

THE BUCKLAND CONVALESCENT HOSPITAL Trading as



Application for Admission



This is an application for you to apply to enter The Buckland Convalescent Hospital t/as Buckland Aged Care Services.

Please read this application carefully. The information you provide with this application will help us determine if we can provide the care and services you need and is necessary for us to determine your likely fees and charges.

This is not an offer of a place at our Service. We do not guarantee that as a result of completing this application we will be able to offer you a place at our Service or that all of the types of room you might inspect at the Service will be available when you wish to enter the Service.

This application is retained by the Service and is not provided to the Department of Social Services, Department of Veteran Affairs, Department of Human Services, Centrelink or any other Government Agency.

If you wish to apply for admission to a residential aged care service you must first obtain approval from the Aged Care Assessment Team. If you wish to have an assessment undertaken to determine whether you are eligible to obtain financial assistance to help pay for your care and accommodations costs, you should contact the Department of Social Services.

Further information is available on the My Aged Care website at www.myagedcare.gov.au.

Application for admission

This application requires that you provide the following:

1. Personal information.
2. Information about your financial position that is necessary for us to determine your likely Fees and Charges.
3. Accommodation information – We have **attached** a Schedule of Fees and Charges that sets out the price we can charge for the rooms in our Service. The Fees and Charges in the Schedule attached are correct at the time we provide the application to you but are subject to change. You must make a choice about how you want to pay for your accommodation within 28 days after you enter the Service and we have included the form we will require you to execute after you enter the service to make that choice.
4. A Statutory Declaration stating that the information you provide to us in this application is true and correct.

If we can offer you a place and you decide you wish to enter the service, you will need to sign a resident agreement. We have attached a sample copy of our Resident Agreement and a completed version of which you will need to sign prior to admission. The Resident Agreement outlines your and our rights and responsibilities if you enter our Service.

The financial information you record in this application should accompany or be used in completing a 'Request for an Assets Assessment' or Income Assessments form (if necessary) to the relevant Agency (Department of Human Services, Centrelink or Department of Veteran Affairs). This will enable Centrelink or Department of Veteran Affairs to work out how much you need to contribute to the costs of your care and accommodation. If you do not wish to provide us with any financial information you do not have to but if you do not provide that information we will need to charge you the maximum amount permissible under the *Aged Care Act 1997* (Cth) for your care and accommodation.

We will comply with the provisions of the *Privacy Act 1988* (Cth) and the Australian Privacy Principles in dealing with the information you provide to us with this application. The information we collect may be used for any purpose that is directly related to our functions or activities as an aged care provider or as otherwise permitted at law. For more information on how we handle your personal information, you may review the Privacy Policy and Collection Statement. Both of these documents are available at our Service.

A decision to enter a nursing home is a significant decision. We encourage you to seek independent legal, financial and other advice about the nature and effect of this application, the Resident Agreement and living in the Service.

If you wish to proceed, please complete the forms and provide all of the information we have requested in this application and return it to us at:

The Admissions Officer
Buckland Aged Care Services
39 Hawkesbury Road
SPRINGWOOD NSW 2777

Checklist

Before you submit this application please check you have provided us with all the information we need.

Have you provided all of the following?		Tick if completed
Step 1 - Personal Information		
1	Your personal details	<input type="checkbox"/>
2	Your representative's details (if any)	<input type="checkbox"/>
3	Your emergency contacts	<input type="checkbox"/>
4	Details of who we should contact about this Application	<input type="checkbox"/>
5	Your pension and benefit details (if any) (with a copy of your Pension card)	<input type="checkbox"/>
6	Your health insurance and Medicare details (with copies of your insurance and Medicare card)	<input type="checkbox"/>
7	Your medical details	<input type="checkbox"/>
8	Details of the care and services you currently receive (if any)	<input type="checkbox"/>
9	Your present living arrangements	<input type="checkbox"/>
10	A copy of your Aged Care Assessment Team approval	<input type="checkbox"/>
Step 2 - Financial Information		
11	Have you received a Centrelink or Department of Veteran's Affairs means (income and assets) assessment? (please provide a copy)	<input type="checkbox"/>
12	Details about your assets	<input type="checkbox"/>
13	Details about your annual income	<input type="checkbox"/>
Step 3 - Accommodation Information		
14	Have you reviewed our Schedule of Fees and Charges?	<input type="checkbox"/>
15	Have you read the Choice of Accommodation Payment Method Form? You must make a choice about how you want to pay for your accommodation within 28 days after you enter the Service.	<input type="checkbox"/>

Step 4 - Other

Have you read the Additional Information section?

Step 5 – Statutory Declaration

Have you signed the Statutory Declaration confirming the information provided is accurate and true?

Step 1 - Personal information

Your personal details

Surname			
Given name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Date of birth			
Age (years)			
Day time telephone			
After hours telephone			
Mobile			
Email			
Current Address			
Marital status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	
	<input type="checkbox"/> De-Facto	<input type="checkbox"/> Separated	
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow	
Do you have any specific dietary, medical or other requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes , please attach details		
Country of birth		Preferred Language:	
Are you an Australian Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Religion			

Your representative's details

Have you appointed a person to act on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , please specify the terms of the appointment (i.e. Guardian or Administrator)		
Does the person have an Enduring Power of Attorney?	Financial	<input type="checkbox"/> Yes
	Health:	<input type="checkbox"/> Yes

	If yes , please provide contact details of appointed person(s) (if any)				
Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Other _____
Surname					
Given Name					
Address					
Day time telephone					
After hours telephone					
Mobile					
Email					

Emergency contacts

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Other _____
Surname					
Given Name					
Relationship to you					
Address					
Daytime telephone					
After hours telephone					
Mobile					
Email					

Who should we contact regarding your application?

