



Application for Admission Residential Care Lutheran Aged Care Albury

Please ensure that all sections and pages are completed.

Consumer Information

Title: Mr Mrs Ms Other (Please specify):

Surname:

Given Name (s):

Residential Address:

State:

Postcode:

Phone Home:

Mobile:

Date of Birth:

Gender:

Prefer not to say

Are you/or is the Consumer an Australian Citizen?

Yes

No

Do you/or does the Consumer identify as Aboriginal or Torres Strait Islander?

Yes

No

Are you/or is the Consumer a member of the Stolen Generation?

Yes

No

Are you/or is the Consumer registered for Closing the Gap?

Yes

No

Main Languages Spoken:

Other Languages Spoken:

Marital Status:

Single

De facto

Married

Widowed

Separated

Divorced

Unknown

Former Occupation:

Medicare Number:

Expiry Date: ___/___/___ Ref. No. on Card: ___

Private Health Fund:

Membership No.

Ambulance Cover:

Membership No.

Vaccination Status (Proof of Vaccination needs to be attached):

Influenza: ___/___/___

COVID-19: 1st Dose: ___/___/___

Vaccine Brand: _____

2nd Dose: ___/___/___

Vaccine Brand: _____

3rd Dose: ___/___/___

Vaccine Brand: _____

4th Dose: ___/___/___

Vaccine Brand: _____

5th Dose: ___/___/___

Vaccine Brand: _____

Most recent COVID infection (if applicable): ___/___/___

If additional vaccinations, please attach a separate list.

Your partner	Do you have a spouse or partner?	Yes	No
	What is your spouse/partner's name?		
Are you or your spouse/partner applying for a place together in aged care?		Yes	No
Does your spouse/partner already reside in an Aged Care Home?		Yes	No

Current living arrangements	Own home	Rental accommodation	With family	Hospital
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Medical Practitioner	Clinic:	GP:
	Address:	
	Phone:	Mobile:
	Email:	
	<i>Your Clinic, will need to confirm in writing that the GP will visit our Residential Facility; excludes Emily Gardens.</i>	

Previous residential aged care facility	Have you had a respite stay in any Aged Care Facility in the past 12 months?	Yes	No
	Are you or your spouse/partner currently permanently residing in another Aged Care Home?	Yes	No
	If Yes name of Home:	Date of entry:	___ / ___ / ___
	Address:		
Phone:	Facility Manager:		

Person Responsible Where a consumer is at any stage unable to give directions or necessary consent to medical and other care, Lutheran Aged Care Albury may obtain such directions from the 'Person Responsible' for the consumer. A Person Responsible is not necessarily the consumer's next of kin.

A Person Responsible is either:

- A guardian who has the function of consenting to medical, dental and health care treatments, or if there is no guardian;
- A spouse or de facto partner with whom the person has a close, continuing relationship or if there is no spouse or de facto partner;
- An unpaid carer who is providing support to the person or provided support before the person entered residential care, or if there is no carer;
- A relative or friend who has a close personal relationship with the person.

Who is the Person Responsible?

Name: Relationship to you/or the consumer:

Address:

Phone Numbers Home: Bus: Mobile:

Email:

Will the Person Responsible pay the consumer's accounts? Yes No

If no, please provide contact details for accounts.

Name: Relationship to you/or the consumer:

Address:

Phone Numbers Home: Bus: Mobile:

Email:

In the event of emergency please contact

An emergency is a significant change in the consumer's medical condition. *(If same as Person Responsible, write 'As Above')*

Name: Relationship to you/or the consumer:

Address:

Phone Numbers Home: Bus: Mobile:

Email:

Can the Person Responsible to be contacted at any time of the day or night? Yes No

If no, during which hours do you wish this person to be contacted?

Details of next of kin

This is the consumer's closest living blood relative/s or relative/s by marriage/family – if insufficient space, please attach a separate list.

1.Name

Address:

Phone Numbers: Home: Bus: Mobile:

Email: Relationship to the Consumer:

2.Name

Address:

Phone Numbers: Home: Bus: Mobile:

Email: Relationship to the Consumer:

3.Name

Address:

Phone Numbers: Home: Bus: Mobile:

Email: Relationship to the Consumer:

4.Name

Address:

Phone Numbers: Home: Bus: Mobile:

Email: Relationship to the Consumer:

**Power of Attorney/
Financial Manager**

A person can appoint a Power of Attorney to execute documents and conduct financial and property matters on their behalf. Alternatively, a formal Financial Manager can be appointed by the Guardianship Tribunal.

