

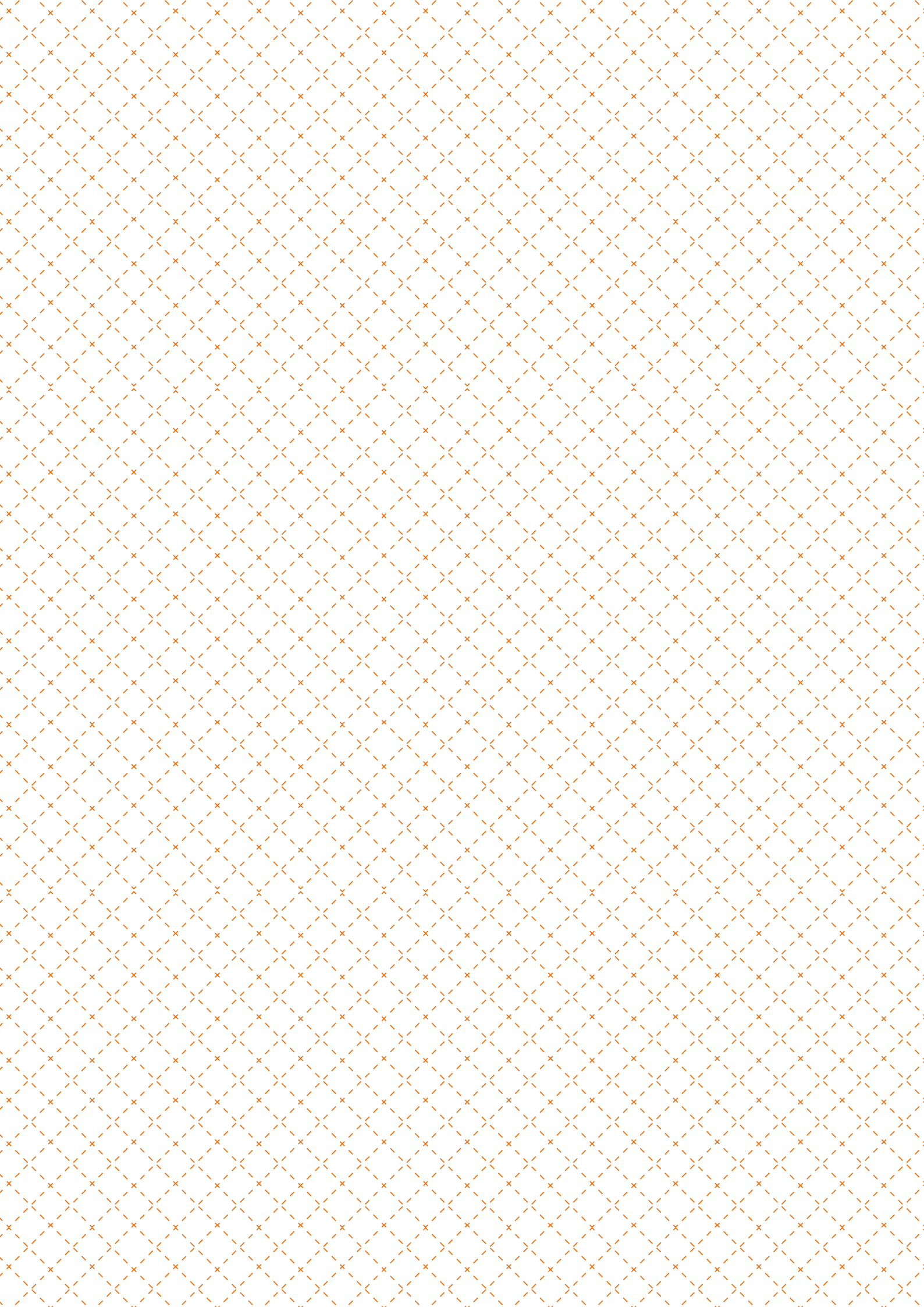
# YOUR APPLICATION PACK

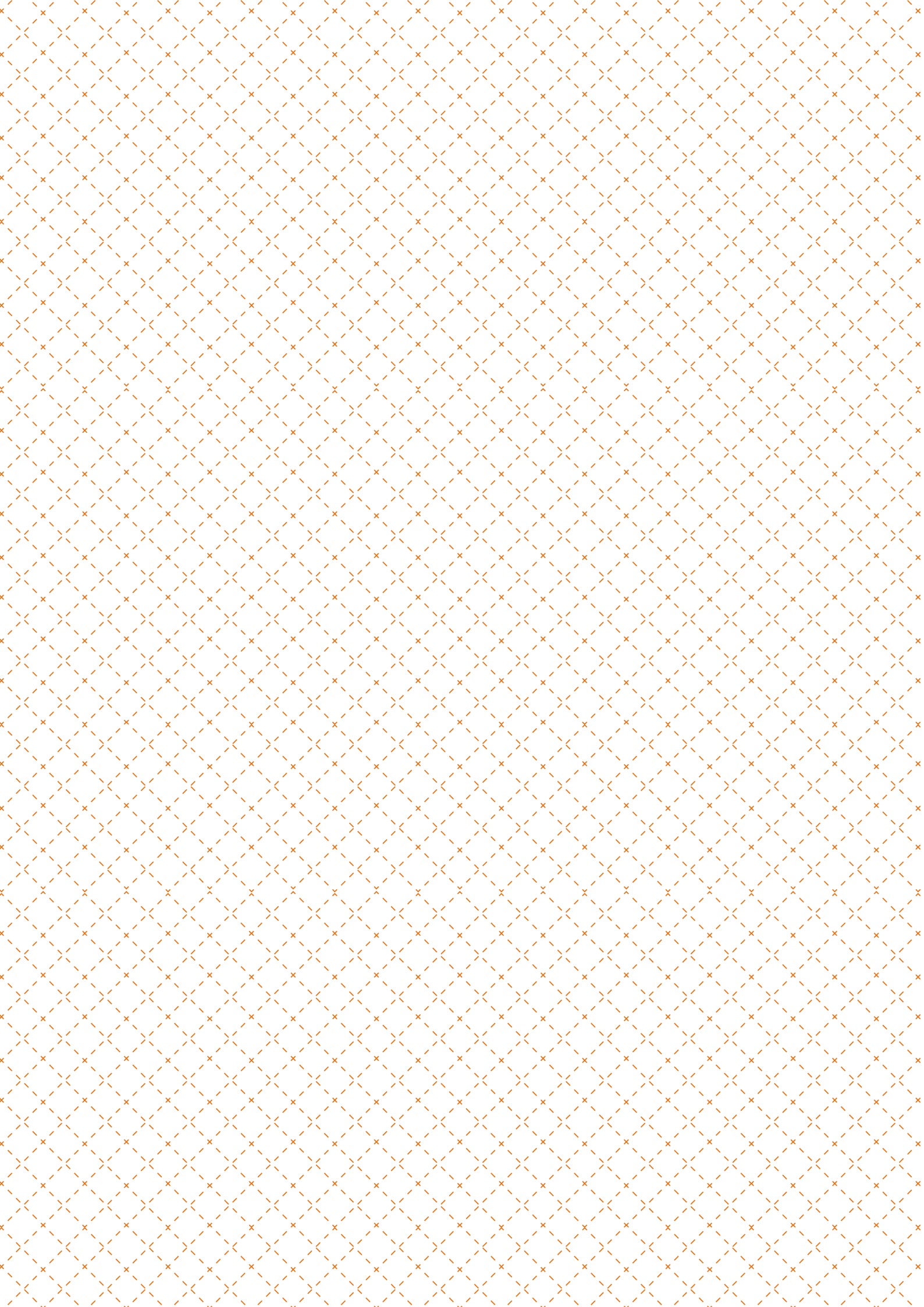
FOR RESIDENTIAL AGED CARE



AGED CARE

Australian  
Unity 





# HOW TO COMPLETE YOUR APPLICATION PACK

**Thank you for considering Australian Unity at this important stage in your life.**

Our commitment is to provide tailored and respectful support and to ensure that you feel valued, listened to and cared for with dignity. It is all part of what we at Australian Unity call *Better Together*<sup>®</sup>.

