

Juniper Residential Application Form



Introduction

Thank you for your interest in placement with Juniper Residential Care. Your completion of this form will place you on the waiting list for a Juniper residential care home that meets your care needs.

To assist you with completing this application form, please refer to the *Juniper Residential Information Booklet*. If you have any questions about Juniper or your application, please call us on **1300 313 000** or email access@juniper.org.au

Please refer to the five steps below on how to get started with your placement at Juniper.

1	2	3	4	5
MY AGED CARE ASSESSMENT	INCOME AND ASSETS	APPLICATION AND WAIT LISTING	OFFER AND ACCEPTANCE	MOVING IN
Before you can apply, you will need to be assessed by the Aged Care Assessment Team (ACAT) for eligibility of placement.	Complete the Centrelink Income and Assets Assessment to determine if you are eligible for Government assistance.	Complete this application form and return it to us. Once received, we can confirm your place on our waiting list.	When a suitable vacancy occurs, we will contact you or your nominated contact person to view the home and offer a placement.	Welcome to Juniper! We are here to help you settle into your new home.

Contents

Juniper Residential Homes and Locations.....	1
Section 1 Your Personal Information	2-3
Section 2 Your Pension and Medicare Information	4
Section 3 Your Finance Information.....	5-6
Section 4 Your Health Information.....	7
Section 5 Time Frame for Residential Care Placement.....	8
Declaration.....	9
Application Checklist.....	10

Juniper Residential Homes and Locations

Please indicate your accommodation care needs:

- General
- Dementia

In order of preference, please number the Juniper home(s) of interest. Please only number the ones that apply to you from the list below:

Metro North

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)

Metro South

Bentley

- Annesley (General and Dementia)
- Cygnet (Dementia)
- Hilltop (General)
- Trinity (General)

Kelmscott

- Sarah Hardey (General and Dementia)

Martin

- Hayloft (General and Dementia)

Regional

Albany

- Korumup (General and Dementia)

Derby

- Numbala Nunga (General)

Fitzroy Crossing

- Guwardi Ngadu (General)

Geraldton

- Hillcrest (General and Dementia)

Katanning

- Bethshan (General)

Kununurra

- Gerdewoonem (General)

Northam

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

Wagin

- Waratah Lodge (General)

Your 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:

If you would like us to contact a representative on your behalf about this application or about your care after you have entered a residential care home, please provide their details below.

Nominated Representative (Primary Contact)

Name: _____

Relationship: _____

Home Address: _____

Suburb: _____ Post Code: _____

Daytime Phone: _____ Mobile Phone: _____

Email: _____

Driver's Licence Number: _____

Enduring Power of Attorney

Name: _____

Relationship: _____

Home Address: _____

Suburb: _____ Post Code: _____

Daytime Phone: _____ Mobile Phone: _____

Email: _____

Enduring Power of Guardianship

Name: _____

Relationship: _____

Home Address: _____

Suburb: _____ Post Code: _____

Daytime Phone: _____ Mobile Phone: _____

Email: _____

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: ___ / ___ / _____

Your Pension and Medicare Information

Completing this section will assist us with determining your financial status so that we can provide you with estimated fees and costs.

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="text"/> / <input type="text"/> Please include valid to date e.g 06/2022

To help determine if you are eligible for Government assistance with your accommodation and care costs, you may need to complete a Centrelink Income and Assets Assessment from Centrelink or the Department of Veterans' Affairs.

3.1 Principal Home Information

Do you own your home?

No If No, please complete section 3.3

Yes If Yes, please complete the below

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. If Yes, please complete section 3.2

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)



If someone resides with you and will continue to live in the home and is eligible for pension/income support, please complete section 3.3

3.2 Principal Home Financial Information

Estimated value of your principal home:	
Total value	\$
Less mortgage	\$
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 value of your share.

Assessable Assets	
Net retirement village entry contribution	\$
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 Assessable Assets	\$
Less total debts owed	\$
Total of Net 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 Income and Assets 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**, please specify your proposed date of lodgement: ____ / ____ / ____



Completing the Centrelink Income and Assets Assessment is not mandatory, however, if you choose not to complete the assessment, you will not be eligible for any Government assistance towards your accommodation and care costs, and you will be liable to pay the maximum means tested care fee on admission regardless of your financial status.

4.1 Aged Care Assessment (ACAT):

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)



A current ACAT is required for entry into a residential aged care facility. You can organise this by contacting My Aged Care on 1800 200 422.

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 or 2 – followed by 12 numbers. e.g. 1-2345678905

Referral Code Number:

-

4.2 National Disability Insurance Scheme (NDIS)

Do you receive funding from the NDIS? Yes No

4.3 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:

4.4 Vaccinations

Have you received the influenza vaccination? Yes No

Date of vaccination received: _____ / _____ / _____

Have you received the COVID-19 vaccination? Yes No

Date of dose 1 received: ___ / ___ / ___ Date of dose 2 received ___ / ___ / ___

Time frame for Residential Care Placement

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

- Urgent/as soon as possible
- Within three months
- Three – six months
- Six months or more



If your circumstances change, please contact us on **1300 313 000** to update your preferred time frame for placement.

5.1 Offer of Placement

If an offer is made for placement:

- Before you move in, you and your loved ones can view the available home and common areas
- if you wish to proceed with the placement, 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 with your application?

Declaration

(Print full name of person making the declaration)

I 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.

Signature: ----- Date: ____ / ____ / -----

Relationship to Applicant: -----

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
- 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.

Application checklist

Before you return your completed application form, please use the checklist below to ensure your application is processed as quickly as possible. Once we have received your completed application, we can confirm your place on our waitlist. To estimate your cost of care, please see the My Aged Care website: www.myagedcare.gov.au/how-much-will-i-pay

I have attached a copy of my Aged Care Assessment (ACAT)

OR

I have supplied my Permanent Residential Approval Referral Code (please refer to Section 4)

If you need help obtaining one of the above requirements, you can contact the My Aged Care team on 1800 200 422.

AND

I have attached copies of the Enduring Power of Attorney and/or Guardianship (if applicable)

I have supplied a copy of the Centrelink *Residential Aged Care Calculation of your cost of care form (SA457)* (if applicable)

I have supplied a copy of the Centrelink *Residential Aged Care Property details for Centrelink and DVA customers form (SA485)* (if applicable)

I have attached a copy of my latest Immunisation Certificate

I have read, understood and signed the Declaration

Please return the completed application form to

- email: access@juniper.org.au or,
- post: Juniper PO Box 810, Balcatta WA 6914

If you have any questions, please call us on 1300 313 000.