



Residential
Care

Application form Permanent accommodation & care

Feel right at home.



Southern Cross Care
(Tasmania) Inc.



Southern Cross Care
(Tasmania) Inc.

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Introduction

Thank you for your interest in considering Southern Cross Care (Tasmania) Inc. as your new home.

Southern Cross Care (Tasmania) Inc. is dedicated to partnering with each individual who chooses to make one of our homes their home, and delivering high-quality care in a positive and supportive environment. We encourage you to ask as many questions as you like throughout your application process.

To ensure your application reflects your care needs, preferences and accommodation requirements as accurately as possible, please complete as much of this form as you can to the best of your ability.



Need help filling out this form?

Please phone us on (03) 6146 1800 OR
email enquiries@scctas.org.au



Our Mission

To demonstrate the love of Christ by providing a range of aged care services which meet the needs of people in our Tasmanian community.

Our Vision

To be recognised as a leading provider of aged care services and an employer of choice in Tasmania.

Our Values

In the Spirit of Christ and in the tradition of the Catholic Faith, we value:

Integrity

- We look for the good in all people and recognise the contribution of individuals as we work together.
- We demonstrate honesty and trustworthiness in all that we do.
- We are conscientious and ethical in our decision making and take responsibility for our own actions.

Respect

- We believe in the sanctity of life and that each life is unique and has special individual worth and dignity.
- We recognise and respect individuality and diversity. We treat all people with courtesy and respect regardless of gender, ethnic background, religious belief or economic circumstances.
- We manage our resources wisely to minimise the impact on the environment.

Compassion

- We respond willingly and positively to help meet the needs of those around us.
- We promote a sense of belonging and community.
- We demonstrate and foster empathy and sensitivity towards residents, clients, their families, our colleagues and the whole community.

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Step-by-step guide to your application

To assist with the timely processing of your application please ensure that all sections of this application are completed to the best of your ability.

Step 1. Southern Cross Care Residential Homes and Locations

If you only wish to apply for one Home, please just tick that box. If you wish to apply for more than one home please indicate your preferences with 1, 2, 3, etc in those boxes.

Step 2. Time Frame for Residential Care Placement

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

Step 3. Your Personal Information

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

Step 4. Your Pension and Medicare Information

Completing Sections 4 and 5 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.

Step 5. Your Assets and Income Information

Completing Sections 4 and 5 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.

Step 6. Your Health Information

Completing this section will assist us with offering you placement at a Southern Cross Care Residential Home that reflects your care needs.

Step 7. Your Wellness & Lifestyle Information

Completing this section will help us get to know you, what you enjoy and the things that are most important to you.

Accompanying documents

Please ensure that you have, or you are in the process of obtaining the following documents/information to assist 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 3 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)

Declaration

Please ensure you understand the information provided and have completed all sections of this application to the best of your ability.

If you need assistance to complete this application please phone (03) 6146 1800 or email enquiries@scctas.org.au

Title goes here

Please indicate if you have any of the below:

Power of Attorney

Enduring Power of Attorney

Guardianship/Trustee

Step 1. Southern Cross Care Residential Homes and Locations

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

- General Memory Supported Living

Please number in order of preference your preferred Southern Cross Care residential homes/ locations. If you only wish to apply for one home, please just tick that box. If you wish to apply for more than one home please indicate your preferences with 1, 2, 3 etc in those boxes.

Ainslie Low Head

Low Head, West Tamar
north of Launceston

Fairway Rise

Rosny Park, Hobart

Glenara Lakes

Youngtown, Launceston

Guilford Young Grove

Lower Sandy Bay, Hobart

Mount Esk

St Leonards,
Launceston

Rivulet

South Hobart

Rosary Gardens

New Town, Hobart

Sandown Village

Lower Sandy Bay,
Hobart

Yaraandoo

Somerset, North-West
Coast

Step 2. Time Frame for Your Move to Residential Care

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



If your circumstances change

Please contact Southern Cross Care on (03) 6146 1800 to update your preferred time frame for placement.