**So that we can review your application promptly and with minimum fuss, please follow these simple guidelines. We have provided a handy checklist for you to tick off.**

## 1. Review and complete all parts of this Application Pack



### Step A: Your application

- Complete all questions and write N/A for any questions which do not apply to you.
- Please use capital letters.
- Please place a tick in the box/es that apply to you.



### Step B: Your privacy

- Sign and complete the included **Privacy Statement**.



### Step C: Your room options and pricing

- Review the **Accommodation Options** documents which are enclosed separately to choose your preferred accommodation type and obtain the pricing information required to complete Section D.



### Step D: Your accommodation payment options

- Review and complete the **Accommodation Payment Options** form. We recommend you obtain independent legal and financial advice before completing this form.
- Return the completed form to Australian Unity before admission into your new home.

## 2. Complete your Income and Assets Assessment documentation



- To determine what government assessed fees and charges you will be charged by Australian Unity, the Department of Human Services (DHS) or Department of Veterans' Affairs (DVA) will conduct your income and assets assessment. To do this, please visit the DHS website at [humanservices.gov.au](http://humanservices.gov.au) and complete the *Permanent Residential Aged Care – Request for a Combined Assets and Income Assessment* (SA457) form.
- Please return the completed documentation directly to the address nominated by DHS.

**3. Provide copies of the following documents in addition to the completed Application Pack**



- Your completed **Aged Care Client Record (ACCR)**, which your Aged Care Assessment Team (ACAT) will complete for you. If you do not have a copy, please advise us and we will obtain a copy for you from Medicare *(if you have been assessed)*.
- Copy of a **Power of Attorney** *(if applicable)*.
- Copy of a **Legal Guardianship** document *(if applicable)*.
- Copy of your **Aged Care Fees and Accommodation Payment determination** received from DHS or DVA *(if applicable and in receipt)*.

**4. Provide your completed Application Pack to your Australian Unity contact at your nominated Aged Care residence.**



Should you require an interpreter or any assistance with completing this form, please contact the Australian Unity team member identified in the letter that accompanied this Application Pack, or phone us on 1300 160 170.

Please note that submission of an application and offer of an interview does not necessarily guarantee an offer of a place at an Australian Unity aged care residence.



**Step A**

**Your application**

## Aged care residence and service type

### Which residence are you interested in?

- |   |  |
|---|--|
| <input type="checkbox"/> Campbell Place (Glen Waverley, VIC)  | <input type="checkbox"/> Sienna Grange (Port Macquarie, NSW) |
| <input type="checkbox"/> Constitution Hill (Northmead, NSW)   | <input type="checkbox"/> Racecourse Grange (Mornington, VIC) |
| <input type="checkbox"/> Peninsula Grange (Mornington, VIC)   |  |
| <input type="checkbox"/> Rathdowne Place (Carlton, VIC)       |  |
| <input type="checkbox"/> Victoria Grange (Vermont South, VIC) |  |

### Which service type are you interested in?

- Respite care       Permanent care

## Part A: About You

Title:  Mr  Mrs  Ms  Other (please specify): .....

Surname: .....

Given name(s): ..... Preferred name: .....

Residential address: .....

*Street number*

*Street name*

*Suburb*

*State*

*Postcode*

Telephone number:

Day: ..... Night: ..... Mobile: .....

Email address: .....

Marital status:

Single       Married       De facto       Other

Widowed       Separated       Divorced

Gender:       Male       Female       Other/LGBTIQ

Date of birth: .....

Country of birth: .....

Aboriginal/Torres Strait Islander :  Yes  No

Religion: .....

Preferred language:  English  Other: .....

Require an interpreter:

# Step A: YOUR APPLICATION

## Your partner

Do you have a spouse or partner?  Yes  No

What is your spouse/partner's name? .....

Are you and/or your spouse/partner applying for a place together in an aged care residence?

Yes  No

Does your spouse/partner already reside in an aged care residence?

Yes  No

## Current living arrangement

Own home  Rented accommodation  Hospital

With family or friend(s)  Other .....

## Your eligibility for residential aged care

Have you been assessed by an Aged Care Assessment Team (ACAT) as suitable for placement in an aged care residence?

