



Juniper Residential Application Form

for Permanent Accommodation and Care



Introduction

Thank you for your interest in considering placement with Juniper Residential Care.

To assist us with timely waitlisting and an offer of placement that reflects your care needs and accommodation requirements please complete ALL sections of this form to the best of your ability.

To assist you with completing this application form please refer to the **Juniper Residential Information Booklet** provided with this application form.

If you have any difficulty or concerns in answering any of the sections or have any queries do not hesitate to:

phone us on 1300 313 000

OR

email us on access@juniper.org.au

CONTENTS

| | |
|---|------|
| Juniper Residential Facilities and Locations | 1 |
| Section 1 Your Personal Information | 2-3 |
| Section 2 Your Pension and Medicare Information | 4 |
| Section 3 Your Assets and Income Information | 5-6 |
| Section 4 Your Health Information..... | 7-10 |
| Section 5 Time Frame for Residential Care Placement..... | 11 |
| Declaration | 12 |
| Application Checklist | 13 |

Juniper Residential Facilities and Locations

To assist our assessment process please indicate the type of accommodation and care you are seeking: **General** **Dementia**

Please number in order of preference your preferred Juniper residential facilities/locations:

North

Balcatta

- St Andrews** (General and Dementia)

Bayswater

- Carramar** (General)
 City of Bayswater
(General and Dementia)

Karrinyup

- Chrystal Halliday**
(General and Dementia)

Marangaroo

- John Bryant** (Dementia)

Mt Lawley

- Elimatta** (General and Dementia)
 Riverslea (General)
 St David's (General)

Noranda

- Ella Williams**
(General and Dementia)

Kimberley

Derby

- Ngamang Bawoona/Numbala Nunga**
(General)

Wyndham

- Marlgu Village** (General)

Kununurra

- Gerdewoonem** (General)

South

Bentley (Juniper Rowethorpe)

- Annesley** (General and Dementia)
 Cygnat (Dementia)
 Hilltop (General)
 Trinity (General)

East Fremantle

- Pilgrim** (General and Dementia)

Kelmscott

- Sarah Hardey**
(General and Dementia)

Martin

- Hayloft**
(General and Dementia)

Rural

Albany

- Korumup** (General and Dementia)

Geraldton

- Hillcrest** (General and Dementia)

Katanning

- Bethshan** (General)

Northam

- Bethavon** (General)
 The Residency
(General and Dementia)

Section 1: Personal Information

Completing this section will assist us with getting to know more about you and your family/representatives.

1.1. Your Personal Details:

Title: Mr Mrs Miss Ms Other _____

First Name(s): _____

Surname: _____

Preferred Name: _____

Address: Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact Info: Home phone (including area code): _____

Mobile: _____

Email: _____

Date of Birth: ____ / ____ / ____

Gender: Male Female Other _____

1.2. Marital Status:

Single Widowed Separated Divorced Married Partner

Name of spouse/partner (if applicable): _____

Are you and your spouse/partner applying jointly for Juniper Residential Care?

Yes No N/A

If **YES**, you will each need to complete your own Juniper Application Form

1.3. Your Cultural Information:

Are you an Aboriginal or Torres Strait Islander? Yes No

Nationality: _____

Country of Birth: _____

Language Spoken: _____

Interpreter required: Yes No

1.4 Your Nominated Representatives:

Please provide details of your (the applicant's) nominated representative/s who Juniper can contact, regarding this application or about your care after you enter a Juniper residential facility.

Nominated Representative (Primary Contact)

Name: _____

Relationship: _____

Home Address: _____

Suburb: _____ Post Code: _____

Daytime Phone: _____ Mobile Phone: _____

Email: _____

Type of Authority: Nil Enduring Power of Attorney Enduring Guardianship

Driver's Licence Number: _____

(Please provide this identification for a quicker admissions process.)

Nominated Representative (Secondary Contact)

Name: _____

Relationship: _____

Home Address: _____

Suburb: _____ Post Code: _____

Daytime Phone: _____ Mobile Phone: _____

Email: _____

Type of Authority: Nil Enduring Power of Attorney Enduring Guardianship

Other _____

Please Note: If no current authority is held please refer to the **Juniper Residential Information Booklet** regarding Enduring Power of Attorney/Enduring Power of Guardianship.

1.5 Your Current Location:

Home: _____

Other Residence (eg with family): _____

Hospital (please specify): _____

Transitional Care (please specify): _____

Date of Admission Transitional Care: _____ / _____ / _____

Non-Juniper residential care facility (please specify): _____

Date of Admission to non-Juniper residential care facility: _____ / _____ / _____

Section 2: Pension and Medicare Information

Completing Sections 2 and 3 will assist us with determining your financial status so that we can provide you with draft fees and costs and answer any queries or concerns you may have.

