CHRISTIAN BRETHREN COMMUNITY SERVICES

Application for Accommodation

Aged Care Facility Name:

Personal Details			
Surname:		Title:	
Given Names:		Date of Birth:	/ /
Preferred Name:		Marital Status:	
Gender:	Male ☐ Female ☐ Transgender ☐ Non-binary/non-conforming ☐ Prefer not to respond ☐		
Address:			
Suburb:		Post Code:	
Contact number:			
Email Address:			
Eye Colour:		Hair Colour:	
Build:		Height:	
Respite Referral Code:			
Permanent Referral Code:			

Cultural Information / Support Needs:			
Country of Birth:		Location:	
Primary Language:		Other Language:	
Do you identify with any of the following groups?			
Aboriginal and Torres Strait Islander (ATSI):	☐	Homeless:	☐
Care leavers:	☐	LGBTIQ:	☐
Culturally and Linguistically Diverse people:	☐	Parents of forced adoption or removed children:	☐
Disability:	☐	Rural and regional residents:	☐
Financially or socially disadvantaged:	☐	Veterans:	☐

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Medical Details

Current Doctor:			Phone:	
ACAT Assessment:	Completed?	Yes ☐ No ☐	(If Yes, please attach copy)	
Dementia Specific:	Required?	Yes ☐ No ☐	(If Yes, will be on ACAT assessment)	
Private Health Fund:				
Member No:			Expiry Date:	/ /
Medicare No:			Expiry Date:	/ /
NDIS No:			Expiry Date:	/ /

Preferred Clergy

Religion /Church:	
Name:	
Address:	
Suburb:	Postcode:
Telephone:	

Advance Care Directive or Living Will

An Advance Care Directive is a document written by the prospective resident when of sound mind, that states the types of medical treatment and personal care they would want (or would not want) if they had been able to express their wishes when they no longer have the capacity to do so.

It should be:- Specific
Recent (within the last 2 years)
Witnessed

Do you have an Advance Care Directive ☐ No ☐ Yes (If yes please provide a copy)

Preferred Funeral Director

Do you have a funeral plan? ☐ No ☐ Yes (If yes please provide a copy)

Name of Elected Funeral Director	
Contact Number:	
Address:	
Suburb:	Postcode:

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Existing / Previous Resident of an Aged Care Home / HomeCare

Have you previously received a HomeCare package?:	Yes ☐ No ☐	Start date:	/ /
Name of current, or previous residential aged care home:			
Address:			
Suburb:		Postcode:	
Phone Number:			
Date you entered the facility:	/ /	Departure Date: (if applicable)	/ /

Authority To Invoice Sundry Expenses

I, (Resident Name)

hereby authorise Christian Brethren Community Services to charge amounts for sundry expenses incurred on my behalf to my fee statement. These may include (but are not limited to) items such as:

- Paying for Podiatry
- Paying for hairdressing
- Paying for clothing labels
- Paying for electronic tagging

I understand that the amounts added to my account will be shown on my fee statement for payment.

Financial Details

Financial Status:	Full Pensioner ☐	Part Pensioner ☐	Self Funded Retiree ☐	
Centrelink Number:				
Start Date: / /		Expiry Date:	/ /	
DVA Number:		Expiry Date:	/ /	
Please tick card colour:	White ☐	Gold ☐	Orange ☐	
Asset Assessment:	Obtained from Centrelink or DVA?	Yes ☐ No ☐	(Please attach a copy)	

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Asset and Income Details

Do you own or part own a home you normally live in?	☐ Yes ☐ No
If yes, please provide address details	
Market value	
Is it still occupied by any of the following: (If still occupied by any of the below, the value of the home does not need to be included.)	
☐ Your partner or dependent child	
☐ A carer who has lived in the house continuously for at least 2 years and who receives a pension or government benefit	
☐ A close relation who has lived in the house continuously for at least 5 years and who receives a pension or government benefit	
Term Deposits:	
Other Assets:	
Super:	

