

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: Client Liaison Officer
344 Taylors Road, Delahey Vic 3037
Ph: 03 9116 4100
Fax: 03 9116 4101
info@kalynacare.com.au

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 _____ ROOM _____

ACAT REFERRAL/APPROVAL CODE: _____

DATE OF ACAT APPROVAL ____/____/____

COMPLETED FORM RECEIVED ____/____/____

PROPOSED 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) _____ Middle Name _____

Preferred Name _____ Date of Birth ____/____/____

Gender Male Female Other

Country of birth _____ Year of arrival in Australia _____

Recognised Ethnicity _____ Religion _____

Language(s) spoken _____ Is an interpreter Required? Yes No

Current Address _____

Marital Status _____ Spouse/Partner's Name _____

Aged Care Number: AC _____

Have you been assessed by an Aged Care Assessment Team (ACAT) as requiring residential aged care?

Yes No Referral Number /Approval Code: 1- _____

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

Centrelink Department of Veteran's Affairs Full Pension Part Pension

Pension No: _____ Expiry Date: _____

NDIS No: _____ Expiry Date: _____

Medicare Number _____ Expiry Date: _____

Health Fund _____ Membership No _____ Level/Cover _____

Ambulance Cover No: _____ PBS No: _____

Are you enrolled to vote? Yes No

Do you wish to remain on the electoral roll? Yes No

Note: Family are responsible for changing electoral roll details

Have you submitted an Income and Asset Assessment with Centrelink? Yes No

Note: A copy of the letter of the outcome of the assessment will need to be provided with this application or prior to 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: _____

I would like the invoice to be sent by: Post Email

Authority Status (see Legal Management above): _____

If Under the State Trustees, please provide the State Trustee Client Number: _____

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

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

First Name _____ Middle Initial _____ Last Name _____

Address _____

Suburb _____ Post Code _____

Daytime telephone (____) _____ Evening telephone (____) _____

Mobile: _____ Email: _____

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

Relationship of authorised representative to the applicant _____

Type of Authority (required) _____

Drivers Licence Number (required) _____ State Issued _____

SECONDARY EMERGENCY CONTACT

This person will be contacted if the Primary Contact is not available

First Name _____ Middle Initial _____ Last 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) _____

Drivers Licence Number (required) _____ State Issued _____

I would like the Newsletter sent by: Post Email

THIRD EMERGENCY CONTACT

This person will be contacted if the Primary & Secondary Contacts are not available

First Name _____ Middle Initial _____ Last Name _____

Address _____

Suburb _____ Post Code _____

Daytime telephone (____) _____ Evening telephone (____) _____

Mobile: _____ Email: _____

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

Relationship of responsible relative / person to the applicant _____

Type of Authority (if applicable) _____

Drivers Licence Number (required) _____ State Issued _____

5. PREVIOUS AGED CARE EXPERIENCE

Have you been or are you currently in another Residential Aged Care Facility? 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 \$ _____/day

If yes, please provide the following details:

Facility Name: _____

Address: _____

Telephone: _____ Email: _____

Contact Name: _____

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.

PLEASE PROVIDE YOUR CURRENT GENERAL PRACTITIONER'S DETAILS:

GP'S Name / Practice _____

ADDRESS _____

TELEPHONE _____ MOBILE _____ FAX _____

EMAIL _____

Note: A current GP plan or summary and Medication Chart will be required for admission

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 can be paid by electronic funds transfer (limits apply) or by cheque (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

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 3-day time frame in which to vacate the room.

The room charge continues to be charged during this period. If the room is not vacated after 3 days, a \$100 fee per day will be charged. Clothing and small personal effects will be packed and held for a period of 7 days (the \$100 fee will apply for every day the items are not collected). Disposal of large items will incur a \$200 fee. If no contact is made with Kalyna 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. All charges involved with the storage and 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.

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