

Applicant's name:

# Your application



specialist aged care

# A Guide To Completing Your Application To Opal Aged Care

*Thank you for considering Opal 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 home. If you would prefer to mail or scan your application form and documents, please call the team in your home for the relevant details.

## **What happens next?**



As soon as we receive your application, we will review the information to determine whether or not the Opal home 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 Opal home or direct you to an alternative aged care provider.

## **Can I be placed on a waitlist?**



If the Opal home 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 waitlist.

## **How will I be notified?**



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



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# Your Application

Date          
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Placement required:  Permanent  Respite care  
 Dementia-specific care

## About You: The person requiring residential aged care

Title  Mr  Mrs  Ms  Other

Surname

Given name(s)

### Current Residential Address

Street number  Street name

Suburb  State  Postcode

Phone (Day)  Email

Phone (Night)

Mobile

Marital status  Single  Married  De facto  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

Mobile

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 currently 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      
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 July 1st of this year?

Name of previous aged care home

Date of entry      
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

Street number  Street name

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

Street number  Street name

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's 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

Certified copy of relevant document attached    *Please note that the scope of authority granted varies depending on the type of document and the jurisdiction.*

## 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 Opal home you are applying to.

Alternatively, please call 1300 362 481 or email us at [communications@opalagedcare.com.au](mailto:communications@opalagedcare.com.au)



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## 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 Aged Care (Opal) 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 may not be able to assess and process the Application. Please refer to Opal's Privacy Policy available at [opalagedcare.com.au/privacy-policy](http://opalagedcare.com.au/privacy-policy) for further information about how Opal 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. By signing this Application you confirm that you are authorised to provide to Opal all personal information included in it in relation to the resident, their relatives and contact persons.