



Yallambee

Traralgon Village for the Aged Inc.

Application for Care at Margery Cole

Yallambee Traralgon Village for the Aged Inc.
Matthews Crescent, Traralgon Vic 3844
(p) (03) 5132 3500
(e) info@yallambee.com.au



Yallambee
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Applicant Details

Here we ask for the usual contact information plus a few more questions so that we can get to know some more about you.

Applicant details:

Please write your name exactly as it appears on your Medicare or Pensioner Concession Card.

Title (Mr, Mrs, Miss etc): _____

First name(s): _____

Preferred name: _____

Last name: _____

Address: _____

Street: _____

Suburb: _____ State: _____

Contact information: Home: (_____) _____ Postcode: _____

Mobile: _____

Email: _____

Date of birth: _____

Applicants My Aged Care Assessment Referral Codes

Respite No: _____

Permanent No: _____

Marital Status _____ Country of Birth: _____

Cultural Background _____ Religion (optional) _____

Are you of Aboriginal or Torres Strait Islander origin?: No Yes, Aboriginal
 Yes, Torres Strait Islander

Do you require an interpreter for everyday English? No Yes

Is there anything in particular you would like us to know about your religion or spiritual needs, or cultural background? If yes, please provide details below.

Person completing this form/primary contact

Is the applicant the primary contact for this application? Yes
 No (Please complete the next page)

I certify that to the best of my knowledge all information in this application is correct.

Signed: _____ Date: _____

Full Name: _____



Primary Contact

If you are completing this form on behalf of the applicant, please provide your details below.

Title (Mr, Mrs, Miss etc): _____

First name(s): _____

Preferred name: _____

Last name: _____

Organisation: (If applicable) _____

Address: _____

Street: _____

Suburb: _____ State: _____ Postcode: _____

Contact information: Home: () _____

Mobile: _____

Email: _____

Please tick here if you do not wish to receive marketing material from us.

Do you have the legal authority to make decisions on the applicant's behalf?

Yes No

If yes, what type of authority do you have?

Enduring Power of Attorney Enduring Power of Guardianship Administrator

Other, please advise: _____

If no, please explain your relationship to the applicant.

Reason for Application

Future Planning Increased Needs Transfer from another facility

Respite for Carer Unable to Cope

Where did you hear about us?

Accommodation Information

This section tells us about where you're living now and the type of accommodation you require.

Where are you currently living?

- Another residential care facility In hospital awaiting placement In transitional care
- With a family member My own home Other

If you are already in a residential care facility or hospital, please tell us which one:

If 'Other', please provide details:

When do you require accommodation?

- As soon as possible Future date (please advise)
-

What type of accommodation would you like to apply for?

- Residential Aged Care Memory support Respite Palliative Care

Your Aged Care Assessment (ACAS) will include a recommendation about the type of residential care that best suits your needs, so if you're unsure about what to tick here please refer to this.

Which house and type of room would you like to apply for?

Please refer to the Key Features Statement for further guidance on the details of these room types and their prices.

If you would consider multiple options, please place numbers in the boxes in your order of preference.

- Superior Room Deluxe Room Classic Shared Ensuite
- Waratah Memory Care

Health Membership Details

Pension details:

Please indicate whether you have a pension:

Full pension Part pension I do not receive a pension

If you receive a pension, please indicate the type:

Age Disability Widow DVA Blind

Please enter your pension concession number (if applicable):

Expiry date: /

Enter your DVA treatment card number (if applicable):

Expiry date: / Colour (please tick): Gold White Orange

Medicare details:

Please enter your Medicare card number:

 - -

Individual reference number Valid to: /

Health fund details:

If you have private health insurance, please provide the following details:

Your health fund provider name: _____

Your membership number:

Expiry date: /

Ambulance cover details:

If you have ambulance cover, please provide the following details:

Your ambulance cover provider name: _____

Your membership number:

Expiry date: /

Your Assets

To complete a picture of your current financial position, we also require details of your assets. This will help us to work out how much you may need to pay for your accommodation.



