

## APPLICATION FOR ADMISSION TO KALYNA CARE

Ukrainian Elderly Peoples Home trading as Kalyna Care

*Incorporated as a Public Company, Limited by Guarantee*

**PLEASE RETURN TO:** **KALYNA CARE**  
**Administration**  
**344 Taylors Road**  
**Delahey, Vic 3037**

**PLEASE NOTE:** **Only a person who has authority (eg. Power of Attorney, or the resident) may complete this form on behalf of the resident.**

**EVERY QUESTION MUST BE ANSWERED**

**PLEASE USE BLACK PEN AND BLOCK LETTERS**

**WRITE N/A IF A QUESTION DOES NOT APPLY.**

### FOR OFFICE USE ONLY

APPLICANT NAME \_\_\_\_\_

ACAT ID: \_\_\_\_\_

DATE ACAT APPROVAL SIGNED \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPLETED FORM RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF ADMISSION \_\_\_\_/\_\_\_\_/\_\_\_\_

#### PRIVACY COLLECTION STATEMENT

Kalyna Care collects information for the purpose of processing your application and assessing the level of residential and medical care appropriate to your needs.

The information relating to your current state of health will be disclosed to the Commonwealth Government as this is a requirement under the *Aged Care Act 1997*. It will be used to make decisions about the level of funding that you will be entitled to receive.

The other information collected on this form will not be disclosed to any individual or organisation without your consent.

If you would like to access any of the information collected on this form then you may contact the Manager Care Services.

## 1.

## APPLICANT DETAILS

The details below relate to the potential resident.

Please write your name exactly as shown on your Pensioner Concession Card:

Title  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name(s) \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender  Male  Female  Other Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of birth (if overseas, state year of arrival in Australia) \_\_\_\_\_

Language(s) spoken \_\_\_\_\_

Is an interpreter Required?  Yes  No

Current Address \_\_\_\_\_

Marital Status \_\_\_\_\_

If married, spouse/partner's name: \_\_\_\_\_

Religion \_\_\_\_\_

Briefly, give reasons for applying for accommodation \_\_\_\_\_

Have you been assessed by an Aged Care Assessment Team (ACAT) as requiring residential aged care?  
 **Yes**  **No**

Do you have a My Aged Care Code/ACAT Assessment Number? No/Code: \_\_\_\_\_

If **Yes**, please state the level of care required: (please circle) **Low Care** **High Care**

If you have a Pensioner Concession Card, please state who issued it:

Centrelink  Department of Veteran's Affairs

Pension Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Medicare Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have private health insurance?  **Yes**  **No** If yes, which fund?

\_\_\_\_\_ Membership No \_\_\_\_\_

Have you discussed an Advanced Care Plan with your family/authorised person?  Yes  No  
 (You will be asked to provide details of the Advanced Care Plan on admission)

## 2.

### LEGAL MANAGEMENT

Has anyone been appointed with authority to act on your behalf as an:

**Enduring Guardianship** (name): \_\_\_\_\_

Relationship to resident \_\_\_\_\_ Phone: \_\_\_\_\_

**General (Non-enduring) Power of Attorney** (name): \_\_\_\_\_

Relationship to resident \_\_\_\_\_ Phone: \_\_\_\_\_

**Financial and/or Personal Power of Attorney** (name): \_\_\_\_\_

Relationship to resident \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Power of Attorney** (name): \_\_\_\_\_

Relationship to resident \_\_\_\_\_ Phone: \_\_\_\_\_

**Supportive Attorney** (name): \_\_\_\_\_

Relationship to resident \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note: A copy of each document will be required prior to or on admission.**

## 3.

### FINANCIAL MANAGEMENT

Who will be responsible for payment of invoices?  Applicant  Other

If 'Other', please provide their details below:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

\_\_\_\_\_ Post Code \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Authority Status** (see Legal Management above): \_\_\_\_\_

In the event that the applicant is liable for fees, the abovenamed person agrees to pay "Kalyna Care" all outstanding invoiced costs relating to the accommodation and care.

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

Witness: \_\_\_\_\_

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

## **4. PRIMARY AUTHORISED REPRESENTATIVE / EMERGENCY CONTACT**

If you would like Kalyna Care to contact a representative on your behalf about this application or about your care after you enter the home, please provide their details below. If you are nominating a person who has the legal authority to make decisions for you, please advise the type of authority that they have, such as Power of Attorney, and attach a photocopy of the authority to this application.

