



ELDERBLOOM  
COMMUNITY CARE CENTRES

# Elderbloom Residential Application Form

for Permanent Accommodation and Care



# Introduction

Thank you for your interest in considering placement with Elderbloom Residential Care.

To assist us with timely wait listing and an offer of placement that reflects your care needs and accommodation requirements please complete ALL sections of this form to the best of your ability.

If you have any difficulty or concerns in answering any of the sections or have any queries do not hesitate to:  
contact us via phone on (08) 9306 3666  
OR  
email on [admissions@elderbloom.org.au](mailto:admissions@elderbloom.org.au)

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# Elderbloom Residential Facilities and Locations

To assist our assessment process please indicate the type of accommodation and care you are seeking:  **General**  **Dementia**

Please number in order of preference your preferred Elderbloom Residential Facilities/Locations:

**Barridale Lodge (General)**

89 Barridale Drive,  
Kingsley WA 6026

**Jacaranda Lodge (General and Dementia)**

55 Belgrade Road,  
Wanneroo, WA 6065

**Wanneroo Community Nursing Home (General and Dementia)**

9 Amos Road,  
Wanneroo, WA 6065

**Section 1: Personal Information**

Completing this section will assist us with getting to know more about you and your family/ authorised representatives.

**1.1. Personal Prospective Residents Details:**

Title:  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

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

First Name(s): \_\_\_\_\_

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

Home Address: \_\_\_\_\_

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

Contact Info: Home phone (include area code): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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

Gender:  Male  Female  Other \_\_\_\_\_

**1.2. Marital Status:**

Single  Widowed  Separated  Divorced  Married  Partner

Name of spouse/partner (if applicable): \_\_\_\_\_

Are you and your spouse/partner applying jointly for Elderbloom Residential Care?

Yes  No  N/A

If **YES**, you will each need to complete your own Elderbloom Expression of Interest

**1.3. Cultural Information:**

Are you an Aboriginal or Torres Strait Islander?  Yes  No

Nationality: \_\_\_\_\_

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

Language Spoken: \_\_\_\_\_

Interpreter required:  Yes  No

**1.4 Your Current Location:**

Home: \_\_\_\_\_

Other Residence (e.g., with family): \_\_\_\_\_

Hospital (please specify): \_\_\_\_\_

Transitional Care (please specify): \_\_\_\_\_

Date of Admission Transitional Care: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Non-Elderbloom Residential Care Facility (please specify): \_\_\_\_\_

Date of Admission to non-Elderbloom Residential Care Facility: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**1.5 Respite:**

Have you accessed residential respite in the current financial year? (01 July -30 June)

NO                       YES (If yes please fill in details below)

Name of respite facility \_\_\_\_\_

Number of days/weeks in respite care \_\_\_\_\_

**1.6 Medical and Health Professional Contacts**

The following details are required to advise your residential aged care home of the contact information of the people who provide your Health Care:

**Your General Practitioner:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Contact numbers:

Daytime Telephone: \_\_\_\_\_ Evening telephone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Health Professional:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Contact numbers:

Daytime Telephone: \_\_\_\_\_ Evening telephone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please advise the residential care facility if there are other health professionals that you may need to consult while in our home**

**1.7 Current COVID and Flu Vaccination Status**

Have you been fully vaccinated for COVID?       YES       NO

Have you been vaccinated this season for Flu?       YES       NO

If yes please provide vaccination record.

**Section 2: Pension and Medicare Information**

Completing Sections 2 and 3 will assist us with determining your financial status so that we can provide you with draft fees and costs quote and answer any queries or concerns you may have.

**2.1 Pension details:**

Australian Pension: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Pension:</b> <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Aged <input type="checkbox"/> DVA Pension Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date ____ / ____ / ____ If DVA Card Colour: _____
Non-Australian Pension: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Pension: _____
Self-Funded Retiree: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Income: _____

**2.2 Medicare Details**

Medicare Card: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Please include number on Medicare card in front of your name <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Please include valid to date e.g., 06/2022

If you have **Private Health Insurance**, please your details here:

Name of Fund: \_\_\_\_\_  
 Membership Number: \_\_\_\_\_  
 Level of Cover: \_\_\_\_\_

If you have **Ambulance Cover**, please your details here:

Name of Fund: \_\_\_\_\_  
 Membership Number: \_\_\_\_\_



**Section 3: Nominated Representatives:**

Please provide details of the applicant’s nominated representative/s who Elderbloom can contact, regarding this application or about your care after you enter an Elderbloom residential facility.

