

Wongaburra Society  
210-218 Brisbane Street  
Beaudesert QLD 4285  
Ph: (07) 55 401 400  
Fax: (07) 5541 3484  
Email: [admissions@wongaburra.com.au](mailto:admissions@wongaburra.com.au)

## **Re: Accommodation Enquiry**

Thank you for your recent enquiry regarding Wongaburra Nursing Home and Garden Settlement's accommodation.

Wongaburra is a non-denominational, not-for-profit, fully accredited aged care residence established by the local community of Beaudesert to serve the elderly within the community and servicing the major part of Scenic Rim and Jimboomba areas since 1970. Wongaburra staff pride themselves on providing the highest level of care whilst maintaining the dignity, privacy and rights of the residents, clients and their families.

Wongaburra has 125 approved Aged Care accommodations on-site. Wongaburra also provides Home Care Services covering from Level 1 (Low Care) to Level 4 (High Care) and Commonwealth Home Support Programme (CHSP) Support to the local community.

To confirm your inclusion on the wait list, please complete the attached paperwork and return it to the Admissions Officer at the above address. Please indicate whether you are looking for immediate accommodation or planning for accommodation for some time in the future to ensure we enter your details onto the correct wait list.

Please include the following documents with the paperwork:

- A complete copy of the current Aged Care Client Record (ACAT) and / or Support Plan provided by the Aged Care Assessment Team.
- A certified copy by JP of the Enduring Power of Attorney (EPoA) document or any other relevant document such as QCAT decision and / or Public Guardian documents.
- A current copy of Health Summary including medication history, doctors / surgery details.
- Covid Vaccination status.
- A current certified copy of Advanced Health Direction (AHD) or Statement of Choices or other advanced care planning documents which describe prospective care recipient / resident's wishes and choices in relation to future treatments and medical management options.
- All specialised nursing care requirements and details, such as special dietary needs, swallowing deficits, complex and chronic wound care, oxygen therapy, skin cancer, pressure ulcers, palliative care needs, pain management, catheter care, PEG tubes, tracheostomy care, bariatric equipment needs, behaviour such as wandering, verbal and physical violence, VRE, MRSA, HIV, Hep B & Hep C, other specialised equipment and its functionalities and other relevant history regarding the care recipient who is looking for Residential Aged Care accommodation or Home Care placement.
- A complete copy of the letter from Centrelink or DVA confirming your financial status from the 'Request for an Income & Assets Assessment'.

If you have not yet received the Income & Assets Assessment letter, please complete the enclosed Income & Assets Estimation form as a guide for Wongaburra and then also send Wongaburra a copy of the confirmation letter once received from Centrelink or DVA.

If you choose not to lodge an Income & Assets Assessment with Centrelink or DVA, please note you may be charged the maximum fees. Please complete the enclosed Election to Not Complete an Income & Assets Assessment form and return it to Wongaburra Admissions Officer.

When we are in a position to help you further with all the above details, we will make contact with you to arrange a site visit and to provide you with a copy of the paperwork associated with an admission to Wongaburra Society.

If you have any further enquiries, please contact the Admissions Officer or Receptionist at (07) 55 401400 between 8.30am and 4.30pm Monday to Friday.

OR email us at [admissions@wongaburra.com.au](mailto:admissions@wongaburra.com.au)

Thank you for your interest in Wongaburra Society.

Yours Faithfully,

**Wongaburra Society**

210-218 Brisbane Street  
Beaudesert QLD 4285  
Ph: (07) 55 401 400  
Fax: (07) 55 413 484  
Email: [admissions@wongaburra.com.au](mailto:admissions@wongaburra.com.au)

