

## Residential Aged Care Application for permanent residency



## Hello, and thank you for applying for permanent residency at Goodwin Residential Aged Care.

As Canberra's largest and longest-standing provider of aged care services, we know how difficult this time can be. If along the way you have any questions or require additional support, please don't hesitate to contact one of our customer liaison officers who will be happy to help you through this process.

### Contacts

Ainslie: Goodwin House Farrer: George Sautelle House

Annette McCoy Customer Liaison Officer Phone: (02) 6175 5006 Email: amccoy@goodwin.org.au

Post: Annette McCoy 35 Bonney Street Ainslie ACT 2602 **Monash:** David Harper House **Monash:** Ralph Cartwright Centre

**Melissa Woolf** Customer Liaison Officer Phone: (02) 6175 5192 Email: mwoolf@goodwin.org.au

**Post: Melissa Woolf** 15 Cockroft Avenue Monash ACT 2904

## I would like to apply for (list preferences by numbers 1-4)\*:

Ainslie: Goodwin House 35 Bonney St, Ainslie ACT 2602

Monash: David Harper House 15 Cockcroft Ave, Monash ACT 2904

Monash: Ralph Cartwright Centre 27 Cockcroft Ave, Monash ACT 2904

Farrer: George Sautelle House (due for completion 2021) 22 Marshall St, Farrer ACT 2607

# Office use only Date Goodwin received application: Goodwin application ID number: RC APR 2020-1

## Do you need assistance with this application?

#### Language

Language assistance, translating and interpreting services are available free of charge through the Telephone Interpreter Service: **communityservices.act.gov.au/home/translation 13 14 50** 

#### Auslan

Sign language and interpreting services to support older Australians who are deaf, deafblind, or hard of hearing to access or engage with Australian Government funded aged care services are available free of charge through Auslan Connections: **auslanconnections.com.au Call centre: 1300 010 877** 

Email: interpreter.bookings@deafservices.org.au SMS: 0407 647 591

#### Advocacy

**Goodwin customer liaison officers** are here to help make the process into aged care as simple as possible and act in your best interests. However, if you need further assistance to help decide what's right for you, there are services that can help.

Council on the Ageing (COTA) ACT is available to support, educate, link and assist people with suitable aged care services. For more information visit: www.cotaact.org.au 6282 3777 contact@cotaact.org.au

ACT Human Rights Commission Individual Advocacy can work with you to exercise your rights by providing assistance to: voice concerns, access information, resolve issues or to identify available support options. (02) 6205 2222

Older Persons Advocacy Network (OPAN) offers free aged care advocacy services that are independent and confidential. The services focus on supporting older people and their representatives to raise and address issues relating to accessing and interacting with Commonwealth funded aged care services. opan.com.au/advocacy 1800 700 600

## Your rights

#### Privacy

Goodwin is committed to protecting the privacy of our residents and clients. To read our privacy statement, click here or visit www.goodwin.org.au/privacy

#### **Charter of Aged Care Rights**

The Charter of Aged Care Rights informs you of your rights as an aged care consumer and how you can exercise them. The charter has been included in this application pack, and can also be accessed **Online: agedcarequality.gov.au/consumers/consumer-rights** 

## Applicant's details

## This application is for:

Title: <sup>*</sup>			
Mr	Mrs	Ms	Miss
Dr	Prof	Other	
Gender:*			
Male	Female	Prefer not to sa	у
Other			
How does the applican	t like to be addres	sed?:*	
Surname of applicant:			
*			
Date of birth:*			
Current address:*			
Home phone:		Mobile phor	ne:
Email:			
Marital status:*			
Married	Widowed	Separated	
Divorced	Defacto	Single	
Country of birth: <sup>*</sup>			
ls English your first lan	quage? <sup>*</sup> Ye	s No	
If no, please specify:	guuge: ie	5 110	
Additional languages:			

## **Applicant's details**

### Does the applicant identify with any of the following?

Aboriginal or Torres Strait Islander Culturally and linguistically diverse (CALD) Living in rural or remote area Financially or socially disadvantaged Veteran Homeless, or at risk of becoming homeless Lesbian, gay, bisexual, transgender or intersex (LGBTI) Care leaver (person who spent time in care as a child) Parents separated from their children by forced adoption or removal

## Please indicate when you would like to enter Goodwin Residential Care:<sup>\*</sup>

Ready now	3 months	6 months
9 months	12 months+	Unsure

If unsure, please provide further details:

## I am seeking:\*

Single room with ensuite	Premium single room with ensuite
Couples room with ensuite	

If applying for a couple, an application for each will be required.