Do you/or the Consumer have a signed and certified document for:

General Power of Attorney: Yes No

Enduring Power of Attorney: Yes No

Financial Manager via Guardian Tribunal: Yes No Appointment Date: ___/___/___

Appointed Person/s:

Name: Phone: Severally Jointly Alternate

Name: Phone: Severally Jointly Alternate

Name: Phone: Severally Jointly Alternate

Name: Phone: Severally Jointly Alternate

If yes to any of the above, certified copies of the relevant documents must be attached to this form.

**Enduring
Guardian/
Appointed
Guardian**

A person can appoint a Guardian or Enduring Guardian to make decisions in relation to accommodation and medical and other care should that person be unable to do so. Alternatively, a Guardian can be appointed by the Guardianship Tribunal.

Do you/or the Consumer have a signed and certified document for:

Enduring Guardian Yes No

Restrictive Practices Decision Maker Yes No

Guardian via Guardian Tribunal Yes No Appointment Date: ____/____/____

Appointed Person/s

Name:	Phone:	Severally	Jointly	Alternate

Enduring Guardian (Medical Decision Maker) Yes No

Appointed Person/s

Name:	Phone:	Severally	Jointly	Alternate

Do you/or does the Consumer have a Living Will? Yes No

and/or Advance Care Directive or Treatment Plan? Yes No

If yes to any of the above, certified copies of the relevant documents must be attached to this form.

By signing this form, you undertake to advise Lutheran Aged Care Albury of any changes made to any of the above contracts.

Please send certified copies of all legal documents with this application.

**Financial Information/
income and assets**

Self-funded Retiree

Full aged pension

Part aged pension

Third Party

Workers Compensation

Dept of Veterans Affairs

Other:

Pension Number:

Expiry Date:

Religious information

Lutheran Aged Care Albury is a not-for-profit Christian organisation. We are committed to ensuring Spiritual and Cultural safety for all consumers and providing support to people of all faiths and backgrounds. This is based on the organisation’s Christian principles and values; and supports compliance with the Aged Care Quality Standards. Lutheran Aged Care Albury values are – Christian love and acceptance; excellence and professionalism; diversity and inclusivity; respect and dignity; honesty and transparency, for all consumers, and those they consider their family and friends.

Funeral details

In the event of my/or the Consumer’s death, I/or the Consumer confirm the following arrangements:

Funeral Director:

Contact Number:

Cremation:

Yes

No

Burial:

Yes

No

Any specific requests:

**Privacy
Consent**

For the purposes of your/or the Consumer’s proposed residence at Lutheran Aged Care Albury and the services provided, Lutheran Aged Care Albury will collect, record, and use personal information about you/or the Consumer (including medical and financial information), and will do so in compliance with the NSW Privacy laws and regulations.

We seek your/or the Consumer’s consent to the intended uses and disclosure of information where appropriate to:

1. Government departments, hospitals and other homes or hostels to which you/or the consumer may seek to move and/or
2. Medical practitioners, other health service providers, professional advisors, and Guardians and other persons responsible under the Guardianship Act NSW (1987), and as required to any third party, including external service providers to claim for their services.

Disclosure of any private information will only be made in compliance with the NSW Privacy Act.

By signing this form below, you/or the Consumer signifies consent to the collection, recording, using, and disclosing, of private information in compliance with NSW Privacy laws and regulations. To limit disclosures please delete “Nil” below and specify the limitations required. Absence of consent may not necessarily preclude Lutheran Aged Care Albury from collecting, recording, using, or disclosing such information.

A copy of the Organisation’s full Privacy Policy is available from our office.

Limitations of Use or Disclosure (subject to our Lutheran Aged Care Privacy & Confidentiality Policy)

Nil	Other (Specify):
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**Signature &
Declaration**

By signing this Application, you declare that the information given in this form is true and complete. You give the undertaking set out above in relation to any change to a Power of Attorney and/or appointment of a Guardian or Financial Manager. You give the undertaking set out above in relation to any changes to an existing legal advance care directive or in the event that an advance care directive is created following admission to residential care at Lutheran Aged Care Albury. You provide consent for the disclosure of private information as allowed in the Privacy Act of NSW.

Signature of Applicant/Authorised Signatory:

Date: ___/___/___

If this application is being signed by an authorised signatory (e.g., Guardian, attorney, or person responsible), please insert name of signatory below and attach a copy of the relevant authorisation document.

Name of Signatory:

We are very happy to photocopy any of the required documents mentioned in this application.

Lutheran Aged Care Albury acknowledges the Wiradjuri people as the Traditional Owners of the Land where we work and live and pay our respects to Elders past and present.

We celebrate the stories, culture and traditions of Aboriginal and Torres Strait Islander Elders of all communities who also work and live on this land.



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