Step 3. Personal Information

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

3.1 Your Personal Details:

Title: Mr Mrs Miss Ms Other: _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: / / _____

Gender: Male Female Other: _____

3.2 Marital Status:

Married (Registered or defacto) Divorced Never Married

Separated Widowed

Name of spouse/partner (if applicable): _____

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

Yes No N/A

If **YES**, you will each need to complete your own Southern Cross Care Application Form.

3.3 Your Cultural Information:

Country of Birth: _____

Indigenous status (tick **all** that apply):

Unknown Aboriginal Torres Strait Islander Neither

Languages Spoken: _____

Interpreter required: Yes No

3.4 Your Current Location

Private Residence: _____

Other Residence (eg with family): _____

Hospital (please specify): _____

Non-Southern Cross Care residential care home (please specify): _____

Date of Admission to non-Southern Cross Care residential care home: _____ / _____ / _____

Respite (please specify): _____

Date of Admission for Respite: _____ / _____ / _____

3.5 Your Contact Information

Home phone (including area code): _____

Mobile: _____

Email: _____

Address Street: _____ Suburb: _____

State: _____ Postcode: _____

3.6 Your Nominated Representative

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

Nominated Representative (Primary Contact)

Name: _____

Relationship: _____

Daytime Phone: _____ Mobile Phone: _____

Email: _____

Address Street: _____ Suburb: _____

State: _____ Postcode: _____

Type of Authority: Nil Enduring Power of Attorney Enduring Guardianship

Nominated Representative (Secondary Contact)

Name:

Relationship:

Daytime Phone:

Mobile Phone:

Email:

Address Street:

Suburb:

State:

Postcode:

Type of Authority: Nil Enduring Power of Attorney Enduring Guardianship

3.7 Nominated Family Spokesperson

In the event where we need to communicate an event quickly with your family and loved ones, or that may result in a high volume of incoming phone calls to the home's reception (e.g. COVID-19, evacuation, lockdown), the dedicated Family Spokesperson Protocol will be enacted. The role of the Family Spokesperson is to be our single point of contact for updates about the situation or to receive news on your care and they will be responsible for sharing that information outward to other family members and loved ones.

Each applicant is to nominate a dedicated Family Spokesperson prior to moving into a Southern Cross Care Home. Should a situation/event arise, Southern Cross Care will contact the Family Spokesperson to set up a mutually agreed schedule of communications where our team will provide an update on the situation. The Family Spokesperson is then responsible for communicating updates about the event/incident at the home, to the rest of their family, friends and loved ones. The reason we do this is to avoid congested phone lines and to ensure no family misses out on regular updates due to a high level of incoming phone calls. If we are unable to reach the Family Spokesperson for some reason at the scheduled time, we will leave a message, text, or email them to let them know when we will call back again.

If our residents have their own mobile device or personal landline, they can of course communicate with family as they choose, the Family Spokesperson's role is to receive and share information they would normally receive from our team members.

Nominated Family Spokesperson:

Name: _____

Relationship: _____

Daytime Phone: _____ Mobile Phone: _____

Email: _____

Address Street: _____ Suburb: _____

State: _____ Postcode: _____

- The applicant must ensure that the nominated Family Spokesperson understands their responsibility to disseminate information to the extended family and friends.
- The nominated person above understands their responsibility as Family Spokesperson.

3.8 Current General Practitioner (GP)

Name: _____

Practice: _____

Daytime Phone: _____ Mobile Phone: _____

Email: _____

Address Street: _____ Suburb: _____

State: _____ Postcode: _____

Is your GP willing to continue care if you move to a Southern Cross Care Residential Home?

- Yes No

Step 4. Pension and Medicare Information

Completing Sections 4 and 5 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.