Yes (please attach a copy of your assessment – Aged Care Client Record (ACCR))

Approved Respite care

Approved Permanent care

Date of ACCR: ..... / ..... / .....

No (please see your doctor or contact My Aged Care on 1800 200 422 or [myagedcare.gov.au](http://myagedcare.gov.au))

## Your aged care history

Have you ever been a permanent resident in an aged care residence?  Yes  No

If yes, date permanent residency commenced: ..... / ..... / .....

Date of departure (if not currently in an aged care residence): ..... / ..... / .....

Are you currently living in another an aged care residence?  Yes  No

If yes, please complete details below:

Name of aged care residence: .....

Date of admission: .....

Address: .....

Street number

Street name

Suburb

State

Postcode

Telephone number: .....

Dept. ID number (if known): .....



**Are you currently receiving home care?**  Yes  No

If yes, please specify below what type of home care service you are receiving:

- Government-funded
- Privately funded

**Provider:** .....

### Your pension status

- Full
- Part
- Self-funded

If a full or part pensioner, please specify below:

- Centrelink
- DVA (*non-means tested*)
- DVA (*means tested*)
- Overseas

**Pension number:** ..... **Card expiry date:** ..... / ..... / .....

**DVA number:** ..... **Card expiry date:** ..... / ..... / .....

### Your health care details

**Medicare number:** .....

**Individual reference number:** ..... **Expiry date:** ..... / ..... / .....

**Health insurance provider:** .....

**Membership number:** ..... **Type of cover:** .....

### Compensation payments

Are you currently funded for Aged Care from any of these sources:

- Workers' Compensation
- Third Party
- Common Law

# Step A: YOUR APPLICATION

## Part B: Contact Details

Please provide details for the person(s) we can contact regarding your application and for the duration of your time with us.

### Primary Contact

The person responsible for fees and charges, if not you:

Title:  Mr  Mrs  Ms  Other (please specify): .....

Full name: .....

Relationship to you (e.g. son/daughter): .....

Tick all boxes that apply:     Billing Contact                       Clinical Contact  
    Legal Contact                       Other .....

Residential address: .....

*Street number*                                      *Street name*

.....  
*Suburb*                                      *State*                                      *Postcode*

Telephone number:

Home: .....      Work: .....      Mobile: .....

Email address: .....

### Secondary Contact

Title:  Mr  Mrs  Ms  Other (please specify): .....

Full name: .....

Relationship to you (e.g. son/daughter): .....

Tick all boxes that apply:     Billing Contact                       Clinical Contact  
    Legal Contact                       Other .....

Residential address: .....

*Street number*                                      *Street name*

.....  
*Suburb*                                      *State*                                      *Postcode*

Telephone number:

Home: .....      Work: .....      Mobile: .....

Email address: .....

### Third Contact

Title:  Mr  Mrs  Ms  Other (please specify): .....

Full name: .....

Relationship to you (e.g. son/daughter): .....

Tick all boxes that apply:  Billing Contact  Clinical Contact  
 Legal Contact  Other .....

Residential address: .....  
*Street number* *Street name*  
 .....  
*Suburb* *State* *Postcode*

Telephone number:  
 Home: ..... Work: ..... Mobile: .....

Email address: .....

### Part C: Legal Details

Please note, if you answer yes to any of the following questions, you need to supply a certified copy of the relevant documentation.

**Do you have a power of attorney(s)?**

No  Yes (full name of attorney(s)): .....

**Type of attorney** (tick the box(es) that apply):

- Enduring Power of Attorney (Medical)  Enduring Power of Attorney (Financial)
- Enduring Power of Guardianship  General Power of Attorney
- Enduring Power of Attorney (VIC and NSW)  Supportive Attorney (VIC Only)
- Enduring Guardian (NSW Only)

**Do you have a legal guardian(s)?**

No  Yes (full name of guardian(s)): .....

**Type of guardian(s):**

- Public Trustee  Office of Protective Commissioner
- Guardianship Tribunal  Other .....

**Are you applying for legal representation?**

Yes (full name of attorney(s)): .....

