

Application

Email caresolutions@palmlake.com.au or freecall 1800 246 677



APPLICANT'S NAME: _____

A. Please Nominate The Palm Lake Caring Community

Bargara Bethania Memory Lanes Mt Warren Park Deception Bay Beachmere
Toowoomba Caloundra (open 2021) Cooroy-Noosa (open 2021)

How did you hear about us? _____

B. Application Type

My Aged Care Client Referral Code - *if applicable*: _____

Permanent Permanent (Secure) Respite Care - Dates Required: _____ to _____

Transfer from another Aged Care Provider - *Please provide Palm Lake Care with a copy of your current Residential Agreement or speak with our Care Solutions for assistance 1800 246 677*

C. Applicant Details

Title: Mr Mrs Miss Other - *please specify*: _____ Male Female

Given Name(s): _____ Surname: _____

Preferred Name: _____ DOB: _____

Place of Birth: _____ Nationality: _____

Religion: _____ Cultural Background: _____

Preferred Language: _____ Smoker: Yes No

Marital Status: Married Widowed Single Separated Divorced De Facto

Home Address: _____ Postcode _____

Home Phone: _____ Mobile: _____

Where are they now? _____

D. Health Care Card Details

Pension / Concession Card Number - *if applicable*: _____ Expiry Date: ____ / ____ / ____

NB: A copy of this card will be required on admission DSS DVA

Medicare Card Number: _____ Expiry Date: ____ / ____ / ____

NB: A copy of this card will be required on admission

Private Health Fund: No Yes - Fund Name: _____ Fund Number: _____

Care Solutions

Email ACAT Clinical notes and family contact to caresolutions@palmlake.com.au

We are a FREE service to help families and health professionals find the right care solution. We give clarity with fees and charges information tailored to individual circumstances and we help secure a suitable vacancy.

E. Nominated Representative Details (First Contact)

Title: Mr Mrs Miss Other - *please specify:* _____

Given Name(s): _____ Surname: _____

Address: _____ Postcode _____

Home Phone: _____ Mobile: _____

Email Address: _____

Relationship to Resident:

Son Daughter Parent Friend Other - *please specify:* _____

Power of Attorney Effective Immediately? Yes No

Decision Making Protocol:

Jointly Severally By Majority Jointly and Severally Other - *please specify:* _____

Does the potential resident currently have capacity to make their own decisions? Yes No

What clinical evidence is provided if no longer making their own decisions? _____

E. Nominated Representative Details (Second Contact)

Title: Mr Mrs Miss Other - *please specify:* _____

Given Name(s): _____ Surname: _____

Address: _____ Post Code _____

Home Phone: _____ Mobile: _____

Email Address: _____

Relationship to Resident:

Son Daughter Parent Friend Other - *please specify:* _____

Power of Attorney Effective Immediately? Yes No

Decision Making Protocol:

Jointly Severally By Majority Jointly and Severally Other - *please specify:* _____

Where would you like resident mail sent to?

Monthly Billing/Account
(select one only)

General Mail
(select one only)

Resident

First Contact Nominated Representative

Second Contact Nominated Representative

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F. Financial Information Not required for respite bookings

Have you engaged professional advice and authorise us to release information to them?

No Yes Firm Name: _____ Contact Number: _____

Have you submitted a Centrelink / DVA request for combined income and assets assessment?

Yes, to be submitted OR lodged on: _____ and waiting for Centrelink / DVA Statement OR

Yes, documentation is enclosed with this application

No, I do not wish to disclose my Assets. I understand that I will be charged the maximum fees and charges as determined by the Department of Human Services (Centrelink)

For further information please call Care Solutions on 1800 246 677

G. Pension or Income Support

Do you receive a full or part pension (or other income support payment) from Centrelink or the Department of Veterans' Affairs?

