



INFORMATION PACK CONTENTS

1. Information Pack – Welcome Letter
2. Fact Sheet
3. Pre-Admission Check List
4. Application Form
5. Notification for Resident Billing Form
6. Direct Debit request Form
7. Resident Status
8. Annual Prudential Compliance Statement
9. Privacy Amendment Act 2000 – Consent for to collect and disclose information
10. The Charter of Residents' Rights and Responsibilities



Adventist Aged Care

Care
with love and dignity

GREATER SYDNEY

Date: _____

Dear Prospective 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. Financial: Copy of your "Combined Assets and Income Assessment (SA457)" form from Centrelink (*)
3. Application for Residence (Attached)
4. Certified copy of your Power of Attorney
5. Certified copy of your Enduring Power of Attorney

A copy of the Centrelink "Assets Assessment" form this is not compulsory but **essential** for us for fully or partially supported residents and provides information to ensure the correct fees are charged upon admission.

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 Mc Aleer

Ph: (02) 9487 0669

Fax: (02) 9487 0099

Email: taniamcaleer@adventist.org.au

For more information about the process of moving into residential care you can visit aged care online at www.agedcareonline.com.au and look at the 5 Step Guide Search available.

Yours sincerely,

Lin Lo / Rita Singh - DOC
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 or phone FreeCall 1800 200 422

(* **Combine Assets & Income Assessment Forms** are available through ACATs at the time of your assessment. They are also available through the Aged Care Information Line FreeCall 1800 227 475 and can be downloaded from www.health.gov.au website.



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. Copy of "Combined Assets & Income Assessment (SA457)" form Centrelink	
3. Certified copy of Power of Attorney	
4. Application for Residence	
5. Certified copy of Enduring Power of Attorney	
6. Photocopy of Proof of Identity (ie. Driver's license, Medicare Card, etc.)	
7. Call or email to make an Appointment to visit the facility:	
8. Present Documents at site visit. (Step 1 to Step 6)	
Please complete the following forms after the site visit.	
9. Notification for Resident Billing Form	
10. Direct Debit Request Form	
Bring documents completed (Step 9 & 10) when you come to sign contract	



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APPLICATION FORM

Date: / / 20.....

Facilities

Wahroonga

Kings Langley

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.

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

Signature (Person Responsible)

.....

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



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 1st 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 15th 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.



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.



RESIDENT'S STATUS

The information in this form will be kept confidential by Adventist Aged Care and will only be used to establish the level of assets & income of a prospective resident so an appropriate assessment can be made for accommodation bonds / concessional resident status. Adventist Aged Care requires this information so that it can be satisfied that it would not be in breach of the provisions of the Aged Care Act 1997 in relation to the accommodation bond / concessional resident status.

Unless ordered by a court, Adventist Aged Care – Sydney will not disclose the information provided in this form to any other body or for any purpose.

It is important that the information provided is accurate and complete, as incorrect information may render the Agreement invalid. Incorrect information may also result in the termination of the Agreement and loss of residency tenure. Proposal for concessional status will be checked by the Department of Health and Ageing.

Total net assets \$

Annual income: \$.....

Pension Type: Aged Disability Other Specify:

Pensioner status: Full pensioner Part pensioner Non-pensioner

STATUTORY DECLARATION

I, (insert applicants full name)

of

do solemnly and sincerely declare that the information contained in the Adventist Aged Care – Greater Sydney 'RESIDENT'S STATUS' form and the information contained in any documents annexed hereto, is true and correct to the best of my knowledge and belief. I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.

Declared at:

This day of20.....

.....
Signature of Applicant / Declarant

before me:

.....

Authorised witness signature

Title

This document needs to be witnessed by an **authorised witness**. For more information about who can be an authorised witness please visit this link:

<https://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>



STATEMENT OF ASSETS & INCOME

The intention of this form is to give a full indication of your assets as at the date you make the declaration. Please answer all questions.

1. Have you been in an aged care facility in the last 28 days when an Accommodation bond was paid? Yes No

2. Do you own your own home? Or have you owned your own home within the last two years? Yes No

(If 'No', go to Question 7)

3. If 'Yes', do any of the following reside with you?
a) spouse / partner Yes No
b) dependant child Yes No
c) carer (for more than 5 years) Yes No
d) immediate family (for more than 5 years) Yes No

4. If a carer resides with you, is that person eligible for a pension/income support? Yes No

5. If an immediate family member resides with you, is that person eligible for a pension / income support? Yes No

6. If you have answered 'Yes' to question 2 and 'No' to questions 3a, 3b, 3c and 3d or subsequently 'No' to questions 4 or 5, estimate the value of your home less the amount of any liabilities, such as mortgage

Estimated net value \$

7. Do you own any other real estate? Yes No

If 'Yes' estimate the value of your other real estate, less the amount of any Liabilities you have on that real estate, such as a mortgage

Estimated net value \$

8. Do you own any shares? Yes No

If 'Yes' what is the estimated value of those shares?

Estimated net value \$

Balance carried forward \$



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Balance brought forward \$

9. Do you own any furniture, fittings and effects? Yes No

If 'Yes', estimate the value.

Note: If no evidence of value, include only \$5,000.

Estimated net value \$

10. Do you own a motor vehicle? Yes No

If 'Yes' what is the estimated value less any liabilities such as amounts owing to finance companies etc?

Estimated net value \$

11. Do you have any money in bank accounts, credit unions etc.? Yes No

If 'Yes' please indicate the balance as at this date.

Total amount \$

12. Do you have any,			
a) term deposits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b) bonds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c) debentures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d) money lent on mortgage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e) other similar funds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If you have answered 'Yes' to the above, please estimate the current value

Estimated net value \$

TOTAL ASSET VALUE \$

13. Total annual income \$

OFFICE USE ONLY

Total asset value \$

Less minimum permissible asset value
(paragraph 57-12(3) of the Aged Care Act 1997) \$

Total funds available for accommodation bond purposes \$

Total income \$

Financial Approval

Name: _____

Signature

_____/_____/20_____
Date



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



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