Name of additional applicant:

## Where are you moving from?\*

Another aged care facility

Respite

**Private residence** 

Hospital

## Applicant's details

## If moving from hospital:

Hospital name	
Ward:	
Hospital contact:	

## If moving from another facility:

Name of current aged care facility:	
Address:	
Date of entry at current aged care facility:	
Refundable Accommodation Deposit/bond amount:	

## **Primary contact**

Title: <sup>*</sup>				
Mr	Mrs	Ms	Miss	
Dr	Prof	Other		
Relationship to app	licant:*			
Surname:*				
Given names: <sup>*</sup>				
Date of birth:				
Postal address:*				
		Mobile pho		
Email: <sup>*</sup>				

## Are you (tick all that apply):

Next of kin?	Yes	No
Enduring power of attorney?	Yes	No
Guardian?	Yes	No
Financial trustee?	Yes	No

## Alternative contact

Relationship to applicant:		
Surname:		
Given names:		
Preferred name:		
Date of birth:		
Postal address:		
Home phone:	Mobile phone:	
Email:		

## Doctor

Name of current GP:		
Phone number:		

## Health and medical information

Is there a diagnosis or suspected diagnosis of Alzheimer's or other dementia?

Yes

No

Please outline the reasons for prompting the move intro residential aged care :

## **Applicant's pension and Medicare details**

#### Pension\*

Full pension	Part pension	Non-pensioner		
Au	stralian aged pension			
	Disability pension			
Department of Veteran	Affairs (DVA) pension			
	Overseas pensions			
,	tions as a result of your milito			
service that might reduc	ce or eliminate aged care fee	s? Yes	No	
Medicare*	Medicare card when submitti	na application)		
(		······································		
Medicare number	Reference	No E	Expiry	

## Aged Care Assessment Team (ACAT) assessment

An ACAT assessment helps to determine the level of care that best suits your needs and identifies the level of funding available to assist in subsidising your care.

If you have not yet undergone an ACAT assessment, you can still apply to access Goodwin Residential Aged Care but must undertake an ACAT assessment prior to admission. If you have not yet had an ACAT assessment, we recommend completing one as soon as possible.

ACAT assessments are organised through the Australian Government service My Aged Care.

For more information, and to arrange your ACAT assessment, please contact: My Aged Care www.myagedcare.gov.au 1800 200 422

Do you have a current ACAT assessment for permanent entry into residential care?<sup>\*</sup> Yes No

Please provide a copy of your My Aged Care Support Plan.

#### Aged Care Client Record (ACCR)

Aged Care Client Records provide the government approvals to enter into residential aged care.

I authorise Goodwin Aged Care Services to electronically access my ACCR assessment.

My Aged Care Referral Code ^: 1-

## **Extra Services**

Goodwin's Extra Services provide premium benefits to residents for an additional cost, ranging from \$12.13 to \$24.25 per day, which will be confirmed upon room offer.

Benefits vary depending on facility, and may include:

#### Hospitality extras

- Special menu options on selected days, regular 'Chef's Table' events and daily home-baked morning teas,
- Regular happy hours and high teas,
- Access to private dining areas,
- Wine, beer or soft drinks with lunch and evening meals.

#### Additional outings and entertainment

- Special outings and activities including lake cruises, drives to country restaurants for lunch, theatre attendance and other activities determined by residents,
- A daily newspaper or magazine subscription.