As the financial implications of aged care are complex, before you make any financial decisions you may wish to contact a specialist aged care financial advisor. Centrelink also provides a free financial information service which can be reached on 13 23 00.



If you have requested an assets and income assessment from the Australian Government, we still need you to complete this section. This will help us provide the best advice regarding your likely costs and any financial assistance you may be eligible for.

Do you presently own your own home?

Yes No

If yes, do you own your own home, either solely or in partnership with anyone else?

Solely In partnership

After you move into residential care, will anyone still be living in the home?

Yes No

If yes, please give details of who, including their pension type (if applicable) and the date of commencement:

Your Medical Contacts

It's important for us to know who your doctor is and details of anyone else who is important to your ongoing medical treatment or healthcare.

Your general practitioner

Name of your GP: _____

Name of your GP's medical practice (if applicable): _____

Address: Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact: Telephone: () _____

Email: _____

Please indicate if you intend to continue to use your GP if you are offered a place at Margery Cole:

Yes No Unsure

Pharmacy Details

Name: _____

Address: _____

Contact: Telephone: () _____

Email: _____

Other health professionals important to your care

Name: _____

Field/speciality: _____

Contact: Telephone: () _____

Email: _____

Name: _____

Field/speciality: _____

Contact: Telephone: () _____

Email: _____

Please attach a separate sheet if there is insufficient space.



While your Aged Care Assessment will advise us of your medical details, we need to know of any particular medical and health conditions that may affect your care on a daily basis. All information provided will be kept private, as required by state and commonwealth legislation.



We realise these questions are personal but ask you to be as honest as possible. If you have trouble answering a question, please tick 'Unsure' and we can discuss this with you at a later date.

To help answer these questions, your regular GP can provide you with a medical record. It should include information regarding past medical/surgical history and any investigations or specialist services (i.e. wound clinics), specialist referral management information, previous hospital admission and outpatient services.

Your GP or pharmacist can also provide you with a list of all of your current medications, including dosage and the date you were commenced on the medication.

Medical information

Please list any known medical conditions, events and previous surgeries you have had (e.g. diabetes, arthritis, high blood pressure, depression, joint replacement, hysterectomy etc.):

If unsure, please tick

Please list any medication you take and the dosage:

If unsure, please tick

Please list any allergies (e.g. food, drugs etc):

If unsure, please tick

Is there anything else you would like us to know about your health that has not been covered in your Aged Care Assessment? Please provide details.

If unsure, please tick

Do you have an Advanced Care Directive?

Yes No

If yes, please bring a copy with you on admission, or this may be provided with your application.



Your Preferences

Finally, please share your preferences for the time of admission.

Responsibility for Paying Accounts & Receiving Correspondence

Whom would you like to be responsible for receiving correspondence from Yallambee, including accounts, once you have accepted a place?

- I would like to receive my own correspondence.
- I would like my nominated representative to receive my correspondence.
- I would like to nominate someone else to receive my correspondence:

Are there any cultural, religious or other organisations that you would like to remain in contact with once you enter our care?

- No, this won't be required.
 - Yes (please specify)
-
-

Are there any cultural or religious requirements that you'd like us to know about or may need our assistance with when you enter our care?

E.g. dietary considerations, availability of a quiet space for prayer etc.

- No, this won't be required.
 - Yes (please specify)
-
-

Please read before submitting:

- Please do not sign this form before making a copy, original signatures are required on the original and a copy for your own records. Margery Cole Reception staff will happily photocopy this document for you if you require it.
- Attach a copy of your current Aged Care Assessment approval.
- Attach a copy of your Assets & Income Assessment response letter.
- Attach a copy of the relevant authority, such as a Power of Attorney, if someone else has the legal power to make decisions on your behalf OR if an authorised representative is signing this application on your behalf.

Your application WILL NOT BE FINALISED without the supporting information mentioned above.

- Please tick here if you do not wish to receive marketing material from us.





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