### **Name, address and phone number/s of the primary authorised representative:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Daytime telephone (\_\_\_\_) \_\_\_\_\_ Evening telephone (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Please select preferred method of contact:  Telephone  Mobile  Email  
*(Except for emergencies)*

Relationship of authorised representative to the applicant \_\_\_\_\_

Type of Authority (if applicable) \_\_\_\_\_

***The person named above will be the first point of contact for the facility in cases of emergency or for medical or financial matters unless otherwise specified.***

## **SECONDARY EMERGENCY CONTACT**

### **Name, address and phone number/s of the primary authorised relative/person:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Daytime telephone (\_\_\_\_) \_\_\_\_\_ Evening telephone (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Please select preferred method of contact:  Telephone  Mobile  Email  
*(Except for emergencies)*

Relationship of responsible relative / person to the applicant \_\_\_\_\_

Type of Authority (if applicable) \_\_\_\_\_

***The person named above will be the second point of contact for the facility in cases of emergency.***

## 5. PREVIOUS AGED CARE EXPERIENCE

Have you previously received a Home Care Package?  Yes  No

If yes, commencement date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you paid an Accommodation Bond or Accommodation Payment Contribution to another Residential Aged Care Facility?  Yes  No

Paid as:  Lump Sum  Daily Fee

If yes, please provide the following details:

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of 1<sup>ST</sup> Admission \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BOND VALUE

## 6. MEDICAL DETAILS

DO YOU HAVE A GENERAL PRACTITIONER WHO HAS AGREED TO PROVIDE CARE FOR YOU AT KALYNA CARE?  Yes  No

**Please Note:** It is essential that your doctor agrees to visit you at Kalyna Care or provides a locum service outside of normal business hours, in the event of illness or injury.

If your GP is unable to provide care to you at Kalyna Care, we can provide details of the doctors who visit our facility and may become your nominated GP.

IF YES, PLEASE PROVIDE YOUR GENERAL PRACTITIONER'S DETAILS:

GP'S Name / Practice \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

## 7. ASSET AND INCOME DETAILS

### Property Assets

The following information is required to us to determine whether the main residence will be considered as an asset of the applicant.

- 1) Do you own, or part own, the house, unit or flat in which you normally live?  Yes  No

**To determine if your home can be excluded from your asset assessment, please answer the following questions:**

- 2) Do you have a spouse or dependent child living in your home?  Yes  No  
**If yes, please indicate who is living in your home:**  Spouse  Dependant

- 3) Have you had an immediate family member who receives, or is eligible to receive, the Carer's Pension Aged Care Pension, or other income support, living in your home for at least the past two years?

Yes  No

- 4) Have you had a close relative or friend who receives, or is eligible to receive, the Carer's Pension or other income support payment, living in your home for at least the past five years?

Yes  No

Have you disposed of any property, in which you were living, in the past two years?  Yes  No

Do you own, part own, any other residential or commercial property?  Yes  No

Have you any loans to repay?  Yes  No If yes, please give value details: \$

Other assets: Cash (Term Deposits, Savings, Cheque Accounts) \$

Shares & Debentures \$  Property & Managed Trusts \$  Other Assets \$

**Do you receive a pension, superannuation or annuity of any type?** Amount received per fortnight

Centrelink/ DVA Pension \$  Overseas Pension \$  Disability Pension \$

Superannuation \$  Annuity \$  Other \$

**Name (Resident or Representative):** \_\_\_\_\_

**Signed (Resident or Representative):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 8.

### REFUND POLICY

#### **Fee refunds for residents who have passed away**

Kalyna Care understands the time just after a loved family member has passed is extremely emotional and claiming a refund is not top of mind. The Kalyna Care policy is to arrange refunds of overpayments or credits due within 2 months following departure. This timeframe enables us to reconcile potential fee adjustments for government subsidies and charges from third party service providers. Refunds cheques will be made out in the name of the deceased person's estate. Where a refund of an Accommodation Bond or a Refundable Accommodation Deposit is due, a Grant of Probate must be provided in order to release the funds. Once the Grant of Probate is provided the funds will be released within 2 weeks.

#### **Fee refunds for residents that have been transferred**

As with all refunds our aim is to finalise them within 2 months of the resident transferring, leaving adequate time for government subsidies and third-party service providers reconciliation.

Unless advised otherwise we typically refund the resident by direct deposit to the resident's account. We will refund the Accommodation Bond or Refundable Accommodation Deposit within the time limits set by legislation.

#### **Collection of Personal Items**

We care and support a number of residents, so you would understand that it is impractical for us to store personal items belonging to residents that have passed. We are very aware that families are working through priorities at this emotional time, so to support you we offer a 5-day time frame in which to vacate the room. The room charge still applies during this period. If the room is not vacated within 5 days clothing and small personal effects will be packed and held for a period of 7 days. If no contact is made with us to arrange collection of these items and any other personal effects it is assumed they are no longer required and they will be disposed of. Any charges involved with the disposal of personal items will be charged to the resident's estate.

