

St Bart's

James Watson Centre Referral Form



Introduction

Thank you for considering placement at our James Watson Centre (JWC), a 40 bed aged care facility for men.

To refer a consumer for accommodation they must have a current ACAT (Aged Care Assessment Teams) assessment, a copy of which must be attached to this form when lodging the referral.

As part of the referral process, please complete the following information and forward to the Aged Care Services Manager karen.mcaulay@stbarts.org.au or via mail to James Watson Centre, 7 Lime street, Perth 6004

Any information supplied here will be treated confidentially and not released to any third party without consent

If there are any queries relating to the service or this referral, please feel free to get in touch on
(08) 9323 5117

SUBMIT APPLICATION Button

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SECTION 1: PERSONAL INFORMATION

First Name:	Surname:	
Preferred Name:	Pronouns:	
Address:		
Suburb:	State:	Post Code:
Home Phone:	Mobile:	
Email:		
Date of Birth:		
Marital Status		
<input type="checkbox"/> Single <input type="checkbox"/> Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Spouse/Partner (if applicable):		
Diversity Information		
Does the applicant identify as an Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rather not say		
Does the applicant identify as a member of the LGBTIQ+ community? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rather not say		
Country of Birth:		
Language/s Spoken:		
Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nominated Representatives		
Is there an Enduring Power of Attorney (EPA) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes: Provide details (Name and contact details & provide relevant documentation)</i>		
Is there a Public Trustee appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes: Provide details (Name and contact details & provide relevant documentation)</i>		
Does the applicant have a Next of Kin or other representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Relationship to applicant:	
Home Address:		
Suburb:	State:	Post Code:
Home Phone:	Mobile:	
Email:		

Current Situation
<input type="checkbox"/> Homeless
<input type="checkbox"/> Owned or Rented Accommodation
<input type="checkbox"/> Other Residence (e.g., family address)
<input type="checkbox"/> Hospital (please specify hospital, ward): Date of Admission:
<input type="checkbox"/> Transitional Care (please specify): Date of Admission:
<input type="checkbox"/> Other Aged Care Facility (please specify): Date of Admission: <i>Please include the current AN-ACC classification</i>
Is the applicant currently at risk of homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please briefly explain their situation:</i>

SECTION 2: CARE OR SUPPORT REQUIREMENTS

If any current care and support requirements differ from the ACAT Assessment, please specify below:

Health, Care or Support Requirements	Details or Changes
Are there any new health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eating and Drinking <input type="checkbox"/> No Changes	
Personal Hygiene <input type="checkbox"/> No Changes	
<u>Continence</u> <input type="checkbox"/> No Changes	
<u>Mobility</u> <input type="checkbox"/> No Changes	

Falls RiskHas applicant had a fall/s in the last 3 months? ☐ Yes ☐ NoIf **Yes**: Has a falls risk assessment been undertaken? ☐ Yes ☐ No*If Yes: Please attach with the referral***Cognition and Behaviours**☐ No ChangesDoes the applicant have a Dementia Diagnosis? ☐ Yes ☐ No

Details:

Mental Health☐ No ChangesDoes the applicant have a Mental Health Diagnosis? ☐ Yes ☐ No

Details:

MedicationDoes the applicant take prescribed medication? ☐ Yes ☐ No*If Yes: Please supply current medication profile***Infectious status**Does applicant have any Infectious Diseases? ☐ Yes ☐ No

Details:

Vaccination StatusFlu Vaccination ☐ Yes ☐ No Date Last dose:Covid 19 ☐ Yes ☐ No Date Last dose:Others ☐ Yes ☐ No Details:**SECTION 3: PENSION, MEDICARE, ASSETS AND INCOME****Pension Details**Australian Pension: ☐ Yes ☐ No

Pension Card Number:

Type of Pension: ☐ Full ☐ Part ☐ Aged ☐ DVA If DVA – Card Colour:

Centrelink Customer Reference Number:

Non-Australian Pension: ☐ Yes ☐ No

Type of Pension:

Self-funded Retiree: ☐ Yes ☐ No

Source of Income:

Medicare Details

Medicare Card Number:

Valid to:

Number in Front of Your Name on the Medicare Card:

Assets and Income InformationDoes the applicant own their own home? ☐ Yes ☐ No

Total Value: \$

Less Mortgage OR Deferred Management Fees if in Retirement Living: \$

Less Estimated Selling Costs: \$

Estimated Net Value: \$

IF **YES**: Does the applicant live alone? ☐ Yes ☐ NoIf **NO**, will any of the following continue to reside in the owned home after applicant has entered James Watson Centre?☐ Spouse/Partner☐ Dependent Child☐ Immediate Family☐ Carer**Assessable Assets and Income****Other Assessable Assets**

Financial Accounts (bank accounts, term deposits, bonds, stocks, debentures, business interests)

\$

Managed Investments (investment trusts, superannuation in the accumulation phase)

\$

Real Estate or Land (not including the family home)

\$

Additional Assets – please specify:

\$

Total of Assessable Assets

\$

Assessable Income

Australian Government Pension (per fortnight)

\$

Non-Australian Pension (per fortnight)

\$

Other Income (per fortnight) – please specify:

\$

Total of Assessable Income

\$

Centrelink Assets and Income Assessment

Has a Centrelink Assets and Income Assessment been lodged? ☐ Yes ☐ No

Date of Lodgement:

If **Yes**, has a 'Residential Aged Care Fees' letter been received from Centrelink?

☐ Yes ☐ No

Please include a copy of the letter and the Assets Summary Statement

If **No**, is there an intention to lodge a Centrelink Assets and Income Assessment?

☐ Yes ☐ No

Proposed Date of Lodgement:

Note: *If a Centrelink Assets and Income Assessment has not been lodged, the applicant may be required to pay the maximum means-tested care fee on admission, regardless of financial status.*

Application Checklist

To assist with timely wait listing and an offer of accommodation, please ensure you have answered each section to the best of your ability and provided the required supporting documents outlined below.

- ☐ A copy of your Aged Care Assessment (ACAT)
- ☐ Copies of Power of Attorney and/or Guardianship approvals (if applicable).
- ☐ Copy of the Centrelink 'Residential Aged Care Fees' & 'Assets and Income Assessment'
- ☐ Falls Risk Assessment
- ☐ Medication Profile
- ☐ Checked acknowledgement and signed Declaration.

We thank you for your time in completing the referral for placement at James Watson Centre. We will notify you of the outcome of this referral within 5 business days of our receipt of your application.

Declaration and Consent

Please read and mark your acknowledgement of the declaration and consent below.

I declare that all information in this application is true to the best of my knowledge.

I consent to the information in this referral being shared with relevant Medical or Health Practitioners in James Watson Centre, as required, to provide care or support to the applicant.

Please indicate who is providing this consent:

- ☐ Referred applicant
- ☐ Enduring Power of Attorney
- ☐ Legally Appointed Guardian
- ☐ Other (please specify): _____

Full Name of Referral Applicant

Full Name of person providing consent (if other than the referral applicant)

Signature

Date: ____ / ____ / ____