**Note: Wongaburra is a non-smoking facility.**

## INFORMATION SHEET

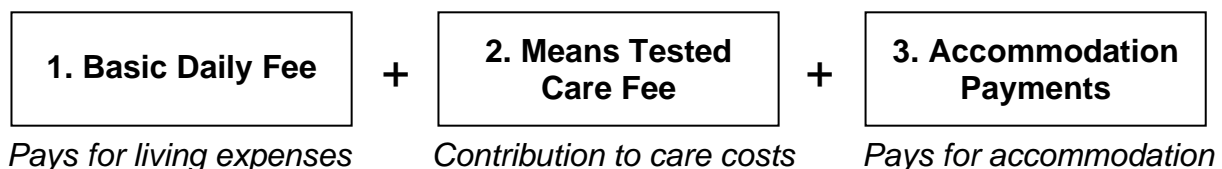
### Costs of Residential Aged Care

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The costs of Residential Aged Care are determined by the Commonwealth Department of Social Services (DSS) / Department of Health and vary according to a resident's income and assets, level of care, date of entry and whether or not the resident is a pensioner. The rates are reviewed regularly by DSS / Department of Health.

Costs include:

1. Basic Daily Fee
2. Means Tested Care Fee (if applicable)
3. Accommodation Payments (if applicable)



#### 1. **Basic Daily Fee**

- a) The Basic Daily Fee is paid by all residents, typically at 85% of the single age Full pension for Residential Aged Care facility.
- b) For **Home Care**, it is 17.5% of basic age pension.

Basic Fees is charged monthly in advance for all residents (with means tested fees or DAP/DAC or no-means), from the date of admission.

#### 2. **Means Tested Care Fee**

This fee is means tested based on assessable income and assets. An annual cap of Residential Care Services applies according to the latest Schedule of Fees released.

The Means Tested Care Fee paid by the resident towards their cost of care.

The Means Tested Care Fee can range from as low as zero to as high as the sum of the basic subsidy amount and all primary supplements.

A care recipient's assessable income is determined using the same rules as used by Centrelink for pension purposes.

For further specific information on the Means Tested Care Fee, please contact the My Aged Care phone line on 1800 200 422 or visit the My Aged Care website.

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This information sheet is for indicative guidance only and should not be interpreted as a contractual document. Exact rates and fees change periodically by the Department of Health / Department of Social Services. Please refer to the Government website or contact the My Aged Care for correct and up-to-date information.

### **3. Accommodation Payments**

Accommodation payments are payable from the day of admission. The amount an individual is required to pay is based on Centrelink's assessment of the income / means-tested amount, which is calculated using a resident's assessable income and assets.

An accommodation payment is payable where a resident's income / means-tested amount is greater than zero.

Residents have the option of paying the accommodation payment as:

- A fully refundable lump sum referred to as a Refundable Accommodation Deposit (RAD) or Refundable Accommodation Contribution (RAC)
- Periodic payments referred to as a Daily Accommodation Payment (DAP) or Daily Accommodation Contribution (DAC)
- A combination of RAD / RAC and DAP / DAC

Residents paying a combination of RAD / RAC and DAP / DAC may decide to pay the DAP/DAC or other fees by drawing them down from the RAD / RAC. This has the effect of reducing the refundable balance, and the facility can increase the DAP / DAC commensurate with the reduction in the RAD / RAC balance.

Residents have up to 28 days after entry to decide how to pay for their accommodation, though a decision can be made sooner if preferred, e.g. upon entry. A resident's choice must be made in writing. Until a decision is made, the default payment choice applied is a DAP / DAC.

#### ***For Further Information:***

If you have any general queries regarding fees, please contact Wongaburra Admissions on (07) 5540 1400.

For more detailed information, please contact My Aged Care on 1800 200 422 or visit the My Aged Care website [www.myagedcare.gov.au](http://www.myagedcare.gov.au).

**For assistance with financial or legal matters, please speak to your financial planner and / or legal advisor.**

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<sup>1</sup> The lifetime cap means that over your lifetime you will not be asked to pay more than \$66,610.90 as at January 2020 for all aged care services you may receive, whether they are home support or residential care or a combination of both.

This information sheet is for indicative guidance only and should not be interpreted as a contractual document. Exact rates and fees change periodically (generally six monthly) by the Department of Health / Department of Social Services. Please refer to the Government website or contact the My Aged Care for correct and up-to-date information.

## INCOME & ASSETS ESTIMATION FORM

Have you completed the Centrelink or the Department of Veteran's Affairs (DVA) Income & Assets Assessment?