4.1 Your Pension Details

Australian Pension: Yes No

Type of Pension: Full Part Aged DVA

Pension Card No: _____

DVA Card No: _____

DVA Card Colour: _____

Non-Australian Pension: Yes No

Type of Pension: _____

4.2 Your Medicare Details

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 06/2022: _____ / _____

Please provide a photocopy of the front and back of each card.

4.3 Are you an NDIS participant?

Yes No

NDIS Participant No: _____

Please provide details about NDIS plan: _____

Step 5. Assets and Income Information

Completing Steps 4 and 5 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.

5.1 Principal Home Information

Do you own your home?

No If NO, please go to and complete **5.3**

Yes If YES, please complete rest of **5**

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 home?

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 (does not include a Carer Allowance)

Yes No

Next steps

If you live alone please go to **5.2** 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 **5.2**. Please go directly to and complete **5.3**.

5.2 Principal Home Financial Information

Estimation of Value of your principal home:

Total Value \$:

Less Mortgage \$:

Less Deferred Management Fees if in Retirement Living \$:

Less estimated selling costs \$:

Estimated Net Value \$:

5.3 Assessable Assets and Income

Individual: single Couple: combined (please tick whichever applicable)

Other Assessable Assets

Bank Accounts/ Credit Unions/Building Services \$ _____

Term deposits, bonds \$ _____

Shares \$ _____

Managed Investments (e.g investment trusts) \$ _____

Superannuation/Allocated Pension Balance \$ _____

Other Real Estate (do not include the family home) \$ _____

Loans to Other Parties \$ _____

Gifts >\$10,000 in the last year or >\$30,000 in the last 5 years \$ _____

Home contents (not to replace) \$ _____

Motor Vehicles/Boats/Caravans \$ _____

Any other assets (please specify) \$ _____

Total of Other Assessable Assets \$ _____

Income (per fortnight)

Australian Government Pension (Aged/DVA) \$ _____

Non-Australian Pension \$ _____

Superannuation \$ _____

Property Income (net) \$ _____

Other income \$ _____

Total of Assessable Income \$ _____

5.4 Lodgement of Centrelink Assets and Income Assessment

Have you lodged a Centrelink Income and Assets Assessment? (SA485-1907/SA457-1907)

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.

Step 6. Your Health Information

Completing this section will assist us with offering you placement at a Southern Cross Care Residential Home that reflects your care needs.

6.1 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: _____

Please note

If ACAT Approval Code is not provided you may be charged the maximum fees until provided.

6.2 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
<input type="checkbox"/>	Change of diet (e.g soft/pureed)
<input type="checkbox"/>	Has thickened drinks
<input type="checkbox"/>	Independent with eating/drinking
<input type="checkbox"/>	Needs supervision with eating/drinking
<input type="checkbox"/>	Needs assistance with eating/drinking
<input type="checkbox"/>	Uses eating/drinking aids
<input type="checkbox"/>	Specific diet (eg diabetic, low fibre)
<input type="checkbox"/>	Uses a gastric (PEG) tube
<input type="checkbox"/>	Other (specify)

Personal Hygiene

No change in personal hygiene

Any changes (please tick)	Details of Changes
<input type="checkbox"/>	Washing/showering
<input type="checkbox"/>	Dressing/grooming
<input type="checkbox"/>	Independent with personal hygiene
<input type="checkbox"/>	Needs supervision with personal hygiene
<input type="checkbox"/>	Needs assistance with personal hygiene
<input type="checkbox"/>	Other (specify)

Continence

No change in continence

Any changes (please tick)	Details of Changes
<input type="checkbox"/>	Urinary incontinence
<input type="checkbox"/>	Bowel incontinence
<input type="checkbox"/>	Uses continence aids/pads
<input type="checkbox"/>	Independent with toileting
<input type="checkbox"/>	Needs supervision with toileting
<input type="checkbox"/>	Needs assistance with toileting
<input type="checkbox"/>	Has long-term catheter
<input type="checkbox"/>	Other (specify)

