



Respite Information Brochure

The attached form must be completed by an authorised person and submitted to Kalyna Care before respite admission 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 Department of Health may approve 21 day extensions (which is applied for by the consumer or their representative). Please check the number of days the consumer has already been in respite prior to booking in to our facility to ensure your application is not rejected.

Admissions are on weekdays with a **minimum stay of two (2) weeks**. Arrivals are usually at **10.00am**, and departures are **prior to 10.30am**.

FEES and AGREEMENT

A **\$50.00** reservation fee will apply at time of booking.

The full fees for respite care are payable two (2) weeks prior to admission.

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 and is NOT refundable.

The daily fee for respite care is currently **\$52.25** 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

A RESPITE AGREEMENT is required to be completed prior to or on the day of admission.

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

A person entering respite care must have been **assessed** by an Aged Care Assessment Team (ACAT). To arrange an assessment, contact My Aged Care on 1800 200 422 Monday to Friday 8am – 8pm Saturday 10am – 2pm or visit www.myagedcare.com.au for more information.

Only the consumer or an authorised representative may sign a Respite Agreement. Proof of authority documentation such as Power of Attorney or Guardianship is required to be submitted with the Respite Application form.

WHAT TO BRING

ALL MEDICATIONS (including vitamins) must be in labelled multi-dose Webster Packs for each week of Respite Care and accompanied by a completed Kalyna Care medication chart signed off by the consumer's Doctor. Medications in their original packaging is not permitted. Non-packed medications (such as liquids, patches and nebulisers) must be labelled by the pharmacy with the consumer's details and the dosage instructions.



On admission please bring appropriate shoes and clothing, toiletries and any small personal belongings the resident may wish to have. The resident may bring their own pillow and doona if they wish. **Please ensure all belongings are clearly labelled** with the resident's full name (printed iron/sew on labels are preferred on all clothing. Texta or permanent marker can wash off in the industrial washing machines).

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

Clothing

- 1 x pair of non-slip slippers (for night wear)
- Suitable non-slip closed-in shoes or sandals (for day wear). No thongs
- 1 x dressing gown
- 3 - 4 x night dresses or pyjamas
- 7-10 x pairs of underwear, socks or stockings
- 4 x singlets
- 2 x petticoats (if worn)
- Enough day clothing for 3-4 changes
- Something to wear on special occasions

All shoes, clothing personal items must be **clearly marked with the resident's full name on a printed iron/sew on label**. Kalyna Care provides a labelling service – please see reception for details. **Please note that woollen and delicate clothing can not be washed in the industrial washing machines.**

Toiletries

- Shaving equipment
- Toothpaste, toothbrush or denture soaking agents
- Shampoo and conditioner
- Brush, comb and any other personal toiletries you may require (eg. continence aids)

Optional extras

- Labelled eye glasses and preferred reading material (we have magazines and books available)
- Radio (**must be checked and tagged by an authorised electrician prior to admission**)
- Your own doona or pillow if preferred (labelled. No woollens)

The facility provides bed linen and towels which are changed regularly. Kalyna Care will not be responsible for any valuables held in the room.

The consumer 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 includes transport home at the conclusion of the resident's stay.

NOTE: ALL ELECTRICAL EQUIPMENT MUST BE CHECKED AND TAGGED BY AN AUTHORISED ELECTRICIAN, OR WILL NOT BE ACCEPTED INTO THE FACILITY

Further information can be obtained from reception, the Client Liaison Officer or the Manager Care Services.

PRE-ADMISSION CLINIC

All consumers and/or their representative/s must attend a pre-admission clinic on the Wednesday afternoon prior to admission. It is highly encouraged for the consumer to be present at the pre-admission clinic. The clinic aims to reduce the time required at admission and to familiarise the consumer to the facility, staff and other consumers to make admission a more pleasant event.