Yes ☐

No ☐

If you have received your latest and current income and assets determination letter from Centrelink or DVA you do not need to complete this form. Please send a copy of the Centrelink or DVA letter to Wongaburra Admissions Officer.

Wongaburra Society strongly advice that you must complete Centrelink / DVA Income and Asset Assessment form before moving / accepting a place in RACF or Home Care Services.

You must provide a copy of Centrelink / DVA Income and Asset Assessment Result before accepting a place.

If you have not received your income and assets determination letter yet, please complete this form as a guide for Wongaburra. Please also send a copy of the Centrelink / DVA letter to Wongaburra Admissions Officer once received.

You may elect not to complete an income and assets assessment. However, if you do not complete an income and assets assessment, please note you may be required to pay the maximum accommodation charges. This is in addition to the daily fee and applicable care fees. If you choose not to undertake a Centrelink or DVA income and assets assessment, please complete the enclosed "Election Not to Complete an Income & Assets Assessment" form.

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

### INCOME

Income	Value \$ per annum
Income support payments from the Australian Government such as the Age Pension, a Service Pension or an Income Support Supplement	\$
Deemed (not actual) income from financial investments <sup>1</sup>	\$
Net income from rental property	\$
War widow or widower pensions and some disability pensions	\$
Net income from businesses, including farms	\$
Superannuation and overseas pensions, income from income stream products such as annuities and allocated pensions	\$
Family trust distributions or dividends from private company shares	\$
Deemed income from excess gifting	\$
<b>Total Value of Your Income</b>	<b>\$</b>

## ASSETS

When completing this estimation of your assets, please note:

- 1) where an asset is jointly owned, only include the value of your share of the asset;
- 2) the net value of property is its current gross value less any debts, charges, mortgages and other encumbrances affecting it;
- 3) if you own your own home and any of the following people reside with you, do **not** include the home in your assets estimate:
  - 1) spouse/ partner
  - 2) dependent child (under 16 or full time student under 25)
  - 3) carer, eligible for pension or benefit, who has lived there for more than 5 years
  - 4) immediate family, eligible for a pension or benefit, who has lived there for more than 5 years.

Asset	Value \$
Home	\$
Contents	\$
Other land and property	\$
Stocks / Shares	\$
Bank account deposits	\$
Cash	\$
Managed investments	\$
Life insurance policies	\$
Superannuation assets	\$
Motor vehicles	\$
Boat	\$
Caravan	\$
Other assets	\$
<b>Total Value of Your Assets</b>	<b>\$</b>

**I declare that the information supplied on this form is true and correct.**

Completed by Applicant / Applicant's legal representative such as EPOA, Next of Kin, Public Trustee, QCAT, Public Guardian (please circle as appropriate)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form to Wongaburra Admissions department / office.**

**Admissions Officer Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<sup>1</sup> Financial Investments may include: bank, building society and credit union accounts, cash, term deposits, cheque accounts, friendly society bonds, managed investments, listed shares and securities, loans and debentures, shares in unlisted public companies, gold and other bullion. Please refer to the "Deeming Rates" section of this form for information on how to work out deemed income from financial investments.

## **DECISION NOT TO COMPLETE AN INCOME & ASSETS ASSESSMENT**

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A person entering aged care with means in excess of the defined income and assets thresholds set by the government may be required to pay a means tested care fee and / or accommodation contributions / payments.

Your assessable income and assets and associated income and assets tested amounts are determined by either a Centrelink or Department of Veteran's Affairs (DVA) Income & Assets Assessment. You may choose not to complete an Income & Assets Assessment, however, please note this will impact your eligibility for Government supplements and subsidies and you may be required to pay the maximum charges for accommodation. This is in addition to the daily fee and applicable care fees.

**Please complete this form if you have opted to not complete an Income & Assets Assessment and return the form to Wongaburra Admissions.**

### **Declaration**

I hereby declare that I have chosen not to complete a Centrelink or DVA Income & Assets Assessment and I fully understand that I may be required to pay the maximum means-tested care fees and Refundable Accommodation Deposit (RAD) or Daily Accommodation Payment (DAP), or combination of RAD & DAP. I understand that this is in addition to the daily fee and applicable care fees.