**1. Nominated Representative (Primary Contact)**

Title:  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Next of Kin

Type of Authority:  Nil  Enduring Power of Attorney  Enduring Guardianship  
 Other \_\_\_\_\_

Driver’s Licence Number: \_\_\_\_\_

**(Please provide this identification for a quicker admissions process.)**

**2. Nominated Representative (Secondary Contact)**

Title:  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Next of Kin

Type of Authority:  Nil  Enduring Power of Attorney  Enduring Guardianship  
 Other \_\_\_\_\_

Driver’s Licence Number: \_\_\_\_\_

**(Please provide this identification for a quicker admissions process.)**

**3.1 Responsibility for Paying Accounts and Receiving Correspondence:  
(Must Be Enduring Power of Attorney Unless Nominated by Resident)**

Responsibility for receiving correspondence from the aged care home, including accounts, once you have accepted a place in the home?

- Yes, Prospective Residents to receive accounts and correspondence; or
- No, I would like **Nominated Representative 1** to receive my accounts and correspondence.
- No, I would like **Nominated Representative 2** to receive my accounts and correspondence.

**Section 4: Assets and Income Information:**

Completing Sections 2 and 3 will assist us with determining your financial status so that we can provide you with draft fees and costs and answer any queries or concerns you may have.

**4.1 Principal Home Information**

Do you own your home?

- No      If **NO**, please go to and complete 4.3
- Yes      If **YES**, please complete rest of 4.1

Do you live alone or do any of the following reside with you and will continue to live in the principal home after you enter a residential facility?

- Live alone
- Live with spouse/partner
- Dependent Child
- Carer (for more than 2 years)
- Immediate family (for more than 5 years)
- Are any of the above eligible for an assessable pension/income support  
(**Note: Do not include a Carer Allowance**)
- Yes     No

**Next Steps:**

If you live alone please go to 4.2 and complete your home financial information

If someone resides with you and will continue to live in the home and is eligible for pension/income support you do NOT need to complete 4.2 please go direct to and complete 4.3

**4.2 Principal Home Financial Information**

<b>Estimation of Value of your principal home:</b>	
Total Value	\$
Less Mortgage	\$
Less Deferred Management Fees, if in Retirement Living	\$
Less estimated selling costs	\$
Estimated Net Value	\$

### 4.3 Assessable Assets and Income

If you have any combined assets with a spouse/partner/family please **ONLY** include the monetary value of your share

<b>Other Assessable Assets</b>	
Bank Accounts	\$
Term deposits, Bonds	\$
Shares	\$
Managed Investments (e.g. investment trusts)	\$
Superannuation - in the accumulation phase	\$
- in the pension phase	\$
Other Real Estate (do not include the family home)	\$
Any other assets (please specify)	\$
Total of Other Assessable Assets	\$
<b>Assessable Income (per fortnight)</b>	
Australian Government Pension \$	\$
Non-Australian Pension \$	\$
Other income (e.g. Pension income from Super)	\$
Total of Assessable Income \$	\$

### 4.4 Assessment of your Income and Assets by Centrelink (prior to 01 July 2019)

Have you lodged a Centrelink Income and Assets Assessment **prior to 01 July 2019**?

Yes  No  Date of Lodgement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If **YES**, have you received the 'Residential aged care fees' letter from Centrelink?

Yes  No

If **YES**, please attach a copy of the Fees Letter and the Assets Summary Statement

**4.5. Assessment of your Income and Assets by Centrelink**  
(from 01 July 2019 onwards)

If you have not previously lodged a Form as of 01 July 2019 there are now different Centrelink processes for assessing your Income and Assets depending on your circumstances:

**1. In Receipt of a Pension – Non-Home Owner**

- No application required. For pre-assessment please call 1800 200 422

**2. In Receipt of a Pension – Home Owner**

- Complete and submit *Residential Aged Care Property Details Form (SA485)*

**3. Self-Funded Retiree**

- Complete and submit *Residential Aged Care Calculation of Your Cost of Care Form (SA457)*

Based on your circumstances please indicate if you have or are intending to submit:

**1. Pensioner and a Non-Home Owner**

- Pre-assessment please call 1800 200 422

Yes  No  Date of Assessment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2. Pensioner and a Home Owner**

- Complete and submit *Residential Aged Care Property Details Form (SA485)*

Yes  No  Date of Assessment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**3. Self-Funded Retiree**

- Complete and submit *Residential Aged Care Calculation of Your Cost of Care Form (SA457)*

Yes  No  Date of Assessment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please Note:**

If your circumstances indicate you do need to lodge the required form for an Income and Assets Assessment and do not do so you will be liable to pay the maximum means tested care fee on admission regardless of your financial status.

