



## RESPIRE INFORMATION PACK CONTENTS

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# Adventist Aged Care

GREATER SYDNEY

Care  
with love and dignity

## WELCOME LETTER

Date:

Dear Prospective Respite Resident,

Welcome to Adventist Aged Care and thank you for enquiring about our facility. We are grateful for the opportunity to provide our superior standard of care should you, your relative or friend enter our facility.

To be accepted in our facility we need the following information from you. Completion of this information will help us to start the admission process and wait list as soon as possible. This pack contains a number of items intended to assist you in the process of considering entry to our aged care facility.

Please complete the appropriate forms and forward to us a.s.a.p.

1. Copy of your ACAT - Assessment of Eligibility (\*)
2. Certified copy of your Power of Attorney
3. Certified copy of your Enduring Power of Attorney

We would like to take this opportunity to welcome you to the facility and invite you to take part in the lifestyle activities that are conducted regularly.

If you have any questions regarding this pack or any of its' content, or wish to make an appointment to view the facility, please do not hesitate to contact:

Tania McAleer

Ph: (02) 9487 0669

Fax: (02) 9487 0099

[Email: taniamcaleer@adventist.org.au](mailto:taniamcaleer@adventist.org.au)

Yours sincerely,

Lin Lo - ADOC

Assistant Director of Care

(\*) **ACAT Assessment:** Contact a member of your local Aged Care Assessment Teams (ACATs) – usually a doctor (GP), nurse, social worker or other health care professional – they will make a time to come to your home (or the hospital, if you're currently in hospital) to complete this form. To find your nearest ACATs visit the Department of Social Services website [www.myagedcare.gov.au](http://www.myagedcare.gov.au) or phone FreeCall 1800 200 422



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## PRE-ADMISSION CHECKLIST

Use this checklist to make sure your pre-admission application is complete.

Name:

Date:

Areas to be addressed	Completed
1 . Copy of ACAT - Assessment of Eligibility	
2 . Certified copy of Enduring Power of Attorney / Power of Attorney	
3 . Application for Respite Care	
4 . Photocopy of Proof of Identity (Driver's license, Medicare Card, etc.)	
5 . Respite Pre-Admission Medical Form [separate document]	
6 . Notification for Resident Billing Form	
7 . Direct Debit Request Form	
8 . Consent to collect personal information	
9 . General information	
Call or email to make an Appointment to visit the facility: <b>Tania McAleer</b> – Respite Coordinator Ph: (02) 9487 0669 <a href="mailto:taniamcaleer@adventist.org.au">Email: taniamcaleer@adventist.org.au</a>	



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## APPLICATION FOR RESPITE

Date: ..... / ..... / 20 .....

### Care Level

Residential

Respite

### Personal Details

Last: ..... Given Names: .....

Sex: Male  Female

Marital Status: (Optional) Married  Divorced  Widowed  Sep  Single

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: .....

..... P/Code: ..... Phone No: .....

Medicare No: ..... Expiry Date: ..... / ..... / ..... Position on Card: .....

Pension No: ..... Centrelink  Veterans' Affairs

Type of Room Single  Double

### Person Responsible (1)

#### Who is a 'person responsible'?

A 'person responsible' is not necessarily the resident's next of kin. A 'person responsible' is either:

- a guardian who has the function of consenting to medical, dental and health care treatments or, if there is no guardian:
- a spouse or de facto spouse with whom the person has a close, continuing relationship or, if there is no spouse or de facto spouse
- an unpaid carer who is now providing support to the person or provided this support before the person entered residential care or, if there is no carer:
- a relative or friend who has a close personal relationship with the person

Guardianship Tribunal Feb 1998

Name: ..... Trustee: Yes  No

Relationship: ..... Guardianship Order: Yes  No

Address: ..... Power of Attorney: Yes  No

If yes, Financial  Enduring

Telephone: (H) ..... (W) .....

(M) ..... Email .....



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## Person Responsible (2)

Name: ..... Trustee: Yes  No

Relationship: ..... Guardianship Order Yes  No

Address: ..... Power of Attorney: Yes  No

If yes, Financial  Enduring

Telephone: (H) ..... (W) .....

(M) ..... Email: .....

## Acceptance of Terms & Conditions

I/We understand that the facility is owned by The Seventh-day Adventist Church (Greater Sydney) Ltd. Only a vegetarian diet is supplied. The facility does not allow smoking or alcoholic beverages on site. I/We accept the responsibility of payment of fees for all costs incurred while occupying a bed at the facility.

.....  
Signature (Person Responsible)

Date:...../...../20.....

.....

Print Name

## ATTACHED COPY OF PHOTOGRAPHIC IDENTIFICATION (Select one of the options below)

Drivers' License

Passport

## PRIVACY POLICY

Our facility complies with the Privacy Act 1998 and the Australian Privacy Principles March 2014 and all other state/territory legislative requirements in relation to the management of personal information. We believe that our residents can feel safe in the knowledge that we safeguard their personal health information ensuring that confidentiality is respected and information is stored correctly.