The following items are required to be brought to the pre-admission clinic:

- Multidose Webster pack(s) for the entire respite period
- Pharmacy labelled non-packed medication (liquids, patches and nebulisers)
- GP completed Medication Chart – which matches the webster packs
- Full current medical summary (from GP)
- Advanced Care Plan instructions (including funeral director details)
- Details of last flu vaccination
- All other required documentation (from pre-admission pack)

The following items will be completed at the pre-admission clinic:

- The Respite Agreements are signed
- Full payment for the term of the respite is required
- The consumer's photo will be taken for medication identification purposes
- All clinical and physiotherapy (mobility) assessments will be conducted
- A lifestyle assessment will be conducted
- Discussion on dietary requirements and food preferences
- Clothing labels purchased (if required)
- Fob key hire (if required)
- A tour of the facility with introduction to key staff
- If possible, a tour of the respite room will be arranged

Please allow at least one hour for transfer/collection of information during the pre-admission clinic.



Respite Application Form

Please return the completed form to:

The Client Liaison Officer
KALYNA CARE
344 Taylors Road, Delahey 3037
Telephone: 03 9116 4100 Fax: 03 9116 4101
Email: info@kalynacare.com.au

Consumer name: _____

Proposed admission date: _____

Proposed discharge date: _____

Date application received: _____

Deposit Paid: \$ _____ Date: _____

APPLICATION FOR RESPITE CARE

Resident Details			
Dates Respite Care is Required	From: ____ / ____ / ____ To: ____ / ____ / ____		
Surname			
Given Name(s)			
No. of respite days already used			
Address			
Date of Birth			
Nationality			
Marital Status	<i>(Please circle)</i> Single / Married / Separated / Divorced / Widow / Widower		
Partner's Name			
Have you had an ACAT Assessment?	<i>(Please circle)</i> YES High Care NO Low Care		
ACAT APPROVAL CODE			
Pension Number	Expiry Date:		
Medicare Number	Expiry Date:		
Do you have Private Health Insurance?	<i>(Please circle)</i> YES NO Fund: Membership No:		
Medical Details			
GP Name			
Address			
Phone		Fax	
Please list all major medical conditions			
Please list all allergies			
Please list all aids (walking frame, glasses, hearing aid, etc)			

Authorised Person Details (First Contact) <i>(Only an authorised person may admit a resident for Residential Respite Care)</i>	
First Name	
Surname	
Relationship to Resident	
Authority Status	<input type="checkbox"/> Enduring Guardianship <input type="checkbox"/> General (Non-enduring) Power of Attorney <input type="checkbox"/> Medical Power of Attorney <input type="checkbox"/> Financial and/or Personal Power of Attorney <input type="checkbox"/> Supportive Attorney <input type="checkbox"/> Other _____
Address	
Phone Numbers <i>Please tick preferred contact number</i>	Home: <input type="checkbox"/> Mobile: <input type="checkbox"/> Work: <input type="checkbox"/>
Email Address	
Drivers Licence No (Required)	
State Issued	
Secondary Person Contact Details <i>(In case of emergency or if authorised person will not be available during the respite period)</i>	
First Name	
Surname	
Relationship to Resident	
Authority Status <i>(if applicable)</i>	<input type="checkbox"/> Enduring Guardianship <input type="checkbox"/> General (Non-enduring) Power of Attorney <input type="checkbox"/> Medical Power of Attorney <input type="checkbox"/> Financial and/or Personal Power of Attorney <input type="checkbox"/> Supportive Attorney
Address	
Phone Numbers <i>Please tick preferred contact number</i>	Home: <input type="checkbox"/> Mobile: <input type="checkbox"/> Work: <input type="checkbox"/>
Email Address	

Financial Management							
<i>Who will be responsible for payment of invoices and outstanding accounts?</i>							
First Name							
Surname							
Address							
Phone Numbers <i>Please tick preferred contact number</i>	<table border="1" style="width: 100%;"> <tr> <td>Home:</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mobile:</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Work:</td> <td><input type="checkbox"/></td> </tr> </table>	Home:	<input type="checkbox"/>	Mobile:	<input type="checkbox"/>	Work:	<input type="checkbox"/>
Home:	<input type="checkbox"/>						
Mobile:	<input type="checkbox"/>						
Work:	<input type="checkbox"/>						
Email Address							

Full payment of the duration of Respite Care is payable (at the very latest) on admission.

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.

Printed name of Applicant _____
or Authorised Person

Signature of Applicant _____
or Authorised Person

Relationship of Authorised Person to applicant _____

Type of Authority _____

DECLARED BEFORE ME THIS _____ DAY OF _____ YEAR _____

Authorised Signatory Name _____

Authorised Signatory Position _____

Address _____

Signature _____

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 or 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