### 4.6 Aged Care Assessment (ACAT):

**An ACAT assessment can also be called an Aged Care Client Record (ACCR) or a Support Plan**

Have you had an ACAT Assessment? Yes No

Date of ACAT Assessment: \_\_\_\_\_

Do you have a copy of the Assessment? \_\_\_\_\_

Yes  No  (if YES, please include a copy with your application)

### Referral Code

If you do **NOT** have a copy of the ACAT please provide the referral code for **PERMANENT RESIDENTIAL APPROVAL**. This code starts with the number 1 – followed by 11 or 12 numbers. e.g. 1-2345678905

### Referral Code Number:

-

### 4.7 Current Health Status

Whilst the ACAT does provide health and medical information if there have been changes to your health and wellbeing, then completing this section will further assist us in ensuring an offer of placement that reflects your care needs.

Have you had any new medical diagnoses or changes to your care needs since your ACAT Assessment?

Yes  No

If <b>YES</b> , please record any new medical diagnoses:

**Section 5: Time Frame for Residential Care Placement:**

Please indicate the likely time-frame you are seeking for residential care placement:

- Urgent/as soon as possible \_\_\_\_\_
- Within Three months \_\_\_\_\_
- Three - Six months \_\_\_\_\_
- Six months and over \_\_\_\_\_

**Please Note:**

If your circumstances change you can contact Elderbloom on (08) 9306 3666 to update your preferred time frame for placement.

**5.1 Offer of Placement**

If an offer is made for placement:

- we will contact you to view the available accommodation and request you attend the facility within 24 hours
- if placement is accepted admission will generally need to occur within 48-72 hours from time of offer.

Prior to any permanent placement, we must receive assessment of your Income and Assets by Centrelink (DVA) and your Aged Care Assessment or Aged Care Client Record.

**Do you have any other information that you would like to provide, at this time with your application?**

**DECLARATION**

\_\_\_\_\_  
(Full name of person making the declaration)

Relationship to Applicant: \_\_\_\_\_ Date: \_\_ / \_\_\_ / \_\_\_\_

**PLEASE READ AND ACKNOWLEDGE THE BELOW DECLARATION.**

By checking this box, I sincerely declare that all of the information in this application is true to the best of my knowledge. It is in no way false, inaccurate or misleading, or intended to be false, inaccurate or misleading. I agree that if incorrect fees or charges are levied as a result of information provided in this form then Elderbloom may levy the correct charges from the Applicant's date of entry to a Elderbloom Residential Care Facility.

**Privacy of your personal information held by Elderbloom**

The information collected on this form will only be:

- Used in connection with your application for residential care placement
- Be accessed by Elderbloom staff to the extent necessary to perform their duties and will not be released to a third party without your consent.
- If you do not proceed to admission to a Elderbloom Residential Care Facility all documents will be securely disposed of.
- A complete Elderbloom Privacy Statement is available on request.

If you have any difficulty or concerns in answering any of the sections or have any queries do not hesitate to:  
contact us via phone on (08) 9306 3666  
OR  
email on [admissions@elderbloom.org.au](mailto:admissions@elderbloom.org.au)



### Application Checklist

To assist with the timely processing of your application please ensure that all sections are completed to the best of your ability and that you have provided the following documents/information with this application.

- A copy of your Aged Care Assessment (ACAT) which can also be referred to as an Aged Care Client Record (ACCR) or a Support Plan

**OR**

- Referral Code for Permanent Residential Code (refer to Section 4 of the Application)
- Copies of Power of Attorney and/or Guardianship approvals (if applicable)
- Copy of Centrelink Aged Care Fees Letter and Assets and Income Summary.  
**(if received from Department of Human Services)**
- A copy of vaccination record (if applicable).
- I understand the information provided and have completed all sections of this application.
- I have retained a copy of this application for my records.

### **Next Steps:**

Thank you for completing the application for wait listing for Elderbloom Residential Accommodation and Care.

We will proceed with wait listing and acknowledge this in writing to you within 3-4 business days and include draft financial information and a copy of the Resident Agreement.