capecare

Application for Respite or Permanent Care

Capecare
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APPLICATION FOR RESIDENTIAL CARE

Thank you for considering residential care with Capecare. Please complete all sections of this form. Should you have any queries or concerns please contact our Admissions Team for assistance. All information provided will be treated as highly confidential and accessed only by Capecare staff.

What type of care are you applying for?

Residential Care (Permanent) ☐ Dementia Support ☐ Respite Care ☐

When do you require permanent care: Now ☐ Months ☐

YOUR PERSONAL DETAILS

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ _____

First Name(s): _____

Surname: _____

Preferred Name: _____

Address: Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact info: Home Phone: _____

Mobile: _____

Email: _____

Date of Birth: _____/_____/_____

Gender: Male ☐ Female ☐ Other ☐ _____

Marital Status: Married ☐ De-facto ☐ Widowed ☐ Single ☐

Are you on the electoral roll? Yes ☐ No ☐

If yes, do you wish to continue to vote? Yes ☐ No ☐

YOUR CULTURAL INFORMATION

Are you Aboriginal or Torres Strait Islander: Yes ☐ No ☐

Country of Birth: _____

Languages spoken: _____

Interpreter required: Yes ☐ No ☐

PRINCIPLE HOME INFORMATION

Do you own your own home? Yes ☐ No ☐

Do you live: Alone ☐ with your spouse ☐ with a carer ☐

Are you receiving any Home Care Services? N/A ☐ CHSP ☐ Level 2 ☐ Level 4 ☐

Do you receive NDIS support? Yes ☐ No ☐ NDIS number:_____

If you are seeking transfer from another Aged Care Facility

Name of Facility: _____

What date did you enter aged care: _____/ _____/ _____

Did you agree on a RAD (BOND) Yes ☐ No ☐ RAD Amount: $_____

Or DAP Yes ☐ No ☐ DAP Amount: $_____

If yes, please include a Bond/RAD statement with this application

YOUR NOMINATED REPRESENTATIVES

People have a right to support, help and assistance in making decisions. We call this 'supported decision-making'. If you would like Capecare to contact a representative on your behalf about this application or about your care after you enter Capecare, please provide their details below.

Responsibility for Paying Accounts and Receiving Correspondence:

Do you wish to be responsible for receiving correspondence from Capecare, including accounts, once you have accepted a place at Capecare?

Yes ☐ I would like to receive my correspondence **or**

No ☐ I would like my nominated representative to receive my correspondence.

Nominated Person: _____

Address: _____

Email address: _____

Phone Number: _____

Preferred format: Email ☐ Mail/Australia Post ☐ Large Font ☐

Nominated Representative (Primary Contact)

Name: _____ Relationship: _____

Home Address: _____

Suburb: _____ Postcode: _____

Daytime Phone: _____ Mobile: _____

Email: _____

Nominated Representative (Secondary Contact)

Name: _____ Relationship: _____

Home Address: _____

Suburb: _____ Postcode: _____

Daytime Phone: _____ Mobile: _____

Email: _____

Enduring Power of Attorney

If yes, please attach a certified copy to this application

Name: _____ Relationship: _____

Home Address: _____

Suburb: _____ Postcode: _____

Daytime Phone: _____ Mobile: _____

Email: _____

Enduring Power of Guardianship

If yes, please attach a certified copy to this application

Name: _____ Relationship: _____

Home Address: _____

Suburb: _____ Postcode: _____

Daytime Phone: _____ Mobile: _____

Email: _____

ALLIED HEALTH AND SPECIALIST CONTACT LIST

Treating Medical Practitioner

Name of Doctor: _____

Practice Name: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Has your GP agreed to visit Capecare: Yes ☐ No ☐

Contact Instructions: _____

Date of last visit: ____/ ____/ _____ Date of next visit: ___/ ____/ _____

Do you have Advanced Health Directive? Yes ☐ No ☐

Pharmacy

Name of Pharmacy: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Dentist

Name: _____

Address: _____

Phone: _____ Date of last visit: ____/ ____/ _____

Optometrist

Name: _____

Address: _____

Phone: _____ Date of last visit: ____/ ____/ _____

Religious Minister

Name: _____

Address: _____

Phone: _____

Funeral Director

Name: _____

Address: _____

Phone: _____

PENSION AND MEDICARE INFORMATION

Private Health Insurance

Do you have private health insurance? Yes ☐ No ☐

Health Insurance Fund: _____

Type: _____ Membership Number: _____

Have you claimed and received a compensation award or settlement? Yes ☐ No ☐

Workers Compensation ☐ Third Party ☐ Common Law ☐

Medicare Details

Do you have a Medicare card? Yes ☐ No ☐

Medicare Card No: ☐☐☐☐ ☐☐☐☐☐ ☐

☐ Please include number on Medicare card in front of your name.

☐/☐ Please include valid to date e.g 05/2026

Pension Details

Do you have an Australian Pension? Yes ☐ No ☐

Type of pension: Full ☐ Part ☐ Self-Funded ☐ DVA ☐

Pension Card No: ☐☐☐ ☐☐☐ ☐☐☐ ☐

Expiry date: _____/ _____/ _____

If DVA, card colour: White ☐ Gold ☐

Do you have a non-Australian Pension? Yes ☐ No ☐

Type of pension:_____

Country: _____

Aged Care Assessment

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.

Have you been assessed by the Aged Care Assessment Team (ACAT)? Yes ☐ No ☐

Date of ACAT Assessment: _____/ _____/ _____

Referral Code: ☐-☐☐☐☐☐☐☐☐☐☐☐☐

INCOME AND ASSETS – Permanent Care Only

Have you completed the Centrelink/DVA Income and Assets Assessment? Yes ☐ No ☐

Have you received the fee notification letter as yet? Yes ☐ No ☐

If you don't complete an income and assessment, you will not be eligible for Australian Government assistance towards you accommodation costs. You can also be asked to pay the full cost of your care until you reach the annual and lifetime caps (see www.myagedcare.gov.au for more details).

If you have not yet completed or received the fee notification letter as yet, please feel free to complete the following to the best of your ability. This is not essential but may help assist us to help you with a clearer understanding of the rules around assets. Please note: we are not able to provide financial advice.

Type Of Income (some examples below, this list is not extensive)

Centrelink or DVA or overseas pension
Superannuation from any source
Income from Rental Properties, businesses, family trusts
Other income
Total Amount of Income per Annum **$**_____

Assets

Home (Your home will be included as an asset unless it is occupied by a protected person) **$**_____

Financial Assets

Cash in bank
Stocks / Shares, term deposits
Gifting
Other
Total Amount **$**_____

Other Assets

Household contents, Car, Caravan etc.
Superannuation Balances
Investment Properties
Other Assets
Total Investments **$**_____

Debts

Less any debts owing **$**_____

This application was completed by: Applicant ☐ Applicant Representative ☐

Name: _____

Signature: _____ Date: _____/ _____/ _____