2.1 Your Pension details:

| |
|---|
| Australian Pension: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Pension: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Aged <input type="checkbox"/> DVA Pension Card No:- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> |
| If DVA Card Colour: _____ |
| Non-Australian Pension: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Pension: _____ |
| Self-Funded Retiree: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Income: _____ |

2.2 Your Medicare Details

| |
|---|
| Medicare Card: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medicare Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> |
| <input type="checkbox"/> Please include number on Medicare card in front of your name |
| <input type="checkbox"/> / <input type="text"/> Please include valid to date e.g 06/2022 |

If you have any difficulty or concerns in answering any of the sections or have any queries do not hesitate to:

phone us on 1300 313 000

OR

email us on access@juniper.org.au

Section 3: Assets and Income Information:

Completing Sections 2 and 3 will assist us with determining your financial status so that we can provide you with draft fees and costs and answer any queries or concerns you may have.

3.1 Principal Home Information

Do you own your home?

- No If **NO**, please go to and complete 3.3
- Yes If **YES**, please complete rest of 3.1

Do you live alone or do any of the following reside with you and will continue to live in the principal home after you enter a residential facility?

- Live alone
 - Live with spouse/partner
 - Dependent Child
 - Carer (for more than 2 years)
 - Immediate family (for more than 5 years)
 - Are any of the above eligible for an assessable pension/income support Yes No
- (Does not include a Carer Allowance)**

Next Steps:

If you live alone please go to 3.2 and complete your home financial information

If someone resides with you and will continue to live in the home and is eligible for pension/income support you do NOT need to complete 3.2 please go direct to and complete 3.3

3.2 Principal Home Financial Information

| Estimation of Value of your principal home: | |
|---|----|
| Total Value | \$ |
| Less Mortgage | \$ |
| Deferred Management Fees if in Retirement Living | \$ |
| Less estimated selling costs | \$ |
| Estimated Net Value | \$ |

3.3 Assessable Assets and Income

If you have any combined assets with a spouse/partner/family please **ONLY** include the monetary value of your share

| Other Assessable Assets | |
|---|-----------|
| Bank Accounts | \$ |
| Term deposits, bonds | \$ |
| Shares | \$ |
| Managed Investments (e.g investment trusts) | \$ |
| Superannuation - in the accumulation phase <input type="checkbox"/> | \$ |
| - in the pension phase <input type="checkbox"/> | \$ |
| Other Real Estate (do not include the family home) | \$ |
| Any other assets (please specify) | \$ |
| Total of Other Assessable Assets | \$ |
| Assessable Income (per fortnight) | |
| Australian Government Pension | \$ |
| Non-Australian Pension | \$ |
| Other income (e.g Pension income from Super) | \$ |
| Total of Assessable Income | \$ |

3.4 Lodgement of Centrelink Assets and Income Assessment

Have you lodged a Centrelink Income and Assets Assessment?

Yes No Date of Lodgement: ____ / ____ / ____

If **YES**, have you received the 'Residential aged care fees' letter from Centrelink

Yes No

If **YES**, please attach a copy of the Fees Letter and the Assets Summary Statement

If **NO**, are you intending to lodge a Centrelink Income and Assets Assessment?

Yes Proposed Date of lodgement: ____ / ____ / ____

No

Please Note: If you do not intend lodging a Centrelink Income and Assets Assessment you will be liable to pay the maximum means tested care fee on admission regardless of your financial status.

Section 4: Your Health Information

Completing this section will assist us with offering you placement at a Juniper Residential Facility that reflects your care needs.

4.1 Aged Care Assessment (ACAT):

An ACAT assessment can also be called an Aged Care Client Record (ACCR) or a Support Plan

Have you had an ACAT Assessment? Yes No

Date of ACAT Assessment: _____

Do you have a copy of the Assessment? _____

Yes No (if **YES**, please include a copy with your application)

Referral Code

If you do **NOT** have a copy of the ACAT please provide the referral code for **PERMANENT RESIDENTIAL APPROVAL**. This code starts with the number 1 – followed by 11 numbers. e.g. 1-2345678905

Referral Code Number:

1-

4.2 Your current health status

Whilst the ACAT does provide health and medical information if there have been changes to your health and wellbeing, then completing this section will further assist us in ensuring an offer of placement that reflects your care needs.

Have you had any new medical diagnoses since your ACAT Assessment? Yes No

If **YES**, please record any new medical diagnoses:

Food and Refreshments

No change in nutrition needs

| Any changes (please tick) | ✓ | Details of Changes: |
|--|---|---------------------|
| Change of diet (e.g soft/pureed) | | |
| Has thickened drinks | | |
| Independent with eating/drinking | | |
| Needs supervision with eating/drinking | | |
| Needs assistance with eating/drinking | | |
| Uses eating/drinking aids | | |
| Specific diet (eg diabetic, low fibre) | | |
| Uses a gastric (PEG) tube | | |
| Other (specify) | | |

Personal Hygiene

No changes in personal hygiene

| Any changes (please tick) | ✓ | Comments: |
|---|---|-----------|
| Washing/showering | | |
| Dressing/grooming | | |
| Independent with personal hygiene | | |
| Needs supervision with personal hygiene | | |
| Needs assistance with personal hygiene | | |
| Other (specify) | | |

