

APPLICATION FORM



Preferred Care Service or Accomodation Type: (Please select one)

- Short Term Care & Accommodation
(Minimum 7 days-6 weeks) Seasons Communities

Apartment Number: _____

- Caloundra Bribie Island Kallangur Mango Hill Waterford West
 Sinnamon Park

APPLICANT ONE

Full name (First, Middle, Last):		
Preferred Name:	Date of birth:	Gender:
Relationship status:	Email:	
Home Phone:	Mobile:	
Residential Address:		
Postal Address:		
<i>If you would like to nominate a representative to act on your behalf with regard to your Seasons Application, please provide their details below. If you are nominating a person who has legal authority to make decisions for you, please advise the type of authority, such as an Enduring Power of Attorney, and attach a photocopy of the authority to this application.</i>		
Nominated Representatives Full Name:		
Relationship to you:	Type of Authority:	
Home Phone:	Mobile:	
Email:		

APPLICANT TWO

Full name (First, Middle, Last):

Preferred Name:

Date of birth:

Gender:

Relationship status:

Email:

Home Phone:

Mobile:

Residential Address:

Postal Address:

If you would like to nominate a representative to act on your behalf with regard to your Seasons Application, please provide their details below. If you are nominating a person who has legal authority to make decisions for you, please advise the type of authority, such as an Enduring Power of Attorney, and attach a photocopy of the authority to this application.

Nominated Representatives Full Name:

Relationship to you:

Type of Authority:

Home Phone:

Mobile:

Email:

Postal Address:

NOMINATED CONTACTS

APPLICANT ONE

Full Name:

Email:

Authority:

Relationship:

Home Phone:

Mobile:

Postal Address:

Contact for (please circle):

Emergency: Yes No

Change to Care: Yes No

Changes to Billing: Yes No

APPLICANT TWO

Full Name:

Email:

Authority:

Relationship:

Home Phone:

Mobile:

Postal Address:

Contact for (please circle):

Emergency: Yes No

Change to Care: Yes No

Changes to Billing: Yes No

APPLICANT ONE

Eligibility for Government Funded Care Services

Have you undergone an Aged Care Assessment (ACAT) in the last 12 months? Yes No

Current Care/Service/Support

Are you currently receiving Government funded in-home care services? Yes No

If YES, please tick the applicable box/s:

CHSP Level 1 Level 2 Level 3 Level 4 Disability DVA

please specify: _____

Approximately how many hours of Government funded assistance/care do you receive per week (on average)?

Less than 2 hours 2 - 4 hours 4 - 6 hours 6 - 10 hours 10 - 14 hours

More than 14 hours Service Providers Name _____

Do you currently receive PRIVATE (non-government funded) or informal (family or friends) assistance/ care on a regular basis?

Yes No

If YES, approxiametly how many hours per week (on average)?

Less than 2 hours 2 - 4 hours 4 - 6 hours 6 - 10 hours 10 - 14 hours

More than 14 hours

Medical History

Medicare Number: _____ Reference No: _____ Expiray date: _____

Private Health Provider: _____ Membership No: _____

Have you been admitted to hospital in the last 12 months? Yes No

If YES, how many times? 1 2 3 4 5+

What was the primary reason for your admission each time?

1. _____ 2. _____

3. _____ 4. _____

Are you taking any medications or receiving on-going medical treatment for any reasons?

Yes No

If YES, please provide a bit of a summary: _____

Do you have any allergies? Yes No If YES, please list: _____

APPLICANT TWO

Eligibility for Government Funded Care Services

Have you undergone an Aged Care Assessment (ACAT) in the last 12 months? Yes No

Current Care/Service/Support

Are you currently receiving Government funded in-home care services? Yes No

If YES, please tick the applicable box/s:

CHSP Level 1 Level 2 Level 3 Level 4 Disability DVA

please specify: _____

Approximately how many hours of Government funded assistance/care do you receive per week (on average)?

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CARE CAPACITY- ACCESS TO FUNDS

The Federal Government will continue to restructure the levels of taxpayer funding for care services provided to the elders of Australian society, including the imposition of increasingly stringent asset and means testing. In the event that such changes to the funding of Aged Care Services (both home/community care and residential nursing home) require you in the future to pay for care (in part or in full). The Seasons business model ensures all care services are fully funded.

