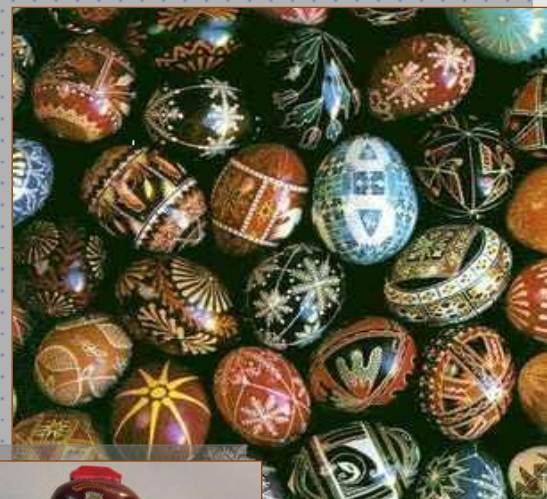




Kalyna Care

Personal and Compassionate Care

APPLICATION FORM FOR RESPITE CARE



KALYNA CARE

344 Taylors Rd, Delahey Vic 3037

Ph: 03 9367 8055

Fax: 03 9310 7943

ABN: 57 006 .305 844

Web: www.kalynacare.com.au

The attached form must be completed and returned to the above address before respite care can be approved.

Please note that the **maximum time** allowed for respite care in any one year (from July 1st to June 30th) is **63 days**. This total includes respite admissions to any Commonwealth funded residential aged care service. In emergency situations, the Aged Care Assessment Service may approve 21 day extensions

Admissions are on Monday with a **minimum stay of two (2) weeks**. Arrivals are usually at **11.00am**, and departures are **prior to 10.15am**.

The fees for respite accommodation are payable in advance (2) weeks prior to admission. A \$50.00 reservation fee will apply at time of booking. **Should you cancel the booking within 2 weeks of the intended admission a \$50.00 cancellation fee will apply. Should you leave prior to the term of your booking payment for the full period will still apply.** The daily fee for respite care is currently \$50.16 per day regardless of income or eligibility for income support payments.

The following methods of payment are available:

- a) EFTPOS
- b) Cheque (Personal or Bank)
- c) Direct Deposit

No cash payments over \$100 can be accepted by Kalyna Care

The facility provides single room accommodation, all meals, cleaning, laundry and personal care services.

All people entering respite must have been **assessed** from an Aged Care Assessment Service as requiring Low Care. To arrange this you can contact My Aged Care on **1800 200 422** Monday to Friday 8am – 8pm Saturday 10am – 2pm.

On admission please bring clothes, toiletries and any small personal belongings the resident may wish to have. The resident may bring their own pillow and doona if they wish. All medications **must be in the original packaging and you must provide a completed Kalyna Care medication chart signed off by the resident's Doctor. (Please note: we are unable to administer medications from prepackaged webster packs or without an approved chart signed by the Doctor)**



The facility provides bed linen and towels. Please ensure all belongings are labelled with the resident's initials. The facility will not be responsible for any valuables held in the room.

Please allow at least one hour for transfer of information during the respite admission process.

The resident or their representative is responsible for providing transport should the situation arise where they need to leave the facility for any reason during their stay. This also applies to transporting the resident home at the conclusion of their stay.

A contract of occupancy for respite care should also be completed before admission.

Please check with the Residential Services Manager if you have any queries.

UKRAINIAN ELDERLY PEOPLE'S HOME TRADING AS KALYNA CARE
344 Taylors Road, Delahey 3037
Telephone: 9367 8055 Fax: 9310 7943
Email: debd@kalynacare.com.au

APPLICATION FOR RESPITE CARE

NAME	SURNAME			GIVEN NAMES	
ADDRESS					
BIRTH DETAILS	DATE OF BIRTH			PLACE OF BIRTH	
MARITAL STATUS				RELIGION	
NEAREST RELATIVE OR PERSON TO CONTACT IN CASE OF EMERGENCY	RELATIONSHIP			NAME	
	ADDRESS				
	TELEPHONE HOME		WORK		MOB
HAVE YOU BEEN ASSESS BY AN AGED CARE ASSESSMENT SERVICE	YES	NO	HIGH CARE	LOW CARE	DATE OF EXPIRY
YOUR GENERAL PRACTITIONER DETAILS	NAME				
	ADDRESS				
	PHONE			FAX	
PENSION NUMBER	EXPIRY DATE				
MEDICARE NUMBER	EXPIRY DATE				
DO YOU HAVE PRIVATE HOSPITAL COVER?	YES	NO	FUND		MEMBERSHIP NUMBER
PLEASE LIST MAJOR MEDICAL CONDITIONS					
DATES RESPITE CARE REQUIRED FROM TO	FROM			TO	

DECLARATION

I hereby state that the above information (which will be held in confidence) is true and correct

Signature of applicant Or of responsible person on behalf of applicant)	NAME	SIGNATURE	DATE
Signature of witness	NAME	SIGNATURE	DATE



WHAT TO BRING

To make your stay at Kalyna Care more comfortable we have listed below personal belongings that we feel you may need during your stay with us.

We would suggest the following:

- 1 pair of slippers
- 1 dressing gown
- 3-4 night dresses or pyjamas
- 7 pairs of underwear
- 4 singlets
- 2 petticoats (if worn)
- enough day clothing for 3-4 changes
- something to wear on special occasions
- socks/stockings
- shoes

All of the above must be **clearly marked with your name on a sewn on label**, to avoid your clothing being lost. Kalyna Care provides a labeling service. Please contact the Residential Services Manager for further information.

Toiletries

Shaving equipment
Toothpaste, toothbrush or denture soaking agents
Shampoo
Brush, comb and any other personal toiletries you may require (e.g continence aids)
Basic toiletries can be purchased from our kiosk.

Medications (**in the original packaging**) and prescriptions

Please bring all medications in the original packaging along with any prescriptions you may have and the **signed facility approved medication chart**.

Optional extras

Glasses and preferred reading material (we have some magazines and books available)
Portable television and stand
Radio
Your own doona or pillow if preferred
Pocket money for outings/kiosk