**Completed by Applicant / Applicant's legal representative (please circle as appropriate)**

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## FINANCIAL PLANNING INFORMATION

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Wongaburra Society and its employees are not able to advise you in regards to financial planning advice as we are not financial advisors.

We recommend you speak to your own financial advisor. If you do not have your own advisor, you may wish to seek independent financial advice from a firm which specialises in financial advice for the Aged Care industry.

A free Financial Information Service is available through the Department of Health and My Aged Care.

**Kind Regards,**

**Wongaburra Society**  
210-218 Brisbane Street  
Beaudesert QLD 4285  
Ph: (07) 55401400  
Fax: (07) 55413484



## RESIDENTIAL APPLICATION FORM

(To be completed by Resident / Resident's Legal Representative)

### RESIDENT DETAILS:

First Name:	_____	Middle Name:	_____
Surname:	_____	D.O.B:	_____
Preferred Name:	_____	Phone:	_____
Email:	_____		
Address:	_____ _____ _____		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Other _____ <input type="checkbox"/> Rather not say
Ethnic Origin:	_____		
Preferred Language:	<input type="checkbox"/> English <input type="checkbox"/> Other: _____	Indigenous Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> Sep.		
Religion:	_____		
Sexual Orientation / Lifestyle Preferences:	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual	
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Intersex	<input type="checkbox"/> Transgender	<input type="checkbox"/> Preferred not to answer

### REQUIRED ADMISSION DATE:

Medicare Number:	_____	Expiry Date:	_____
Pension Number:	_____	Expiry Date:	_____
DVA Client:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DVA Type:	_____
DVA Number:	_____		
Local Doctor Name:	_____		
Address:	_____		
Phone No:	_____	Fax No:	_____
Local Pharmacy Name:	_____		
Address:	_____		
Phone No:	_____	Fax No:	_____
My Aged Care Referral Code: (if applicable)	_____		

### RESIDENT'S LEGAL REPRESENTATIVE

Name:	_____	Relationship:	_____
Address:	_____	Phone No:	_____
Email:	_____	Mobile No:	_____

### EPOA DETAILS

Valid EPOA Document: ☐ Yes ☐ No

Name:	_____	Relationship:	_____
Address:	_____	Phone No:	_____
Email:	_____	Mobile No:	_____

### NEXT OF KIN – 1

Name:	_____	Relationship:	_____
Address:	_____	Phone No:	_____
Email:	_____	Mobile:	_____

### NEXT OF KIN – 2

Name:	_____	Relationship:	_____
Address:	_____	Phone No:	_____
Email:	_____	Mobile:	_____

### SIGNIFICANT FRIEND

Name:	_____	Relationship:	_____
Address:	_____	Phone No:	_____
Email:	_____	Mobile:	_____

### ADULT GUARDIAN

Name:	_____	Phone No:	_____
Address:	_____	Mobile:	_____
	_____	Email:	_____

**Advance Health Directive:** ☐ Yes ☐ No (document must be signed by doctor & JP)

**Statement of Choices:** ☐ Yes ☐ No (document must be signed by doctor & Resident / Resident's legal representative)

### RESIDENTIAL CARE

<b>Valid ACAT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High Respite	<input type="checkbox"/> Permanent Residential
<b>SUPPORT PLAN:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low Respite	

**Centrelink Asset Assessment Completed:** ☐ Yes ☐ No

**DVA Asset Assessment Completed:** ☐ Yes ☐ No

**Other Finance Details:**

(Such as bank deposits, property details, extra income source) \_\_\_\_\_

(A valid copy of all the above documents are to be provided before admission)

**Accommodation Requirement:**

<input type="checkbox"/> Single Room	_____
<input type="checkbox"/> Shared Ensuite	_____
<input type="checkbox"/> Secure Unit	_____
<input type="checkbox"/> Wandering	_____
<input type="checkbox"/> Bariatric Need	_____
<input type="checkbox"/> High Falls Risk	_____
<input type="checkbox"/> Pressure Area	_____
<input type="checkbox"/> Palliative Care	_____
<input type="checkbox"/> Other	_____