**Once completed please bring to the facility visit.**



## NOTIFICATION FOR RESIDENT BILLING

I, \_\_\_\_\_ , as the nominated 'person responsible' accept responsibility for  
*(insert full name)*  
the payment of fees due to Adventist Aged Care on behalf of \_\_\_\_\_ ,  
*(insert name of resident)*  
who is a resident of Adventist Aged Care.

In the event of my inability to remain the 'person responsible' for the payment of fees I will notify the Assistant Director of Care, at the facility, in writing.

Relationship to resident:

Address where accounts are to be sent: \_\_\_\_\_

OR

Email account to: \_\_\_\_\_

Contact telephone number: home: \_\_\_\_\_

office: \_\_\_\_\_

mobile: \_\_\_\_\_

Signed: \_\_\_\_\_

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

**Once completed forward to Administration**



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## DIRECT DEBIT REQUEST

I/We request you, Adventist Aged Care – Greater Sydney, ID No:315949 to arrange for funds to be debited from my/our nominated account at the financial institution shown below, according to the schedule specified below.

Residents' Name: .....	
Address: .....	
.....	
.....	Postal Code: .....
Signature(s): .....	Date: .....

Account Holders' Name: .....	
Address: .....	
.....	
.....	Postal Code: .....
Signature(s): .....	Date: .....

Name of Financial Institution: .....	
Branch: .....	
BSB No:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Commencing on:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

Please debit Monthly Statement Amount each Month

Monthly Statements are processed on the 1<sup>st</sup> day of each month and will be forwarded as soon as possible after this date. If you need to verify the amount please do so before the 15<sup>th</sup> day of the month. After this date the statement amount will be debited from your account.



## CUSTOMER DIRECT DEBIT REQUEST SERVICE AGREEMENT

### OUR COMMITMENT TO YOU

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between The Adventist Aged Care – Greater Sydney and you. It sets out your rights, our commitment to you and your responsibilities

### INITIAL TERMS OF THE AGREEMENT

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the statement amount which will cover board and other cash advances including pharmacy, cash withdrawal etc.

### DRAWING ARRANGEMENTS

- The first drawing under this Direct Debit arrangement will occur after the fifteenth day of the month.
- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days' notice in writing when changes to the initial terms of the arrangement are made.
- If you wish to discuss any changes to the initial terms please contact us on (02)9487 0600.

### YOUR RIGHTS

#### CHANGES TO THE ARRANGEMENT

If you require changes to the drawing arrangements, please contact us on (02)9487 0600. These changes may include:

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

#### ENQUIRIES

Direct all enquiries to us, rather than to your financial institution, and these should be made at least five working days prior to the next scheduled drawing date. We request that all communication be addressed to us in writing and should include your name and bank account number.

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.





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## DISPUTES

- If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting us on (02)9487 0600.
- Any amounts disputed and found to be in your favour will be credited to your account and deducted from the next month's total. If a debt amount, then this will appear on the next month's statement therefore being an addition to that month's account.

## YOUR COMMITMENT TO US

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and  that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, you will be notified in writing. Any transaction fees payable by us in respect of the above will be debited to your statement for the next month.



## CONSENT FORM TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION OF RESIDENTS FOR THE PURPOSE OF PROVIDING RESIDENTIAL AGED CARE

### PRIVACY AMENDMENT (PRIVATE SECTOR) ACT 2000

In order that Adventist Aged Care can provide you with the quality care outlined in your contract with us, this organisation collects from you as a resident, particular personal information such as your: -

- Name
- Date of Birth
- Religion
- Current Address
- Whether you are a person of Aboriginal or Torres Strait islander descent
- Other personal information including entitlement details, health care fund, country of birth
- Medical history
- Medications
- Family medical history
- Social history

The purpose of this form is to advise you that you may obtain access to the information we hold on you at any time by providing a signed, written letter requesting what information is required and the reason it is needed. We also seek your consent to the intended uses and disclosures of that information: -

- Other Health Professionals as required
- Department of Social Services
- As required by other Commonwealth and State legislation
- To the person you have designated as the "person responsible" for giving and accessing your information

If you have any complaints about our privacy practices or wish to make a complaint about how your personal information is managed please contact the Assistant Director of Care. Complaints will be handled under the name of Adventist Aged Care Privacy & Complaints Policy.

It is also important that we outline here what the main consequences may be if you do not provide all, or part of, the information requested.

- Our organisation may be unable to provide appropriate services and care
- Our organisation may be unable to meet individual requirements of the resident

**Acceptance of the above:**

I have read and understand the above and consent to the intended uses and disclosures of the personal information the Adventist Aged Care holds.