Type of legal authority: .....

- No, but I would like more information
- No



**Step B**  
**Your privacy**

**Resident's full name** .....

Australian Unity is committed to complying with all applicable privacy laws including Division 62 of the *Aged Care Act 1997* (Cth), the *Privacy Act 1988* (Cth) and Australian Privacy Principles.

### Accuracy

It is important that we maintain accurate records about you. Please inform us of any changes to your personal details as soon as possible. You may also provide us with additional details from time to time that will be incorporated into your client details file. You can view or obtain copies of personal information held about you by contacting your Australian Unity Aged Care residence manager. If requested by you, we must correct any personal information held by us that you believe to be inaccurate or out of date.

### Concerns

After speaking to your Australian Unity Aged Care residence manager, if you still have any complaints or questions about the privacy of your personal information, please contact the Australian Unity Compliance Manager, Level 14, 114 Albert Road, South Melbourne VIC. 3205. A copy of Australian Unity's Privacy Policy is available from the Australian Unity Retirement Living Compliance Manager or from our website [australianunity.com.au/privacy-policy/](http://australianunity.com.au/privacy-policy/)

### Right not to disclose

You have the right not to disclose your personal information, however this may limit our ability to process your application for care, provide care in the best possible way, provide you with products or services which you have requested, develop and advise you of new services and products or manage an emergency effectively.

### Use of your personal information

The personal information collected from you will be maintained, used and disclosed as necessary to:

- (a) determine eligibility for placement;
- (b) process your application for care;
- (c) fulfil our obligations to provide services to you;
- (d) manage our relationship with you including the management of your care plan;
- (e) administer the services, programs and products requested by you;
- (f) initiate direct debit arrangements; and/or
- (g) comply with applicable laws and for other purposes set out in our Privacy Policy.

## Step B: YOUR PRIVACY

Your photograph will be included in your care records and will be used to manage your care needs such as medication administration. A name and photograph display may be used at times within the residence such as where assistance is required to locate resident rooms, in resident displays or in resident communications.

Personal information may also be used to better plan and manage our service, extend our relationship with you and to develop products, programs and services better suited to our clients' needs. We may give your personal information to our related organisations and other third parties who help us with our business.

Any health information has been provided with your consent and will be managed as sensitive personal information. We may use the health information provided to manage your care plan and assist in the provision of appropriate services. For these purposes the information may be disclosed to consulting health and allied practitioners and those business and service providers who assist us in providing services. Health information will be disclosed to your aged care pharmacists to ensure the best health outcomes are received from medication. It may be necessary to disclose your health information in a medical emergency.

Australian Unity may be required to provide your personal information to government departments or Centrelink for the purposes of monitoring the way in which services have been provided or for other purposes related to the evaluation, research and development for aged care services. We will also provide personal information to persons nominated as your contacts in your application.

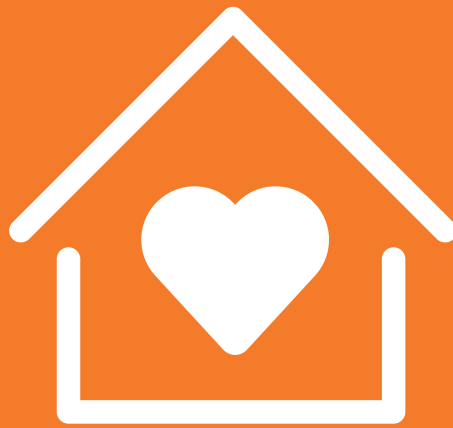
### Acknowledgement

Acknowledged and agreed by Resident/Attorney:

Signature: .....

Name: .....

Date:            /            / .....



## Step C

# Your room options and pricing

Please refer to the separate enclosed documents regarding accommodation and pricing. Once you have made your choice, you will have the information required to complete Step D. You can alternatively view room options and pricing details on our website at [australianunity.com.au/aged-care](https://australianunity.com.au/aged-care), under your nominated aged care residence.