APPLICANT ONE

Are you a self-funded retiree? Yes No

If **NO**, do you receive a full or part pension or other income support payment from Centrelink or DVA? (please tick)

Full Pension Part Pension I DO NOT receive a Pension

What type of Pension do you receive?

Pension Number:

DVA Number:

DVA Type: Gold White

Expiry:

Expiry:

Orange Other

APPLICANT TWO

Are you a self-funded retiree? Yes No

If **NO**, do you receive a full or part pension or other income support payment from Centrelink or DVA? (please tick)

Full Pension Part Pension I DO NOT receive a Pension

What type of Pension do you receive?

Pension Number:

DVA Number:

DVA Type: Gold White

Expiry:

Expiry:

Orange Other

FINANCIAL CAPACITY (Only if purchasing at Seasons)

By providing the following information you will assist Seasons in processing your application as quickly as possible. Any information you provide will be used for Seasons internal purposes only and will not be provided to any other party without your express written authority. Regarding your application to purchase a leasehold property with Seasons, please indicate which of the following best describes your financial circumstances? We appreciate that your situation may be a combination of the following options, please tick more than one box if necessary.

Cash buyer (please indicate level of cash funds available)

\$105K - \$200K \$200K - \$300K \$300K - \$400K \$1400K - \$500K Greater than 500K

My Family will be assisting with financing the purchase

I/we have access to other funds/shares

\$105K - \$200K \$200K - \$300K \$300K - \$400K \$1400K - \$500K Greater than 500K

Purchase will be conditional on the sale of a residence/property?

Address: _____

Type of property: House Unit/Apartment Retirement Village Acreage/Rural

Date listed: _____ Auction Date: _____

Estimated market value of property (you do not need to obtain a valuation report): _____

Is the property encumbered (i.e Mortgage): Yes No

Do you have a contract on the property: Yes No

If YES, is it unconditional? Yes No

Personal Information Privacy Statement

The Seasons Group is collecting the information in this Application to help determine the best options for you. To enable Seasons to provide you with coordinated service delivery, you are giving your consent that the information in this Application may be used by relevant areas of the Seasons Group to facilitate assistance. This includes the provision of associated services required to support and assess your application including care planning and assessment. Under the *Privacy Amendment (Private Sector) Act 2000* information which can identify you is known as personal information. Besides personal information, some specific information about you which may include your cultural background, religious belief or affiliation or health information is known as sensitive information. We will collect sensitive information about you, with your consent so that your needs are properly understood and responded to.

The Seasons Group also uses this information for:

- assessing what services you require and whether we can provide those services
- evaluating ongoing services we may provide to you
- assessing your application to become a resident
- approved research and analysis
- funding applications and statistical reporting to comply with service agreements

You can check the information we hold about you by contacting the Seasons Information Centre who will then help arrange access within at least five (5) working days. The information will generally be made available by allowing you the opportunity to read the details we hold at Seasons Group with Seasons staff present if appropriate. If you find any inaccuracies in the information, please let us know.

Your personal information is not disclosed to third parties without your written consent or unless required by law. We may use the information for internal reviews and analysis and may also use it to produce certain statistics about our services. However, we will not disclose your individual information, nor sell, trade or rent that information for any purpose. If we need to disclose any information to conform with any laws or legal process we will inform you what information has been disclosed and to whom (unless informing you is precluded by legislation), so that you can take any necessary action.

Seasons may, with your consent, disclose your information to other organisations who may be able to provide additional assistance to you. You will be under no obligation to utilise the services referred to you. By giving your personal information and sensitive information you are consenting to our use of this information in accordance with the principles outlined in the Seasons Confidentiality and Privacy Policy. If at any time we change the Confidentiality and Privacy Policy, we will post those changes on our website so that you are kept fully informed. You may also request a copy of our Confidentiality and Privacy Policy by contacting our information call centre on 1300 506 116.

If this Application requires you to include information about other members of your household, you must seek their consent, or the consent of their guardian, to their information being disclosed as described above. Your information provided on this form will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1988*. You may have access to any information you have provided to ensure that it is accurate, and to allow you to correct if necessary.

Declaration by Applicants

I understand:

- the instructions given on this form and note the Personal Information and Privacy Statement;
- this form will be used by The Seasons Group to register my application;
- that my personal information may be given to other providers to assist me.

Signed: _____ Date _____/_____/_____

(Applicant One)

Signed: _____ Date _____/_____/_____

(Applicant Two)