**Equipment Requirement:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Medication Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Special Mobility Aid Requirement:** \_\_\_\_\_

**Motorised Scooter:** \_\_\_\_\_

**Other Medical Assistive Devices:** \_\_\_\_\_  
\_\_\_\_\_

#### HOME CARE

**Valid ACAT:** ☐ Yes ☐ No

☐ Level 1 ☐ Level 4

**SUPPORT PLAN:** ☐ Yes ☐ No

☐ Level 2 ☐ CHSP

☐ Level 3

#### CURRENT HEALTH STATUS

(Provide a signed copy by doctor)

**Medical Diagnoses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Health Diagnoses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behaviour Diagnoses:** ☐ Physical Aggression ☐ Verbal Aggression ☐ Wandering

**Covid Vaccination Status:** \_\_\_\_\_

**General Nursing Requirements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PROSPECTIVE RESIDENT

**Smoker?** ☐ Yes ☐ No

**Note: Wongaburra is a non-smoking facility.**

**Personality:** ☐ Sociable ☐ Very Private ☐ Other

**Any families / friends currently living / working in Wongaburra:** ☐ Yes ☐ No

**Name and Relationship:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Note: Before securing an accommodation at Wongaburra,**

- 1) Resident's current and past full health summary, signed by the doctor must be provided.
- 2) For all admissions (Permanent / Respite): Resident / resident's legal representative must provide a signed copy (pharmacist) of current and up-to-date medication summary
- 3) For respite admission: For safe and timely administration of medication, resident are advised to bring their medication in a Webster Pack.
- 4) For respite admission: Resident's local medical officer must provide a signed copy of current and up-to-date medication. Detailing right resident, right medication, right dose, right route, right time, PRN medication, and other alternative forms of medication.
- 5) Resident / resident's legal representative must provide Advance Health Directive and / or Statement Of Choices
- 6) Resident / resident's legal representative must read and sign the "Resident and Accommodation Agreement" and return it to Wongaburra within legislative timeframe if an Accommodation is offered by Wongaburra.
- 7) If the "Resident and Accommodation Agreement" is not signed and not returned within the legislative timeframe, Wongaburra will assume that you are agreed to all terms and conditions of "Resident and Accommodation Agreement".
- 8) Resident / resident's legal representative must provide a JP certified copy of all legal documents, such as EPOA and living will.
- 9) Resident / resident's legal representative must provide up-to-date Medicare, Pension, Bank details of the resident and correct address, phone number and email of emergency contact person

**Please do not hesitate to contact Wongaburra's Admission Officer for any further information or assistance.**

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**As resident / resident's legal representative, I understand and agree that Wongaburra Society is an Aged Care facility which provides nursing care services within its means.**

**As resident / resident's legal representative, I also understand and agree that Wongaburra Society is NOT a hospital and it cannot provide hospital like services.**

**I hereby declare that the information provided is true and correct. I also understand that any wilful dishonesty may render for refusal of this application and further refusal of accommodation at Wongaburra Society.**

**Resident / Resident's Legal Representative Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Lifestyle and Spiritual Questionnaire

Assessment to be completed on or prior to admission date and entered into the Sarah System

Name:	Date:
<b>Admission</b>	
Reason for admission:	
What is your preferred name/nickname?	
How do you feel about the admission? <input type="checkbox"/> Happy <input type="checkbox"/> Accepting <input type="checkbox"/> Angry <input type="checkbox"/> Resigned <input type="checkbox"/> Sad	
How do your family feel about your admission? <input type="checkbox"/> Accepting <input type="checkbox"/> Guilty <input type="checkbox"/> Relieved	
Specify any other interventions or comments relating to admission:	
<b>Families / Friends Network</b>	
Where did you live before entering Wongaburra?	
How long did you live there?	
Where did you grow up?	
Where did you go to school?	
How long did you attend that school?	
Did you pursue further studies? <input type="checkbox"/> Yes <input type="checkbox"/> No What and where did you study and for long?	
<b>Mother</b>	<b>Deceased:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Maiden Name:
Birthplace:	Occupation:
Closeness to / Feelings about mother?	