**Step D**

**Your accommodation  
payment options**



# Step D: YOUR ACCOMMODATION PAYMENT OPTIONS

## Schedule of Accommodation Options

We offer a variety of different rooms at the aged care residence you have chosen. We have included your Room Options and Pricing documentation which sets out the price we can charge for rooms. The prices are correct at the time we provide the application to you but are subject to change. We cannot guarantee that all rooms will be available at any one time.

Further information about specific room and accommodation types can be provided to you on request, or are available on our website [australianunity.com.au/agedcare](http://australianunity.com.au/agedcare). Alternatively, you can phone Australian Unity on 1300 160 170.

## Choice of Accommodation Payment Method




You can choose to pay for your accommodation by one of the following methods:

- (a) Daily Accommodation Payment (DAP);
- (b) Refundable Accommodation Deposit (RAD);
- (c) Combination of a Refundable Accommodation Deposit (RAD) and Daily Accommodation Payment (DAP)

You must make a choice about how you want to pay for your accommodation within 28 days after you move in. If you choose to pay a RAD, then you do not have to pay the full RAD amount before six months from the date you move in, however interest will accrue at the Maximum Permissible Interest Rate (MPIR) as set by the Commonwealth Government on any outstanding accommodation payment amounts.

## Choice of payment

I confirm that I wish to pay my Accommodation Payment or Accommodation Contribution as follows. Pick one option from below:

<b>Option 1</b> 	<b>Option 2</b> 
<b>Refundable Accommodation Deposit (RAD)</b> Fully refundable accommodation deposit.	<b>Daily Accommodation Payment (DAP)</b> Room price converted into a daily fee, at the maximum permissible interest rate (MPIR) set by the Australian Commonwealth Government.
\$ <input type="text"/>	\$ <input type="text"/>
<b>OR</b>	
<b>Option 3</b> 	
<b>Combination of Refundable Accommodation Deposit (RAD) and Daily Accommodation Payment (DAP)</b>	
Refundable Accommodation Deposit (RAD)	Daily Accommodation Payment (DAP)
\$ <input type="text"/>	\$ <input type="text"/> per day

# Step D: YOUR ACCOMMODATION PAYMENT OPTIONS

## Acknowledgment by you (or your representative)

I acknowledge that:

- (a) I understand the nature and effect of making a choice about how I wish to pay for my accommodation.
- (b) I have made this choice freely and voluntarily and without any influence from Australian Unity.
- (c) I do not have to make this choice before the Entry Date.
- (d) After payment of the Refundable Accommodation Deposit (RAD), I will retain minimum assets in accordance with the relevant regulations for a period of at least 28 days.

