
APPLICATION FOR RESIPITE ADMISSION

SURNAME: _____
GIVEN NAMES: _____
GENDER: _____
DATE OF BIRTH: _____
PLACE OF BIRTH: _____
ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN: _____
CULTURAL OR LINGUISTIC BACKGROUND: _____
MAIN LANGUAGE SPOKEN: _____
RELIGION: _____
LGBTIQA+ STATUS: _____
MARITAL STATUS: _____
RESIDENTIAL ADDRESS: _____
POSTAL ADDRESS: _____
PHONE NUMBER: _____
EMAIL: _____
MEDICARE NO: _____ Expiry Date _____
PENSION NO/VETERAN AFFAIRS: _____
PENSION TYPE: _____

(e.g., Aged, Disability, Full, Part)

Have you had COVID-19 and Flu vaccinations? YES/NO If yes, please attach a copy.

Has an **Aged Care Client Record (ACCR)** been completed by the Aged Care Assessment Team (ACAT)? **YES/NO** If yes, please attach a copy. If no, please make arrangements for this to be done before lodging the Application form by phoning 1800 200 422.

Do you have a **Power of Attorney?** YES/NO If yes, please attach a copy.

Do you have an **Enduring Guardian?** YES/NO If yes, please attach a copy.

Resident Representative:

Name: _____ Relationship to Applicant: _____

Address: _____

Business Phone: _____

Home Phone: _____

Mobile: _____

Email: _____

Alternative Contact:

Name: _____ Relationship to Applicant: _____

Address: _____

Business Phone: _____

Home Phone: _____

Mobile: _____

Doctor's Name: _____ **Phone No:** _____
Name of Pharmacy: _____
Known Allergies: _____
Known Reactions: _____
(To medication/food etc.)
Special Diet: _____

To be completed by Next-of-Kin or Person Responsible

I, _____, understand that the short-term bed to be occupied
 by _____, is available from _____ to _____

and I hereby agree to make the arrangements necessary for him/her to be taken from the Pioneers Lodge on that date and pay for all accommodation fees raised.

The current fee is \$ _____ per day.

Booking Fee

A booking fee will be charged in circumstances where part or all of a booked respite period is not used. The booking fee is 25% of the fee which would be charged for a booked period of respite or 1 week of fees, whichever is the lesser.

The booking fee will not be charged in the following circumstances:

1. If a person enters hospital or passes away within 7 days before the proposed day of entry into respite care.
2. If a person cancels a booking for respite 7 days or more before the proposed date of entry. (NOTE: The reason for cancellation may include person has changed their mind, the person enters hospital or passes away.

NAME: _____ SIGNATURE: _____ DATE: _____

Checklist for lodging Application Form

Copy of POA attached	<input type="checkbox"/>
Copy of Enduring Guardian attached	<input type="checkbox"/>
Copy of Aged Care Client Record attached	<input type="checkbox"/>
Copy of Medicare Card attached	<input type="checkbox"/>
Copy of Pension Card Attached	<input type="checkbox"/>
Current Medication Chart from your Doctor	<input type="checkbox"/>
Medical History - Past and Current from your Doctor	<input type="checkbox"/>
Copy of Covid 19 and Flu Injections	<input type="checkbox"/>