<b>Father</b>		<b>Deceased:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		
Birthplace:	Occupation:	
Closeness to / Feelings about father?		
<b>Siblings</b>		
List any siblings that you have:		
<b>Partner / Spouse</b>		
Have you been married? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many times?	
When were you married?		
Do you have any previous partners you would like to specify?		
Current partner's / spouse's name?		
Is he/she still alive?		
Partner's occupation:		
When and where did you meet?		
Other notes about partner/s:		
Any special memories relating to spouse?		
<b>Children / Grandchildren</b>		
List all children that you have:		
List all grandchildren that you have:		
Provide details about any pets that you have:		

How do you best describe your family?

Specify any other interventions or comments relating to family or friends:

Who is/has been your close friend/significant people in your life?

### Personal History

Special memories of your childhood:

What is your level of education?

Main Occupations:

Did you enjoy work? ☐ Yes ☐ No

List any awards or achievements that you have received/accomplished:

List places that you have lived during your life:

List any places you have travelled to:

Is there a place you've always wanted to visit, or still hope to one day?

Have you been affected by any past stressful or violent events? ☐ Yes ☐ No

Would you like to disclose further information?

Does your family have a life story book? ☐ Yes ☐ No

Location of life story book?

Would you like to create a life story book?

Specify any happy memories from your childhood?

Specify any other interventions or comments relating to personal history:

### **Leisure Interest and Activities**

What things or activities are you interested in? (Please specify)

What do you like to read? (Please specify genres/authors)

What type of music or groups do you like to listen to?

What do you like to watch on TV? (Please specify genres/shows)

Do you like to listen to any radio stations? (Please specify genre/station)

Are you a member of any clubs/organisations, or have done in the past?

What is your favourite colour?

What are your favourite foods?

What are your favourite drinks?

Is there a special food or drink that you remember being given when sick or sad?

What are your favourite flowers or plants?

What are your favourite smells or aromas?



What are your favourite movies?

What are your favourite concerts, theatre or plays?

Do you like to sing? ☐ Yes ☐ No

Specify any instruments you can play?

Do you like to play sports? ☐ Yes ☐ No

Specify any person, topics or events that are special to you?

Specify activities you wish to participate in:

Do you feel comfortable informing staff of care preferences? ☐ Yes ☐ No

List any relevant interventions relating to leisure, interests and activities:

### **Social Relationships/Interests**

Do you prefer solitary pursuits as opposed to group and social activities?

Any further comments on preferences for participation in activities?

Do you like to have affection expressed and expressed in a physical manner? ☐ Yes ☐ No

What kind of praise do you find suitable?

List any relevant interventions relating to social relationships

### **Expression**

How do you express you're the following emotions?

Contentment:

Happiness:

Fear:

Grief:

Anger:

Unhappiness:

Stress:

List any relevant interventions relating to expression of emotional needs:

Do you wish to discuss your sexual or intimacy needs? ☐ Yes ☐ No

### **Comfort Needs**

How do you gain enjoyment? What things do you enjoy doing and make you happy?

E.g.: foot massage, warm bath, back massage, facial, glass of wine, music, reading, special food etc.

What things make you laugh?

Are there any special memories that you enjoy?

Are there any special possessions that are important to you? E.g.: furniture, pictures, photo albums etc.

What else do we need to know for the comfort and your wellbeing?

Is there anything you would like us to know about your routines/habits/preferences? Eg.: sleep in, shower times, preferences with appearance

List any relevant interventions relating to comfort needs:

### Culture or Customs

Do you identify as an Aboriginal or Torres Strait Islander? ☐ Yes ☐ No

Please specify which are applicable: ☐ Aboriginal ☐ Torres Strait Islander

Do you belong to a specific ethnic/cultural group? ☐ Yes ☐ No

What ethnic group you belong to?

What ethnic customs do you follow?

List any relevant interventions relating to culture or customs:

List any cultural or ethnic specific food that you enjoy:

### Religious Affiliation

Are you religious? ☐ Yes ☐ No

What religion do you belong to?