Yes, I receive an Australian pension (please specify):

Centrelink Department of Veterans' Affairs

Full Part

Age Disability Widow Blind

Other (please specify): _____

Yes, I receive an Overseas pension - *please specify*: _____

No, I do not receive a pension

Are you an Ex-Prisoner of War? Yes No

(Australian Government POW Compensation payments are exempt from the Assets Test)

Income Source	Amount Paid Fortnightly	Amount Paid Annually
Support Pension		
Other Pension		
Superannuation		
Dividends		
Other Income		
Estimated Total		

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H. Property Assets

This information is required to enable Aged Caring Community to determine whether the applicant will be requested to pay accommodation charges.

1. Do you own or partly own the property in which you normally live? Yes No

If YES, your property may be excluded. Please write the address and answer the following questions.

Address: _____

a) Do you have a partner or dependent child living in your home? No Partner Dependent

b) Have you had a carer who is eligible for a pension or other support payment living in your home for at least the past two years? Yes No

c) Have you had a close relative who is eligible for a pension or other income support living in your home for at least five years? Yes No

2. Have you disposed of any property in which you were living in the past five years? Yes No

3. Do you own, or partly own any other residential or commercial property? Yes No

4. Have you any property loans to repay? Yes No

I. Assets	Applicant	Partner	Joint
Bank Accounts, Building Society & Credit Union Accounts	\$	\$	\$
Interest Bearing Deposits & Fixed Deposits	\$	\$	\$
Bonds, Debentures & Shares	\$	\$	\$
Investments in Property Trusts, Friendly Societies, Equity Trusts, Mortgage Trusts & Bond Trusts	\$	\$	\$
Superannuation Assets - from which lump sums may be withdrawn	\$	\$	\$
Surrender Value of Life Insurance Policies	\$	\$	\$
Home Market Value <i>Is the land size greater than 2 hectares or 5 hectares?</i> <input type="radio"/> Yes <input type="radio"/> No	\$	\$	\$
Retirement Living Exit Refund <i>Name of Village:</i>	\$	\$	\$
Businesses, Farm Property, Other Real Estate <i>Net after any charges; including properties you own outside of Australia</i>	\$	\$	\$
Loans to Others - including interest free loans and monies owed to you	\$	\$	\$
Motor Vehicles, Boats & Caravans	\$	\$	\$
Household Contents & Personal Items <i>taken as \$10,000 per household unless stated otherwise</i>	\$	\$	\$
Any Other Assets - including entry contribution/accommodation payment refunds due	\$	\$	\$
Total Value of Assets	\$	\$	\$
Less Loans to be Repaid	\$	\$	\$
Net Assets	\$	\$	\$

Have you gifted more than \$10k per annum or \$30k total within the last five years? Yes No

Note: We strongly recommend obtaining specialist advice as early as possible in this information gathering stage. We do not recommend particular individuals or organisations however our Care Solutions can provide contacts for known specialists who work with the aged care legislation and will provide an initial consultation at no charge. Please call 1800 246 677 for further information

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J. Application Checklist

- Complete copy of ACAT Assessment / Client Referral Code: _____
- Certified copy of Enduring Power of Attorney / Adult Guardianship Order / Public Trust Order
- Centrelink / DVA Income & Assets Assessment - 'Letter of Resident Status' *(when available) Not required for respite*
- Copies of Pension / Medicare Cards

K. Declaration

In the event that a place is offered at your choice of Palm Lake Caring Communities, further personal and background information will be sought to ensure the highest standard of care. Refer to Palm Lake Care's Privacy Policy for further details visit www.palmlakecare.com.au/privacy.

I understand that if I do not submit a Combined Income and Asset Assessment form or if I submit one but it is completed incorrectly, I may be charged the maximum fees and charges as determined by the Department of Human Services (Centrelink).

I, _____ (Full Name) _____ (Relationship)
sincerely declare that I have read and understood the information in this application form and that the answers to all the questions in regard to the financial details of myself, or on behalf of the applicant, and other information therein is to the best of my belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. I agree that to allow the accurate determination of financial status of the applicant, I will provide further information or proof upon request.

Signature: _____ Date: ____ / ____ / ____

When you've finished completing the form, save it and click the '**Submit Application**' button below. You will be taken to your email program and there you will have the opportunity to add your own comments and attach any supporting documents.

If you prefer, you may save the form and email it directly to caresolutions@palmlake.com.au.

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