Continence

No change in continence

| Any changes (please tick) | ✓ | Comments: |
|----------------------------------|---|-----------|
| Urinary incontinence | | |
| Bowel incontinence | | |
| Uses continence aids/pads | | |
| Independent with toileting | | |
| Needs supervision with toileting | | |
| Needs assistance with toileting | | |
| Has a long term catheter | | |
| Other (specify) | | |

Mobility

No changes in mobility

| Any changes (please tick) | ✓ | Comments: |
|----------------------------------|---|------------------|
| Full mobility | | |
| Walks with aids (cane, frame) | | |
| Uses a wheelchair | | |
| Bedridden | | |
| Independent but very slow | | |
| Needs supervision | | |
| Needs assistance | | |
| Other (specify) | | |

Falls Risk

No changes in falls risk

| Any changes (please tick) | ✓ | Comments: |
|----------------------------------|---|------------------|
| History of past falls/injuries | | |
| Any recent falls/injuries | | |
| Frequency of falls | | |
| Other (specify) | | |

Cognition and Behaviours

No change in cognition or behaviours

| Any changes (please tick) | ✓ | Comments: |
|----------------------------------|---|------------------|
| Short term memory problems | | |
| Long term memory problems | | |
| Verbal aggressive behaviours | | |
| Physical aggressive behaviours | | |
| Confusion | | |
| Disorientation | | |
| Wandering | | |
| Other (specify) | | |

Mental HealthNo changes in mental health

| Any changes (please tick) | ✓ | Comments: |
|----------------------------------|----------|------------------|
| Anxiety | | |
| Depression | | |
| Delirium | | |
| Delusions | | |
| Paranoia | | |
| Other (specify) | | |

Medication ManagementNo changes in medication management

| Any changes (please tick) | ✓ | Comments: |
|--|----------|------------------|
| Independent with taking own medication | | |
| Needs supervision | | |
| Needs full assistance | | |
| Needs medication to be crushed | | |
| Resistant/refuses to take medication | | |
| Is on daily injections | | |
| Is on periodic injections | | |
| Other (specify) | | |

Any other specific care/clinical needs or concernsNo other specific care needs or concerns **Any other specific care/clinical needs or concerns:**

| |
|--|
| |
|--|

Section 5: Time Frame for Residential Care Placement:

Please indicate the likely time-frame you are seeking for residential care placement:

- Urgent/as soon as possible _____
- Within three months _____
- Three – six months _____
- Six Months and over _____

Please Note:

If your circumstances change you can contact Juniper Access on 1300 313 000 to update your preferred time frame for placement.

5.1 Offer of Placement

If an offer is made for placement:

- we will contact you to view the available accommodation and request you attend the facility within 24 hours
- if placement is accepted admission will generally need to occur within 48-72 hours from time of offer.

Do you have any other information that you would like to provide, at this time, with your application?

Declaration

(Full name of person making the declaration)

Relationship to Applicant: _____ Date: ____ / ____ / ____

PLEASE READ AND ACKNOWLEDGE THE BELOW DECLARATION.

- By checking this box, I sincerely declare that all of the information in this application is true to the best of my knowledge. It is in no way false, inaccurate or misleading, or intended to be false, inaccurate or misleading. I agree that if incorrect fees or charges are levied as a result of information provided in this form then Juniper may levy the correct charges from the Applicant's date of entry to a Juniper Residential Care Facility.

Privacy of your personal information held by Juniper

The information collected on this form will only be:

- used in connection with your application for residential care placement
- be accessed by Juniper staff to the extent necessary to perform their duties and will not be released to a third party without your consent

If you do not proceed to admission to a Juniper Residential Care Facility all documents will be securely disposed of.

A complete Juniper Privacy Statement is available on request.

If you have any difficulty or concerns in answering any of the sections or have any queries do not hesitate to:

phone us on 1300 313 000

OR

email us on access@juniper.org.au

Application Checklist

To assist with the timely processing of your application please ensure that all sections are completed to the best of your ability and that you have provided the following documents/information with this application.

- A copy of your Aged Care Assessment (ACAT)
which can also be referred to as an Aged Care Client Record (ACCR) or a Support Plan

OR

- Referral Code for Permanent Residential Code (refer to Section 4 of the Application)
- Copies of Power of Attorney and/or Guardianship approvals (if applicable)
- Copy of Centrelink Aged Care Fees Letter and Assets and Income Summary
(if received from *Department of Human Services*)
- I understand the information provided and have completed all sections of this application.
- I have retained a copy of this application for my records

Once completed, please press the Submit Application button and attach or email other necessary documents to access@juniper.org.au

Next Steps:

Thank you for completing the application for waitlisting for Juniper Residential accommodation and care.

We will proceed with waitlisting and acknowledge this in writing to you within 3-4 business days and include draft financial information and a copy of the Resident Agreement.



Juniper Access

PO Box 810, Balcatta WA 6914

Telephone 1300 313 000

Facsimile (08) 9240 0329

Email access@juniper.org.au

Internet www.juniper.org.au

ABN 15 360 992 349