Do you currently practise your belief? ☐ Yes ☐ No

If yes, what religious customs do you follow?

If no, list any other comments regarding to religious practice:

Would you like to continue to practise your religion? ☐ Yes ☐ No

List any relevant interventions relating to religion:

### Church Details

Name:

Address:

Minister:

### Therapies

What therapies do you enjoy?

List any relevant interventions relating to therapies:

### Lifestyle

What activities do you enjoy participating in?

List any activities you DO NOT enjoy:

Do you need assistance to and from activities? ☐ Yes ☐ No

If yes, please answer the next 3 questions.

Which of these options best describes the assistance given to and from the activities?

☐ 1 assist

☐ 2 assist

☐ 3 assist

☐ Mechanical lifting  
equipment

☐ Supervision

☐ Nil

Why is assistance needed? (e.g.: hearing or sight impairment, mobility, etc)

List any relevant interventions relating to lifestyle:

### Concerns / Problems

Do you have any concerns/problems you wish to mention?

Does your family have any concerns about you they wish to mention?

List any relevant interventions in place to address these concerns/problems:

### Country of Origin

Did you immigrate to Australia from overseas?

- ☐ Yes  
☐ Yes, however I would prefer my privacy respected in relation to this  
☐ No

What country did you originally come from?

What made you decide to leave your country of origin?

How did you and your family feel about leaving your country of origin?

Number of years residing in Australia:

Culture most identified with: (that of country of birth, country spent time in, or Australian culture)

Have you been back home since coming to Australia? ☐ Yes ☐ No

How was the experience for you?

Do you have family or friends back in your country of origin? ☐ Yes ☐ No

List family members / friends and relationship:

Do you like to keep in touch with them? ☐ Yes ☐ No

In what ways do you keep in touch?

**Language (Please input the following section into the Communication Assessment)**

Is the primary language of you English? ☐ Yes ☐ No

If No, What is your primary language?

Can you speak basic English? ☐ Yes ☐ No

If yes, to what degree is English understood?

☐ Minimal

☐ Everyday

☐ Fluent

Is interpreter needed? ☐ Yes ☐ No

List any other languages you can speak:

**Celebrations**

Do you celebrate birthdays? ☐ Yes ☐ No

Any comments/interventions relating to celebrations:

**Current and Future Goals**

What would you still like to do for yourself?

What is important to you now?

List anything you would still like to do, or need to achieve:

How can we assist to achieve this?

Do you have any personal privacy preferences?

## Identification

Indicate any of the following special needs groups you belong to or identify with:

- ☐ Aboriginal and Torres Strait Islander
- ☐ Culturally and Linguistically Diverse (CALD)
- ☐ Rural and Remote
- ☐ Financially or Socially Disadvantaged
- ☐ Veterans
- ☐ Homeless or at Risk of Homelessness
- ☐ Care Leavers
- ☐ LGBTIQA+
- ☐ People with Mental Illness
- ☐ People who live with Disability
- ☐ People who experience Dementia and Cognitive Decline
- ☐ Other

How would you describe your gender?

- ☐ Woman
- ☐ Man
- ☐ Non-Binary
- ☐ I don't know/unsure
- ☐ Prefer not to say
- ☐ Other \_\_\_\_\_

What are your pronouns? ☐ she/her ☐ he/him ☐ they/them

Is there a particular gender you feel more comfortable with for your daily care support?

☐ Male ☐ Female ☐ Unspecified

Assessment Complete By: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Resident: Resident / Resident Representative / Admissions Officer / Holistic Care Team  
(Please circle)



## Schedule of fees and charges for residential and home care from 1 July 2025

This Schedule only applies to care recipients who first enter care from 1 July 2014

### Basic daily fee – Home care and residential care

Maximum Basic daily fee	Rate
Home care - level 1 package	\$11.77
Home care - level 2 package	\$12.45
Home care - level 3 package	\$12.80
Home care - level 4 package	\$13.14
Residential care <sup>[i]</sup>	\$63.82

### Income free area – Home care and residential care

Income free area for:	Rate
Single person	\$34,005.40
Couple, Illness separated (single rate)	\$33,277.40
Couple, Living together (single rate) - relevant to home care only	\$26,301.60

Annual income up to these amounts is excluded from the income test component of the residential means test and the income test in home care. To calculate the equivalent fortnightly income, divide by 26.