Learn more about Goodwin's Extra Services: goodwin.org.au/residential-aged-care/extra-services

Would you like to be offered a room that includes Extra Services for an additional cost? Yes No

## Finance

#### Understanding costs

Financial arrangements for residential aged care can be difficult to understand. We have created a handy resource to help you understand the costs associated with living in a Goodwin Residential Aged Care Facility.

Click here to download 'Understanding cost of residential care' Or visit https://goodwin.org.au/residential-aged-care/understanding-costs Or contact Goodwin to have a copy sent to you.

If you've been living in residential care prior to 1 July 2014, please contact a Goodwin customer liaison officer to discuss how this impacts your situation.

## Getting assessed

In order to determine the fees you may be required to pay and the subsidies to which you may be entitled, we strongly recommend that you undergo an Income and Assets Assessment.

If you choose not to undergo an Income and Assets Assessment, you may not be eligible for Australian Government assistance towards your care or accommodation costs.

The Income and Assets Assessment is conducted by the Department of Human Services, unless you or your partner have served in the Australian Defence Force in which case it is conducted by the Department of Veteran's Affairs.

To undertake an Income and Assets Assessment, follow the instructions found on the My Aged Care website: myagedcare.gov.au/income-and-assets-assessment-aged-care-homes

Or if you've served in the Australian Defence Force: dva.gov.au/health-and-treatment/care-home-or-aged-care/aged-care/residential-aged-care

## **Statement of Assets**

Because many of the costs associated with residential care are based on your financial means, Goodwin requires an understanding of your financial situation in order to estimate the cost of your care.

The information you provide does not have to be exact, it will simply act as a guide to indicate to us the level of financial support you may be eligible for and help us to understand your needs. This information will not be shared with anyone who is not directly involved in the admissions process.

Do I have to complete the Statement of Assets?

We strongly recommend that you complete the Statement of Assets in order to assist us in preparing your room offer.

#### I do not wish to complete the Statement of Assets

If you choose not to disclose your financial information within this application, you will be required to attach a completed statutory declaration confirming your ability to pay the costs of your care and accommodation.

## **Statement of Assets**

### Please identify the components relating exclusively to the applicant.

#### Property

Do you currently own your own home?	Yes	No	
What is the estimated value of your home?			\$
What is your equity in the property?			\$
What is the estimated accumulated value of your o	additional re	eal estate?	\$

#### Cash and financial assets

Cash, bank accounts, credit unions, term deposits	\$
Current value of shares and securities in listed and un-listed companies	\$
Current value of bonds	\$
Assessible approved deposit funds, deferred annuities and superannuation funds	\$
Recurrent or expected income	\$
Gifts and bequests over \$10,000 promised within the past 5 years	\$
Other assets of value	
For example, cars, motorhomes, art, gold, etc.	\$

#### Liabilities

Less: Any loans, debts and mortgages (not for your place of residents)	\$
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#### Shared assets

If any other person has any value of interest in the assets listed (e.g. a protected person, co-owner, co-investor, etc.) please indicate what the value is:

.....

#### Total assets available to be accessed by you

\$

## Lodging your application

Please provide any additional information that may be helpful to assist us with your application:

## Lodging your application

## Please confirm the following

I have attached a copy of the applicant's Medicare card.	Yes
I have completed the consent to access my ACCR information and give permission for Goodwin to access my records.	Yes
I have received, and attached, a copy of my My Aged Care Support Plan.	Yes
I have completed and have attached the Government's Statement of Assets.	Yes
l intend to complete the Government Statement of Assets and will provide a copy of the document upon receipt.	Yes
I have chosen not to disclose my assets to Goodwin at this point and have completed and attached a statutory declaration confirming my ability to cover my cost of care.	Yes
I have truthfully completed all sections of this form.	Yes
Print name:	

Signed:

Date:

Return to: applications@goodwin.org.au **Annette McCoy** Customer Liaison Officer Phone: (02) 6175 5006

**Post: Annette McCoy** 35 Bonney Street Ainslie ACT 2602 **Melissa Woolf** Customer Liaison Officer Phone: (02) 6175 5192

#### **Post:** Melissa Woolf 15 Cockroft Avenue Monash ACT 2904