
DUNBAR HOMES INCORPORATED

Residential Aged Care Services for the Presbyterian Church in South Australia



APPLICATION FOR RESIDENTIAL AGED CARE PROVIDE COPY OF KEY FEATURES STATEMENT

Application for: Permanent Care Respite

Aged Care Assessment: Yes Not yet

Transferring: Yes No

PERSONAL INFORMATION

Family Name: _____ Given Names _____

Address: _____

Postcode: _____

Telephone Number: _____

Gender: M / F Date of Birth: _____ Marital Status: _____

Primary Language: _____ Religion: _____

Next of Kin: _____ Phone: _____

Address: _____

Postcode: _____

Do you have Enduring Power of Attorney: Yes No

Do you have an Advanced Care Directive: Yes No

Have you lodged your combined assets and income assessment form (SA457)? – provided by ACAT Team or available from My Aged Care website (www.myagedcare.gov.au) Yes No
(Required for permanent residential aged care)

What is the approximate value of all assets & income: \$ _____

CONTACT PERSON/S:

Name: _____ Relationship: _____

Address: _____

Postcode: _____ Telephone: (Home) _____ (Work) _____

Email: _____

DUNBAR HOMES INCORPORATED

Residential Aged Care Services for the Presbyterian Church in South Australia



MEDICAL INFORMATION

General Practitioner:

Will you be retaining your present General Practitioner? Yes No

a) Name and address: _____
_____ Phone: _____

b) Have you confirmed whether your General Practitioner will visit at your new address: Yes No

c) You may use a doctor who visits Dunbar Homes regularly. If you wish to change, a summary from your current General Practitioner will be required.

Health Insurance:

Medicare Number: _____

Do you belong to a Medical / Hospital Fund: Yes No

Name of Fund: _____ Date of Renewal: _____

Membership Number: _____

Type of Cover: Hospital Extras

Do you have membership with Ambulance SA: Yes No

Membership Number: _____

Will: Yes No

Executor Name: _____ Phone Number: _____

Address: _____

Funeral Arrangements: Yes No

Funeral Directors: _____

Address: _____

Phone Number: _____ Cremation Burial

**(Copies of your Pension, Healthcare, Medicare and Health benefit Cards
Will be required if you are approved for residential Care)**

INDEPENDENT LIVING SKILLS AND SUPPORTS

Independent: Able to perform activity without assistance

Needs assistance: able to perform part of activity but requires supervision/assistance

Totally Dependent: requires complete assistance to perform any part of activity

Please tick appropriate answer

DUNBAR HOMES INCORPORATED

Residential Aged Care Services for the Presbyterian Church in South Australia



	Independent	Needs Assistance	Totally Dependent
Bathing / showering			
Dressing / Undressing			
Toileting			
Transferring to Bed / Chair			
Walking			
Meals / Eating			
Take own Medication			
Use Telephone			
Read			
Do Laundry			
Clean House			
Use Public Transport			
Use Private Transport			
Bank and Shop			

Is the applicant:

	Never	Rarely	Occasionally	Frequently
Disorientated/ Confused				
Incontinent				
Wandering				
Sleep Disturbance				
Disruptive Behaviour				

DUNBAR HOMES INCORPORATED

Residential Aged Care Services for the Presbyterian Church in South Australia



MEDICAL

CURRENT MEDICAL HISTORY: Medications/Treatments

ALLERGIES: _____

CURRENT AND PAST INFECTIONS: _____

PAST MEDICAL HISTORY _____

ALCOHOL USE: Yes No **Dunbar is a NON SMOKING FACILITY**

CURRENT TREATING SPECIALISTS / PHYSICIANS:

Name: _____

Specialty: _____

Information: _____