If you have any questions regarding the refund procedure or the collection of personal items please contact the Client Liaison Officer or Manager Care Services.

# Permanent Resident Application Form

## STATUTORY DECLARATION

In submitting this application, I declare all the answers to be true and correct. And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provision of an act of parliament of Victoria rendering persons making a false declaration punishable for wilful and corrupt perjury.

Signature of Applicant \_\_\_\_\_  
Or Responsible Person

Printed name of Applicant \_\_\_\_\_  
Or Responsible Person

Relationship of responsible person to applicant \_\_\_\_\_

DECLARED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR \_\_\_\_\_

Authorised Signatory Name \_\_\_\_\_

Authorised Signatory Position \_\_\_\_\_

Address \_\_\_\_\_

**STATEMENT IN RESPECT OF** \_\_\_\_\_

*Name of Applicant (The Resident)*

a resident of **Kalyna Care** in the State of Victoria ("the Home").

The Resident will be absent from Kalyna Care on occasion to attend family and social functions, medical and other personal matters.

I acknowledge and agree Kalyna Care shall not be liable for any claims, damages expenses or loss arising out of any accident, injury, death, illness or damage of any kind whatsoever suffered by the Resident during any temporary absence from the Home. In consideration of Kalyna Care agreeing to accept the Resident under its care, I agree to indemnify the Home against any claims, damages, loses or expenses made of claimed against the Home by or on behalf of the Resident and/or by any third party in respect of or arising out of any action or omissions of the Resident during any temporary absence from the Home.

I/we understand that **Kalyna Care** does not guarantee or infer that The Resident shall have the right to permanent occupancy of the room/s allotted to them on entry to **Kalyna Care**.

Further, should **Kalyna Care** require The Resident to vacate and move into another room/s in the Home, I/we shall cooperate with such request without unreasonable delay.

Responsible Person's Signature \_\_\_\_\_ DATED \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to applicant \_\_\_\_\_

Witnessed by \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Please print name and position of witness.



# Permanent Resident Application Form

## Statutory Declarations made in Victoria

The form of statutory for use in Victoria which was previously contained in the *Evidence Act 1958* has been abolished. As there is now no prescribed form of statutory declaration, practitioners are advised to refer to p. 155 for the form recommended by the Attorney-General's Department.

Since the coming into operation of the *Magistrate's Court Act 1989*, any of the following persons may witness the signing of a statutory declaration within Victoria:-

- A Justice of the Peace or Bail Justice
- A notary public
- A barrister and solicitor of the Supreme Court
- A clerk to a barrister and solicitor of the Supreme Court
- The Prothonotary or a Deputy Prothonotary of the Supreme Court
- The Registrar or a Deputy Registrar of the County Court
- The Principal Registrar of the Magistrates' Court
- The Registrar or a Deputy Registrar of the Magistrates Court
- The Registrar or Probates or an Assistant Registrar of Probates
- The associate to a Judge of the Supreme Court or of the County Court
- The secretary of a Master of the Supreme Court or of the County Court
- A person registered as a patent attorney under Part XV of the *Patents Act 1952* of the Commonwealth
- A member of the police force
- The Sheriff or a Deputy Sheriff
- A member of former member of either House of the Parliament of Victoria
- A member or former member of either House of the Parliament of the Commonwealth
- A councillor of a municipality
- A town clerk or shire secretary
- A legally qualified medical practitioner
- A dentist
- A veterinary surgeon
- A pharmacist
- A principal in the teaching service
- The manager of a bank
- A member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants
- The secretary of a building society
- A minister of religion authorised to celebrate marriages
- A person who holds an office in the public service that is prescribed as an office to which s. 107a of the *Evidence Act 1958* applies
- A fellow of the Institute of Legal Executives (Victoria)

## Statutory Declarations made outside Victoria

A statutory declaration should be made in accordance with the law of the State or Territory where it is made.

The forms to be used when preparing statutory declarations to be made in another State or Territory, and some of the persons before whom such a statutory declaration may be made, are set out below:-

### **New South Wales**

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1900*.

- Justice of the Peace
- Solicitor holding a current practising certificate
- Notary public

### **Queensland**

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act of 1867*

- Justice of the Peace
- Barrister, solicitor or conveyancer qualified under the law of the Commonwealth, another State or a Territory
- Notary public
- Commissioner for declaration