

## Do you need assistance with this application?

### LANGUAGE

Language assistance, translating and interpreting services are available free of charge through the Telephone Interpreter Service:

<https://www.tisnational.gov.au/>

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](http://auslanconnections.com.au)

Call centre: 1300 010 877 Email: [interpreter.bookings@deafservices.org.au](mailto:interpreter.bookings@deafservices.org.au)

SMS: 0407 647 591

### ADVOCACY

Cro Care 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.

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](http://opan.com.au/advocacy) 1800 700 600

### YOUR RIGHTS

#### Privacy

Cro Care is committed to protecting the privacy of our residents and clients. To read our privacy statement, click here or visit [www.vcacs.com.au/privacy](http://www.vcacs.com.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](http://agedcarequality.gov.au/consumers/consumer-rights)

## APPLICATION FOR RESIDENTIAL CARE



Please use **BLOCK LETTERS**, Where indicated place a **tick (✓)** in the appropriate box.

**NOTE: All Cro Care Homes are smoke free environments (building and grounds)**

### 1. Person / Care Recipient:

First Name:	Last Name:
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	
Preferred Name:	
Current Residential Address:	
	Postcode:
Telephone: (work)	Telephone: (home)
Mobile:	
Email:	
Cultural Background:	
Preferred Language:	
Are you an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have a permanent visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religion:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Date of Birth:	Age: (years)

Health Insurance Fund:	
Health Insurance Number:	Expiry Date:
Aged Care Access Number / Care Recipient ID:	
Pension Type:	<input type="checkbox"/> Centrelink <input type="checkbox"/> DVA
Pension Status:	<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Non
Pension Number:	Expiry Date:
Medicare Number:	Expiry Date:
Concession Card Number:	
DVA Number:	
<b>Please attach a photocopy of both Medicare Card and Pension Card (if applicable)</b>	
Aboriginal / TSI Status:	
Have you been approved as a care recipient for residential care by the Aged Care Assessment Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, ACAT Approval Date:</b>

## APPLICATION FOR RESIDENTIAL CARE



Are you seeking: Standard 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:

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:

If moving from hospital:

Hospital name

Ward:

Hospital contact:

### 2. Person Completing the Application:

First Name:

Last Name:

Title:       Dr    Mr    Mrs    Miss    Ms    Other:

Current residential address:

Postcode:

Telephone: (work)

Telephone: (home)

Mobile:

Email address:

Relationship to the Applicant:

Person Responsible for Billing:

### Legal and Financial Management Details:

Medical Treatment Decision Maker

Administrator

Guardian

Power of Attorney (General)

Enduring Power of Attorney (Financial)    Enduring Power of Attorney (Medical)

### 3. Correspondence relating to this application to be forwarded to:

*If this is the person completing the application then please write: AS ABOVE*

First Name:

Last Name:

Title:       Dr    Mr    Mrs    Miss    Ms    Other:

Current Residential Address:

Postcode:

Telephone:

Mobile:

Relationship to the applicant:

### 4. Medical Practitioner:

Full name of current Doctor:

# APPLICATION FOR RESIDENTIAL CARE



Name of Practice:	
Address:	
Postcode:	
Telephone:	Fax:

## 5. Funeral Director:

Business Name:	
Address:	
Postcode:	
Telephone: (BH)	Telephone: (AH)

## 1<sup>st</sup> Contact Person: (Emergency)

First Name:	Last Name:	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
Relationship to Applicant:		
Current Residential Address:		
Postcode:		
Ph: (BH)	Ph: (AH)	Mobile:
Person Responsible for Billing: <input type="checkbox"/>		
Email address:		

## Legal and Financial Management Details:

- Medical Treatment Decision Maker
- Administrator  Guardian  Power of Attorney (General)
- Enduring Power of Attorney (Financial)  Enduring Power of Attorney (Medical)

## 2<sup>nd</sup> Contact Person: *if applicable*

First Name:	Last Name:	
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
Relationship to Applicant:		
Current Residential Address:		
Postcode:		
Ph: (BH)	Ph: (AH)	Mobile:
Person Responsible for billing:		
Email Address:		

## Legal and Financial Management Details:

- Medical Treatment Decision Maker
- Administrator  Guardian  Power of Attorney (General)
- Enduring Power of Attorney (Financial)  Enduring Power of Attorney (Medical)

## 3<sup>rd</sup> Contact Person: *if applicable*

First Name:	Last Name:
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## APPLICATION FOR RESIDENTIAL CARE



Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
Relationship to Applicant:		
Current Residential Address:		
		Postcode:
Ph: (BH)	Ph: (AH)	Mobile:
Person Responsible for Billing:		Email Address:
<b>Legal and Financial Management Details:</b>		
<input type="checkbox"/> Medical Treatment Decision Maker		
<input type="checkbox"/> Administrator	<input type="checkbox"/> Guardian	<input type="checkbox"/> Power of Attorney (General)
<input type="checkbox"/> Enduring Power of Attorney (Financial)		<input type="checkbox"/> Enduring Power of Attorney (Medical)

## Additional Services

Cro Care's Additional Services provide premium benefits to residents for an additional cost, ranging in price, which will be confirmed upon room offer.

Benefits vary, 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, theatre attendance and other activities determined by residents
- A daily newspaper or magazine subscription

## Finance

### Understanding costs

Financial arrangements for residential aged care can be difficult to understand. We have attached a quick reference guide to help you understand the costs associated with living at Cro Care.

We welcome you to contact our management team for any further questions you may have.

If you have been living in residential care prior to 1 July 2014, please contact Reyson Royo to discuss how this impacts your situation.

### Reyson Royo CPA

Business & Finance Manager,

0402 565 499 or [reysonr@crocare.com.au](mailto:reysonr@crocare.com.au)

### 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](http://myagedcare.gov.au/income-and-assets-assessment-aged-care-homes)

Or if you have served in the Australian Defence Force:  
[dva.gov.au/health-and-treatment/care-home-or-aged-care/aged-care/residential-aged-care](http://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, Cro Care 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. Most people would have completed an income and means assessment after they have been assessed for an aged care home and before they have entered care. If you have completed one, you can also send us the letter received from the Department of Human Services.

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

## APPLICATION FOR RESIDENTIAL CARE



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 additional real 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..... \$

Assessable 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) ..... \$

### 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:

### Please confirm the following

I have attached a copy of the applicant's Medicare card.  Yes

I give consent to access my ACCR information and give permission for Cro Care 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

I 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 Cro Care 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 applications to [natalij@crocare.com.au](mailto:natalij@crocare.com.au)