**Signed by the Resident or Resident's Attorney:**

**Signed:** ..... **Date:** ..... / ..... / .....

**First name:** ..... **Surname:** .....

**Signed by the Resident or Resident's Attorney:**

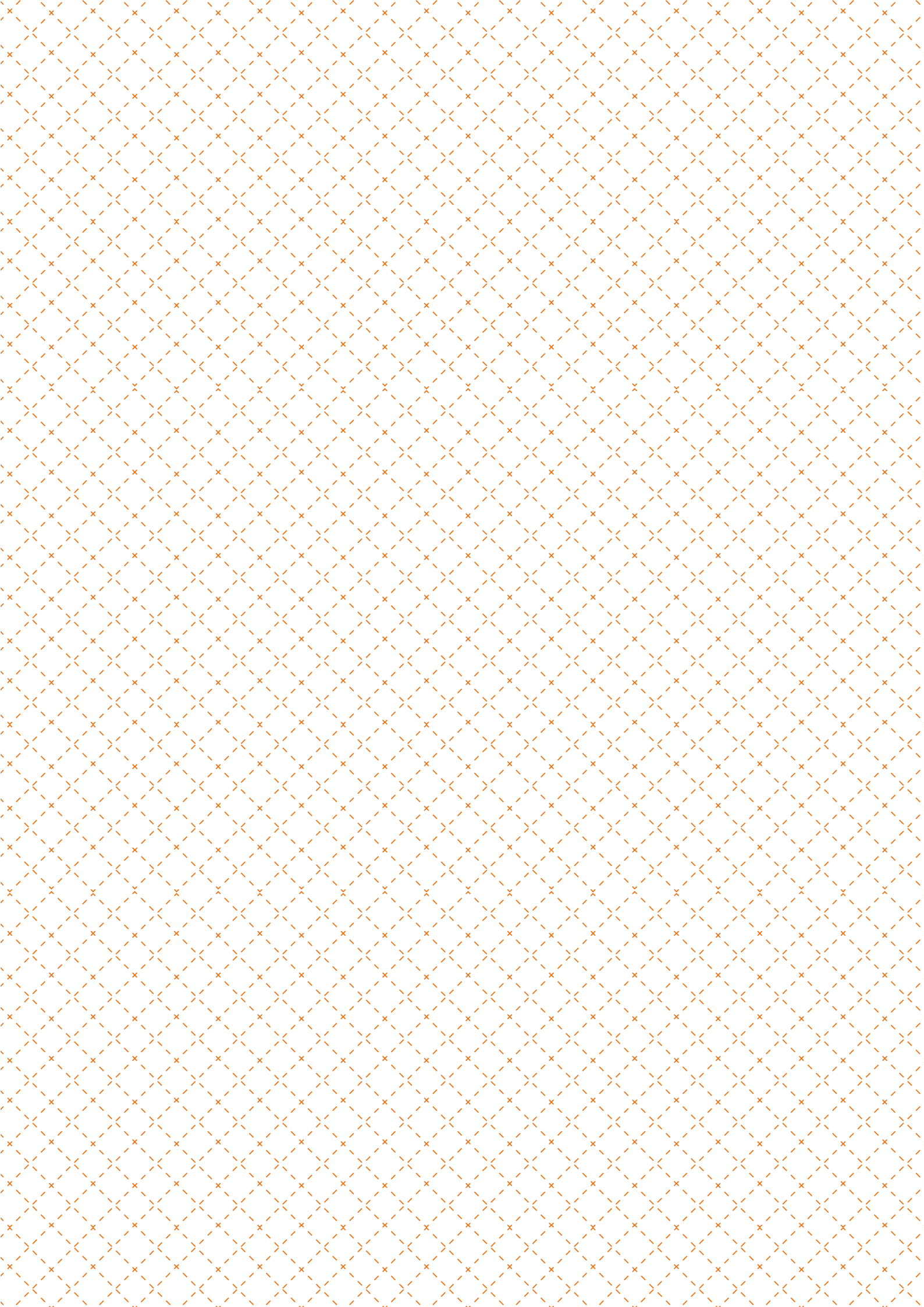
**Signed:** ..... **Date:** ..... / ..... / .....

**First name:** ..... **Surname:** .....

**Residence:** .....

**Room number:** .....

**Entry date:** .....





1300 160 170

[australianunity.com.au/aged-care](http://australianunity.com.au/aged-care)

**Australian Unity's Better Together<sup>®</sup> philosophy guides the way we provide support and services to you.**



**CONNECT**

**We genuinely engage with you and help you connect with others in the community.**



**RESPECT**

**We support your preferences and choices as an expression of your individuality.**



**MAKE IT POSSIBLE**

**Whatever your request, we will do everything in our power to make it happen.**

The content of this document was accurate at the time of printing. However, information contained in this document should not be used or relied upon as a substitute for legal advice. Before signing a resident agreement to become a resident at an Australian Unity Aged Care residence, Australian Unity recommends that you discuss the agreement with your financial and legal advisers. Australian Unity and its staff are unable to provide you with any personal or financial legal advice. The actual amount of the fees and charges payable will depend on your personal situation, the time you enter care, the information you provide to the relevant Australian Government Departments and your personal and financial information. Australian Unity respects your privacy rights and is committed to complying with all applicable privacy laws including the *Privacy Act 1988* (Cth) and the Australian Privacy Principles. Your details will be used by Australian Unity to provide you with care and accommodation services and to record your wishes about the future provision of care and accommodation services. You may obtain a copy of Australian Unity's Privacy Policy from Australian Unity's website located at [www.australianunity.com.au/privacy-policy](http://www.australianunity.com.au/privacy-policy). Australian Unity Care Services Pty Ltd ACN 065 558 143, 271 Spring Street, Melbourne VIC 3000, August 2019.