### Income threshold – Home care income test

Income threshold for:	Rate
Single person	\$65,416.00
Couple, Illness separated (single rate)	\$64,688.00
Couple, Living together (single rate)	\$49,977.20

Consumers with incomes above these amounts are subject to the second cap when calculating the daily income tested care fee in home care and are also subject to the higher annual cap that applies in home care. To calculate the equivalent fortnightly income divide by 26.

### Asset thresholds and home exemption cap – Residential care means test

Asset threshold	Rate
Asset free threshold	\$61,500
First asset threshold	\$206,663.20
Second asset threshold	\$496,989.60
<b>Home exemption cap</b> (applies separately to both members of a couple). The net value of the home above this amount is excluded from the value of the resident's assets.	\$206,663.20



## Caps on income tested care fees – Home care

Income tested care fee caps	Rate
Lifetime cap	\$82,347.13
<b>Where the consumer's income does not exceed the income threshold</b>	
First cap (daily cap)	\$18.85
First annual cap	\$6,862.18
<b>Where the consumer's income exceeds the income threshold</b>	
Second cap (daily cap)	\$37.70
Second annual cap	\$13,724.45

## Caps on means tested care fees – Residential care

Means tested care fee caps	Rate
Lifetime cap	\$82,347.13
Annual cap	\$34,311.23

**Maximum accommodation supplement amount – \$69.79 (per day) <sup>[iii]</sup>**

## Deeming thresholds and rates – Home care and residential care

Threshold/Rate	Rate
<b>Deeming thresholds – from 1 July 2025</b>	
Threshold (single)	\$64,200.00
Threshold (couple – combined)	\$106,200.00
<b>Deeming rates from – from 1 June 2020</b>	
Lower rate	0.25%
Higher rate	2.25%

## Interest rates for refundable deposits and daily payments

Interest rate	Rate
<b>Maximum Permissible Interest Rate</b>	
<ul style="list-style-type: none"> <li>for all new residents <sup>[iv]</sup></li> <li>maximum rate of interest that may be charged on outstanding amount of daily payment</li> </ul>	
from 1 July 2025 – 30 September 2025	7.78%
<b>Base Interest Rate</b> from 1 June 2020	2.25%

## Thresholds for refundable deposits and daily payments

Threshold	Rate
<b>Minimum permissible asset level</b>	
<ul style="list-style-type: none"> <li>the minimum assets a resident must be left with if they pay at least part of their accommodation costs by refundable deposit</li> </ul>	
	\$61,500
<b>Maximum refundable accommodation deposit</b>	
<ul style="list-style-type: none"> <li>the amount that can be charged without prior approval from the Independent Health and Aged Care Pricing Authority</li> </ul>	
	\$758,627.00

## Transition care programme

Maximum daily fee	Rate
TCP delivered in a home or community setting	\$13.14
TCP delivered in a residential care setting	\$63.82

## Short-Term Restorative Care

Maximum daily fee	Rate
STRC delivered in a home or community setting	\$13.14
STRC delivered in a residential care or hospital setting	\$63.82

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<sup>[i]</sup> Residents in designated remote areas may be asked to pay an additional \$1.06 per day.

<sup>[ii]</sup> This rate applies for calculating accommodation costs for residents who enter residential care within this time period but not for those who were already in care prior to this time period. To calculate daily payments for a resident paying the agreed room price, use the Maximum Permissible Interest Rate current on the day the room price was agreed. To calculate accommodation contributions for a low means resident, use the MPIR current at their date of entry to the service.

<sup>[iii]</sup> A resident's means tested care fee (care subsidy reduction) is worked out under section 44-21 of the *Aged Care Act 1997* as the lower of either:

- the amount by which their means tested amount (worked out under section 44-22 of the Act) exceeds the maximum accommodation supplement
- their adjusted basic subsidy plus primary supplements.