RESPITE CARE APPLICATION FORM

Full Name: Mr Mrs Ms Miss (*please circle*)

_____

Respite Accommodation is requested from:

Arrival Date: _____ *Departure Date:* _____

Have you had respite care this financial year? YES/No If yes how may days _____

Current Residential Address: _____

_____Post Code: _____

Phone Number: _____ Date Of Birth: _____

Medicare Card No: ☐☐☐☐ ☐☐☐☐☐ ☐ (Position on Card)

Pension Type: _____

Do you have an Advanced Health Directive? YES / NO **(If yes please provide a copy with application)**

In case of illness or emergency, please provide contact for 2 Next of Kin:

1. Name: _____ Relationship: _____

Address: _____

Phone No.: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____

Phone No.:_____ Email: _____

Name of your Doctor: _____

Location: _____ Phone No.: _____

AGED CARE ASSESSMENT TEAM (ACAT)

Have you been assessed by the AGED CARE ASSESSMENT TEAM (ACAT)? YES / NO

(if yes please attach a copy of the assessment or the Referral Code (1-_____)

If you do not have a current ACAT assessment, please inform us when you have. Please note to be enter into Respite Care you must be assessed by the ACAT as to whether you are eligible for Respite Care and if you are not assessed you cannot enter Respite Care.

RESPITE BOOKING FEE

A booking fee is payable on acceptance of the Respite Care accommodation.

The booking fee is one week's Respite Care or 25% of the fees for the period of Respite Care booked, whichever is lesser.

Once the resident enters the Respite Care at Geegeelup Aged Care Facility, the booking fee is deducted from the total fees payable.

SIGNED: _____ **Date:** _____

WITNESS: _____ **Date:** _____