Who should monthly statements go to?:	Resident ☐ Representative Contact 1 ☐ Representative Contact 2 ☐ Other (please provide details) ☐

Representative Contact 1:

Please choose type of document held and provide copy	Please choose your relationship type
☐ Enduring Power of Attorney (Finance)	☐ Spouse or De Facto Spouse
☐ Power of Attorney (Finance)	☐ Unpaid Carer
☐ Enduring Guardianship (Care)	☐ Relative (Please specify) .....
☐ Other (Please explain)	☐ Friend

Surname:		Given Names:	
or Organisation:			
Address:			
Suburb:		Post Code:	
24hr Contact Number:			
Email Address:			
Signature:		Initials:	

Application for Accommodation

Representative Contact 2:	
Please choose type of document held and provide copy	Please choose your relationship type
☐ Enduring Power of Attorney (Finance)	☐ Spouse or De Facto Spouse
☐ Power of Attorney (Finance)	☐ Unpaid Carer
☐ Enduring Guardianship (Care)	☐ Relative (Please specify)
☐ Other (Please explain)	☐ Friend
Surname:	Given Names:
or Organisation:	
Address:	
Suburb:	Post Code:
24hr Contact Number:	
Email Address:	
Signature:	Initials:

Checklist (please tick)			
Attach a copy of the Enduring Guardian:	Yes ☐	No ☐	N/A ☐
Attach a copy of the Power of Attorney / Enduring PofA:	Yes ☐	No ☐	N/A ☐
Attach a copy of the Advance Care Directive or Living Will:	Yes ☐	No ☐	N/A ☐
Have you submitted your Aged Care Financial Assessment to the Dept of Human Services?: (Please provide a copy)	Yes ☐	No ☐	N/A ☐
ACCR (Aged Care Resident Record) from the ACAT (Aged Care Assessment Team):	Yes ☐	No ☐	N/A ☐
Copies of Pension and Medicare Card:	Yes ☐	No ☐	N/A ☐

Confidentiality Information

Christian Brethren Community Services complies with the standards set out in the Australian Privacy Principles (APPs) as defined in the Privacy Act 1988 (Cwth) as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012 and in the Health Privacy Principles (HPPs) as defined in the Health Records and Information Privacy Act 2002 (NSW). We will only collect personal and health information if it is required for the functions and activities of the organisation. Collection of the information will be done lawfully, fairly and in a reasonably unobtrusive way and only information that is reasonably necessary will be collected. We will ensure that information collected is relevant to the purpose for which is collected, that it is not excessive, that it is accurate, up to date and complete. We will only use or disclose information for the purpose for which it was collected and in ways that you would reasonably expect, unless you consent to it being used or disclosed in another way. We will not use the information for direct marketing purposes, nor disclose it to others for direct marketing purposes. We will take all reasonable steps to protect the personal information we hold from misuse and loss, and from unauthorised access, modification and disclosure.

Full details of our Privacy Policy can be found on our website (www.cbcs.com.au) or in our Privacy and Confidentiality Information brochure, which is freely available from the offices of our retirement villages and care facilities and in our Resident Handbook under Privacy and Confidentiality and Rights and Responsibilities.

CBCS will adhere to Surveillance Devices Act 2007 No 64 (NSW) when conducting any form of workplace surveillance, including computer, tracking and camera surveillance. CBCS will only monitor the workplace for the exclusive purposes of; protecting property, monitoring employee performance and ensuring employee health and safety.

The purpose of this policy is to ensure there is transparency between CBCS and all employees in relation to surveillance in the workplace. CBCS will balance the reasonable expectations of employees to have privacy in the workplace with the need to monitor the workplace.

CBCS Voluntary Assisted Dying Policy

☐ I acknowledge that I have been advised of and provided with a copy of CBCS' policy on Voluntary Assisted Dying.

Signature of Applicants or Representative/s

Name:	
Signature:	
Date:	/ /