

Application For Admission



Applicant Details

First Name		Last Name			
Preferred Name		Date of Birth		Age	
Address		Suburb			
		Post Code			
Phone Number		Email			
Country of Birth		Religion			
Gender		Marital Status			

	Yes	No	Prefer not to say
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you require an interpreter?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a current driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you vaccinated for COVID?	<input type="checkbox"/>	<input type="checkbox"/>	## Please provide evidence of vaccination status with this application
Are you vaccinated for Influenza?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have NDIS Approval?	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide details of any allergies	
Please provide any special care / daily living requirements	

Medicare Card Number		Expiry Date		IRN	
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Pension Card Number		Expiry Date	
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DVA Card Number		Expiry Date		Colour	
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Private Health Fund Number		Fund Name	
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Current Doctor	
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Current Pharmacy	
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Permanent Residential Care

Please provide the reference number for Permanent Residential Aged Care or attach a copy of the current Support Plan with this application:

Please complete this section if you currently receive, or have received in the past, permanent care in a residential aged care facility.

Facility Name		Facility Phone No.	
Admission Date		Discharge Date	

Financial Details

Pension Type	Centrelink DVA Self-Funded Retiree		
Name of Income Support Payment. EG Age Pension, War Widows		Fortnightly Amount	

Have you lodged an Asset & Income Assessment with Centrelink or DVA?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please tick the current financial status of the Applicant?

- The Applicant has assets less than \$59,500.00*
- The Applicant has assets greater than \$59,500.00 but less than \$201,231.20*
- The Applicant has assets greater than \$201,231.20*

NOTE: If the Applicant has a spouse/partner, the Applicant's assets are determined to be 50% of the total combined assets.

NOTE: The value of the family home is excluded in the asset calculation when a spouse, dependent child or eligible carer is remaining in the home.

Home Ownership

Have you or your partner owned a home in the last two years?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Will any of the following people remain living in that home?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Spouse / Dependent Child

Carer, eligible for an Income Support Payment & has lived with you for the past 2 years

<input type="checkbox"/>	<input type="checkbox"/>
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Close relation, eligible for an Income Support Payment & has lived with you for 5 years

<input type="checkbox"/>	<input type="checkbox"/>
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Primary Contact

First Name		Last Name	
Address		Suburb and Post Code	
Phone Number		Mobile Number	
Relationship to Applicant		Email	

If the Contact above is a nominated person who has legal authority to make decisions for you, please advise the type of authority they have and attach a copy to this application (tick all applicable)

- Next of Kin
- Power of Attorney – Financial Matters
- Enduring Guardian – Health and Welfare Matters
- Guardianship Tribunal Medical / Financial (Please circle)
- Public Trustee (Financial)
- Office of Protective Commissioner (Financial)
- Authority to consent to the use of restrictive practices

Other Contact

First Name		Last Name	
Address		Suburb and Post Code	
Phone Number		Mobile Number	
Relationship to Applicant		Email	

If the Contact above is a nominated person who has legal authority to make decisions for you, please advise the type of authority they have and attach a copy to this application (tick all applicable):

- Next of Kin
- Power of Attorney – Financial Matters
- Enduring Guardian – Health and Welfare Matters
- Guardianship Tribunal Medical / Financial (Please circle)
- Public Trustee (Financial)
- Office of Protective Commissioner (Financial)
- Authority to consent to the use of restrictive practices

Additional Contact

First Name		Last Name	
Address		Suburb and Post Code	
Phone Number		Mobile Number	
Relationship to Applicant		Email	

How did you hear about BlueWave Living?	
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Current Location	Home Hospital Family Other Facility
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** Please include the following documents with your application:

- Support Plan
- COVID Vaccination Evidence
- Power of Attorney (if applicable)
- Enduring Guardian (if applicable)

Signature

Name

Date of Signature

<i>MM</i>	<i>DD</i>	<i>YY</i>

BLUEWAVE LIVING

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Privacy

BlueWave Living is committed to safeguarding your privacy. The Privacy Act prohibits any person from accessing, using or disclosing any personal information in the possession of BlueWave Living except in the performance of their duties and in accordance with the relevant legislation. BlueWave Living only collects information that is required in order to provide care and services for our permanent and respite residents.