Mobility

No change in mobility

Any changes (please tick)	Details of Changes
<input type="checkbox"/>	Full mobility
<input type="checkbox"/>	Walks with aids (cane, frame)
<input type="checkbox"/>	Uses a wheelchair
<input type="checkbox"/>	Bedridden
<input type="checkbox"/>	Independent but very slow
<input type="checkbox"/>	Needs supervision
<input type="checkbox"/>	Needs assistance
<input type="checkbox"/>	Other (specify)

Falls risk

No change in fall risk

Any changes (please tick)	Details of Changes
<input type="checkbox"/> History of past falls/injuries	
<input type="checkbox"/> Any recent falls/injuries	
<input type="checkbox"/> Frequency of falls	
<input type="checkbox"/> Other (specify)	

Cognition and Behaviours

No change in cognition or behaviours

Any changes (please tick)	Details of Changes
<input type="checkbox"/> Short-term memory problems	
<input type="checkbox"/> Long-term memory problems	
<input type="checkbox"/> Verbal aggressive behaviours	
<input type="checkbox"/> Physical aggressive behaviours	
<input type="checkbox"/> Confusion	
<input type="checkbox"/> Disorientation	
<input type="checkbox"/> Wandering	
<input type="checkbox"/> Other (specify)	

Mental health

No change in mental health

Any changes (please tick)	Details of Changes
<input type="checkbox"/> Anxiety	
<input type="checkbox"/> Depression	
<input type="checkbox"/> Delirium	
<input type="checkbox"/> Paranoia	
<input type="checkbox"/> Other (specify)	

Medication Management

No change in medication Management

Any changes (please tick)	Details of Changes
<input type="checkbox"/> Independent with taking own medication	
<input type="checkbox"/> Needs supervision	
<input type="checkbox"/> Needs full assistance	
<input type="checkbox"/> Needs medication to be crushed	
<input type="checkbox"/> Resistant/refuses to take medication	
<input type="checkbox"/> Is on daily injections	
<input type="checkbox"/> Is on periodic injections	
<input type="checkbox"/> Other (specify)	

Any other specific care/clinical needs or concerns

No specific care needs or concerns

Step 7. Your Wellness & Lifestyle Information

This section is for you to let us know about what you like to do to enjoy yourself and relax. It's to help us get to know you a bit better and to help us consider what Leisure and Lifestyle activities you might prefer.

Do you like: (please tick)	Feel free to add details or other options
<input type="checkbox"/> Outside activities; gardening, bird watching, walks	
<input type="checkbox"/> Socialising with others, social clubs, special interest clubs	
<input type="checkbox"/> Day trips, short excursions	
<input type="checkbox"/> Reading and writing, alone or with others	
<input type="checkbox"/> Music and/or dancing	
<input type="checkbox"/> Gentle exercise, seated yoga, pilates, resistance training	
<input type="checkbox"/> Art: enjoying, discussing or partaking	
<input type="checkbox"/> Food, cooking, drinking or just trying new dishes	
<input type="checkbox"/> Please add any other preferences or special interest hobbies that you enjoy doing	

Offer of Placement

If an offer is made for placement:

- we will contact you to view the available accommodation and request you attend the home 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:

Signature:

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 Southern Cross Care may levy the correct charges from the Applicant's date of entry to a Southern Cross Care Residential Care Home.



Once completed

Please email other necessary documents to enquiries@scctas.org.au

Next steps

Thank you for completing the application for waitlisting for Southern Cross Care 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.

Privacy of your personal information held by Southern Cross Care

The information collected on this form will only be:

- used in connection with your application for residential care placement
- be accessed by Southern Cross Care 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 Southern Cross Care Residential Care Home all documents will be securely disposed of.

A complete Southern Cross Care Privacy Statement is available on request.



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