subsequent resident related documents is collected by DAC Finance Pty Ltd (ACN 129 420 444) trading as Opal HealthCare for the purpose of assessing and processing the application and, in the event a resident agreement is signed, facilitating and administering the care and services to be provided to the resident and all related payments, accounts and billing. Without this information Opal HealthCare may not be able to assess and process the application. Please refer to Opal HealthCare's Privacy Policy available at opalhealthcare.com.au/privacy-policy for further information about how Opal HealthCare uses personal information collected by it, who does it disclose it to, how it can be accessed and corrected and how to make a complaint about its handling by Opal HealthCare. By signing this application you confirm that you are authorised to provide to Opal HealthCare all personal information included in it in relation to the resident, their relatives and contact persons.