YOUR
APPLICATION PACK
FOR RESIDENTIAL AGED CARE

AGED CARE
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®.

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 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
## Step A: YOUR APPLICATION

### Aged care residence and service type

**Which residence are you interested in?**
- [ ] Campbell Place (Glen Waverley, VIC)  
- [ ] Constitution Hill (Northmead, NSW)  
- [ ] Peninsula Grange (Mornington, VIC)  
- [ ] Rathdowne Place (Carlton, VIC)  
- [ ] Victoria Grange (Vermont South, VIC)  
- [ ] Sienna Grange (Port Macquarie, NSW)  
- [ ] Racecourse Grange (Mornington, 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  
- [ ] Defacto  
- [ ] 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)

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:**

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**Telephone number:**

- Home: 
- Work: 
- Mobile: 

**Email address:**

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**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:**

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**Telephone number:**

- Home: 
- Work: 
- Mobile: 

**Email address:**

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**Third Contact**

**Title:** 
- [ ] Mr
- [ ] Mrs
- [ ] Ms
- [ ] Other (please specify): 

**Full name:** 

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

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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/

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.
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, 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. 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:

Option 1
Refundable Accommodation Deposit (RAD)
Fully refundable accommodation deposit.

Option 2
Daily Accommodation Payment (DAP)
Room price converted into a daily fee, at the maximum permissible interest rate (MPIR) set by the Australian Commonwealth Government.

Option 3
Combination of Refundable Accommodation Deposit (RAD) and Daily Accommodation Payment (DAP)
Refundable Accommodation Deposit (RAD) + Daily Accommodation Payment (DAP)
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: ..............................................................

Residence: ............................................................................................................................
Room number: ........................................................................................................................
Entry date: .............................................................................................................................
Australian Unity’s Better Together® 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.