_____ Name (or Person Responsible)	_____ Signature	_____ Date
_____ Name of Witness	_____ Signature	_____ Date



**Australian Government**  
**Department of Health and Ageing**

**THE CHARTER OF CARE RECIPIENTS' RIGHTS AND RESPONSIBILITIES-  
RESIDENTIAL CARE**

Aged Care Act 1997, Schedule 1 User Rights Principles 2014

**A. Care recipients' rights – residential care**

- Each care recipient has the following rights:
  - a) to full and effective use of his or her personal, civil, legal and consumer rights;
  - b) to quality care appropriate to his or her needs;
  - c) to full information about his or her own state of health and about available treatments;
  - d) to be treated with dignity and respect, and to live without exploitation, abuse or neglect;
  - e) to live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation;
  - f) to personal privacy;
  - g) to live in a safe, secure and homelike environment, and to move freely both within and outside the residential care service without undue restriction;
  - h) to be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect;
  - i) to continue his or her cultural and religious practices, and to keep the language of his or her choice, without discrimination;
  - j) to select and maintain social and personal relationships with anyone else without fear, criticism or restriction;
  - k) to freedom of speech;
  - l) to maintain his or her personal independence;
  - m) to accept personal responsibility for his or her own actions and choices, even though these may involve an element of risk, because the care recipient has the right to accept the risk and not to have the risk used as a ground for preventing or restricting his or her actions and choices;
  - n) to maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions;
  - o) to be involved in the activities, associations and friendships of his or her choice, both within and outside the residential care service;
  - p) to have access to services and activities available generally in the community;
  - q) to be consulted on, and to choose to have input into, decisions about the living arrangements of the residential care service;
  - r) to have access to information about his or her rights, care, accommodation and any other information that relates to the care recipient personally;
  - s) to complain and to take action to resolve disputes;
  - t) to have access to advocates and other avenues of redress;
  - u) to be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights.

**B. Care recipients' responsibilities – residential care:**

- Each care recipient has the following responsibilities:
  - a) to respect the rights and needs of other people within the residential care service, and to respect the needs of the residential care service community as a whole;
  - b) to respect the rights of staff to work in an environment free from harassment;
  - c) to care for his or her own health and well-being, as far as he or she is capable;
  - d) to inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and current state of health.



## GENERAL INFORMATION

Dear

Thank you for selecting Adventist Aged Care for your respite care.

Please find below information for \_\_\_\_\_ that may assist you in your time with us.

**Dates: Arriving on** \_\_\_\_/\_\_\_\_/\_\_\_\_ **between 1pm – 3pm**

**Leaving on** \_\_\_\_/\_\_\_\_/\_\_\_\_ **between 9am – 11am**

A **non-refundable deposit** of \$200 is required to secure your booking. Once admitted, this deposit will be deducted from your final account.

In addition to this, the basic daily fee for your full time of stay is payable on the day of admission. Please note, this is an approximate estimate only and subject to change when your final invoice is processed after discharge.

Please choose one of the options below for payment of your deposit and estimate basic daily fee for your stay.

- > Cash – in person at reception
- > Cheque (payable to Adventist Aged Care)
- > Internet banking transfer as follows:
  - Westpac Bank BSB: 032-189 Account No: 18-1859
  - Account name: Adventist Aged Care
  - Reference: Respite & Resident's Name

Total Costs for your stay will include:

- > The **basic daily fee** is determined by Department of Social Services – currently the fees are \$47.49 per day. Additional charges may include:
  - Telephone rental of \$0.55 per day plus calls. This can be arranged by request on admission.
  - Pharmacy costs
  - Other Costs that may be charged are:  
Hairdressing, social outings, Podiatry for Low Care Respite.
- > Visits for longer than one (1) month will receive an account at the end of each month. This will be required to be paid within seven (7) days. The days spent after the end of the month will be payable when you receive your final statement.
- > Direct debit from your bank account can also be arranged on admission. Please complete the Direct Debit Request form provided.

For any further details regarding your respite stay, please read the attached information sheet or feel free to contact us on 8834 6100 Monday to Friday 10am to 2pm.

Lin Lo - ADOC  
Assistant Director of Care

The above arrangements can be altered at the discretion of Management.



## IMPORTANT RESPITE INFORMATION PLEASE READ

Basic daily fee is \$47.86 per day, \$670.04 per fortnight  
as per Dept of Social Services Guidelines.  
The above fees are reviewed every 6mths.

Please ensure that you provide us with the completed pre admission medical form from your doctor and also your prescriptions of all current medications. These are required to be received by our office no later than 3 working days prior to your admission.

DVA Clients : You will need to contact The Department of Veteran Affairs on 1300 550 450 for any possible subsidy approval prior to admission

### What to bring



1. Toiletries
2. Labelled, washable, personal clothing suitable for laundering in commercial washers and dryers (laundry pens can be purchased at newsagents or Kmart). Labelling of clothing is available at \$0.50 per item by the facility. All care taken, but no responsibility accepted for unmarked clothes.
3. A small amount of money may be needed if you require the service of a hairdresser or to buy some treats from the vending machine.
4. *Name and Phone Number of your doctor (emergency contact details, eg after-hours number)  
Medicare card and Pension card*
5. *Photographs or similar items to make your accommodation and stay more homely*
6. *Shaving Kit for men or Electric Shaver - if accustomed to one*

Please note that whilst a facility may allow day leave during the respite period for a doctor's appointment, provision for overnight leave is NOT available, as per Department of Health & Ageing requirements (eg. If care recipient goes to hospital for the night, the respite booking will be cancelled)