



Braemar Presbyterian Care
PO Box 1115, Willagee WA 6156
Phone: (08) 6279 3640
admissions@braemar.org.au
www.braemar.org.au

Application for Residential Accommodation

The resident or their carer should complete this form. Please ensure all details are complete and accurate to the best of your knowledge.

Full name of applicant: _____

Date of application: _____

Type of care being sought:

Permanent Residential Care

Respite Care

How did you hear about us?

Google

Facebook

LinkedIn

Twitter

TV

Newspaper

Word by mouth

Other: _____

Preferred Facility:

Braemar Coinda
31 Moorhouse Street
Willagee WA 6156

Braemar House
10 Windsor Road
East Fremantle WA 6158

Braemar Village
24-32 Charlsley Street
Willagee WA 6156

Aged Care Information

Please note: We are unable to process applications for Permanent Residential Care without a current copy of both the Combined Assets and Income Assessment (SA457) from Centrelink and the applicant's ACCR or Support Plan. To process applications for Respite Care, we require a current ACCR or Support Plan approved for respite care.

Has the ACAT completed an ACCR or Support Plan?

Yes

No

Date of Assessment (Please enclose a copy with your application): _____

Has Centrelink completed a Combined Assets and Income Assessment?

Yes

No

Date of Assessment (Please enclose a copy with your application): _____

Applicant Details:

(Please write your name exactly as shown on your Pensioner Concession Card, if applicable)

Title: Mr Mrs Miss Dr Other (please specify): _____

Family name: _____ Gender: Male Female

Given name/s: _____ Date of birth: _____

Preferred name: _____ Marital status: _____

Home telephone: _____ Mobile: _____

Home address: _____ Suburb: _____

Postcode: _____ Email address: _____

Present address *(if different from above):*

Street: _____

Suburb: _____ Postcode: _____

Have you accessed any of the following services in the current financial year?

If yes, please check:

- | | |
|----------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Residential Respite Centre | <input type="checkbox"/> In Home Respite |
| <input type="checkbox"/> Permanent Residential Aged Care | <input type="checkbox"/> Home Care Package |

Please provide details:

| <u>Name of Service Provider</u> | <u>Type of Service</u> | <u>Dates</u> |
|---------------------------------|------------------------|--------------|
| | | to |
| | | to |
| | | to |
| | | to |
| | | to |
| | | to |

Pension Details:

Pension Type: Full Pension Part Pension No Pension

Pension Number: _____

DVA gold card: Yes No **Card number:** _____

Medicare number: _____ **Expiry date:** _____

Do you have private health care: Yes No

Name of fund: _____ **Member number:** _____

Level of cover: _____ **Ambulance cover:** Yes No

Row number: _____ **Expiry date:** _____

Cultural Information:

Aboriginal/Torres Strait Islander: Yes No

Nationality: _____ **Country of birth:** _____

Language spoken: _____ **Interpreter required:** Yes No

Faith/Religious denomination: _____

Spouse/Partner Information *(if applicable)*

Title: Mr Mrs Miss Dr Other (please specify): _____

Family name: _____

Given name/s: _____ **Date of birth:** _____

Preferred name: _____ **Marital status:** _____

Home telephone: _____ **Mobile:** _____

Home address: _____

Street: _____

Suburb: _____ **Postcode:** _____

Next of Kin Details:

Please provide details of a nominated representative Braemar can contact, if required, in relation to your care after you enter our service. Residents often have a number of family members who can be classed as their Next of Kin. It is essential that you make clear who the Primary Contact will be and provide details of when and how they should be contacted.

Braemar staff only communicate with one family member or carer, the expectation is that the family or carer will then manage communication between all others.

Please note: The Power of Attorney (POA) only has power regarding financial and legal decisions, but not healthcare, lifestyle or accommodation. The Guardian only has power regarding healthcare, lifestyle and accommodation decisions, but not financial and legal decisions. A single person may hold both types of authority.

Primary Contact:

Name: _____ Relationship: _____

Home address: _____

Street: _____

Suburb: _____ Postcode: _____

Home telephone: _____ Work telephone: _____

Mobile: _____ Email address: _____

Power of Attorney: Yes No
(if yes, please enclose a copy with you)

Guardianship: Yes No
(if yes, please enclose a copy with you)

Secondary Contact: *(will only be contacted in the event that the Primary Contact is unreachable)*

Name: _____ Relationship: _____

Home address: _____

Street: _____

Suburb: _____ Postcode: _____

Home telephone: _____ Work telephone: _____

Mobile: _____ Email address: _____

Power of Attorney: Yes No
(if yes, please enclose a copy with you)

Guardianship: Yes No
(if yes, please enclose a copy with you)

Billing Information:

Name: _____ Relationship: _____

Billing address: _____

Street: _____

Suburb: _____ Postcode: _____

Home telephone: _____ Work telephone: _____

Mobile: _____ Email address: _____

Will the applicant also be receiving billing information? Yes No

Resident and Representative Newsletter

Please indicate an email address if you wish to receive our monthly communication:

Email address: _____

Signature of Applicant or Representative

Please ensure all details are complete and that the information is accurate to the best of your knowledge.

Email address: _____

Name of person signing application: _____

Signature: _____ Date: _____

Please retain a copy of this application form for your records and return the original along with the following supporting documents to:

Braemar Presbyterian Care | PO Box 1115, Willagee WA 6156 | admissions@braemar.org.au

- Aged Care Client Record (ACCR) or Support Plan
- Centrelink Combined Income and Asset Assessment
- Power of Attorney (POA) *(if applicable)*
- Guardianship *(if applicable)*