Do not complete if same as above (continues over page)

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Other _____
Surname					
Given Name					
Relationship to you					
Address					

Daytime telephone	
After hours telephone	
Mobile	
Email	

Pension and benefit details

Please provide a copy of your Pension Card (if applicable)

Do you hold an Australian Pensioner Concession Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes , indicate type:	
	<input type="checkbox"/> Age	<input type="checkbox"/> DVA
	<input type="checkbox"/> Disability	<input type="checkbox"/> Overseas
	<input type="checkbox"/> Blind	<input type="checkbox"/> Widow
What is your pension number?	Pension No:	
Is it a full or part Pension?	<input type="checkbox"/> Full	<input type="checkbox"/> Part
	<input type="checkbox"/> Self Funded	
Are you an Australian ex-prisoner of war?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Health insurance and Medicare details

Please provide a copy of your Medicare and health Insurance Cards

Do you have Private Health Insurance (i.e. MBF, Medibank Private)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Private Health Fund?	Health Fund Name:	
Membership number		
Level of Cover		
What is your Medicare Number?	Medicare No:	
Position on card		
Expiry date		

Medical details

Full medical details will be required on admission or when signing the Resident Agreement

Who is your current General Practitioner / Medical Professional?	
Name	
Telephone	
Address	

Care Required

Tick appropriate boxes and write any notes that may be helpful. A medical health and vaccination summary from your current general practitioner can be attached separately.

Transfers (ie: from bed to chair) <input type="checkbox"/> Requires no assistance <input type="checkbox"/> Requires supervision but not physical assistance <input type="checkbox"/> Cannot transfer without assistance of one person <input type="checkbox"/> Cannot transfer without assistance of two persons <input type="checkbox"/> Requires lifting equipment, unable to stand	Walking <input type="checkbox"/> Requires no assistance to walk <input type="checkbox"/> Uses a walking aid – specify: <input type="checkbox"/> Requires supervision / encouragement but no “hands on” assistance <input type="checkbox"/> Cannot walk with help of <input type="checkbox"/> one or <input type="checkbox"/> two persons <input type="checkbox"/> Unable to walk – pushed in a wheelchair
Toilet <input type="checkbox"/> Requires no assistance or has catheter or colostomy <input type="checkbox"/> Requires supervision / encouragement but no “hands on” assistance <input type="checkbox"/> Requires some “hands on” assistance and / or verbal guidance <input type="checkbox"/> Requires full assistance with all aspects of toileting and hygiene	Bath / Shower <input type="checkbox"/> Requires no assistance <input type="checkbox"/> Requires observation / encouragement <input type="checkbox"/> Requires some “hands on” assistance <input type="checkbox"/> Requires full assistance
Dressing <input type="checkbox"/> Requires no assistance <input type="checkbox"/> Requires encouragement but no “hands on” assistance <input type="checkbox"/> Requires some “hands on” assistance <input type="checkbox"/> Requires full assistance	Eating <input type="checkbox"/> Requires no assistance <input type="checkbox"/> Requires encouragement but no “hands on” assistance <input type="checkbox"/> Some help required <input type="checkbox"/> Requires full assistance
Grooming (dental, hair care & shaving) <input type="checkbox"/> Requires no assistance <input type="checkbox"/> Requires setting up or verbal prompting <input type="checkbox"/> Requires full assistance in one area <input type="checkbox"/> Requires full assistance with all grooming activities	Sensory <input type="checkbox"/> Wears glasses – specify: <input type="checkbox"/> Never <input type="checkbox"/> Always <input type="checkbox"/> Reading only <input type="checkbox"/> Hearing Aid – specify: <input type="checkbox"/> No <input type="checkbox"/> Left ear <input type="checkbox"/> Right ear
Continence (urine) <input type="checkbox"/> Continent or has catheter <input type="checkbox"/> Incontinent but not daily <input type="checkbox"/> Incontinent once daily <input type="checkbox"/> Incontinent regularly	Continence (faeces) <input type="checkbox"/> Continent or has colostomy <input type="checkbox"/> Incontinent but not daily <input type="checkbox"/> Incontinent once daily <input type="checkbox"/> Incontinent regularly
Wounds <input type="checkbox"/> Wound dressing – specify:	Interpreter Required <input type="checkbox"/> No / <input type="checkbox"/> Yes – language spoken:

Behaviours	Medications
<input type="checkbox"/> Social and outgoing	<input type="checkbox"/> BGL monitoring
<input type="checkbox"/> Keeps to themselves	<input type="checkbox"/> BP monitoring
<input type="checkbox"/> Wanders – specify: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	<input type="checkbox"/> Oxygen therapy
<input type="checkbox"/> Confused – specify: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	<input type="checkbox"/> Self-medicates
<input type="checkbox"/> Verbally argumentative – specify: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	<input type="checkbox"/> Needs assistance with medications
<input type="checkbox"/> Verbally resistive – specify: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	<input type="checkbox"/> List medications – specify:
<input type="checkbox"/> Physically aggressive – specify: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	
<input type="checkbox"/> Agitated – specify: <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often	
<input type="checkbox"/> Previous psychiatric history – specify:	<input type="checkbox"/> Experiences pain – specify location(s):
<input type="checkbox"/> Depression	
<input type="checkbox"/> Dementia	
<input type="checkbox"/> Memory Loss	
Oriented to: <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person	

Current Services

Do you currently receive or have you received any of the following	<input type="checkbox"/> Home Nursing Service	<input type="checkbox"/> Home Care
	<input type="checkbox"/> Meals on Wheels	
If yes , to any of the above, please advise who provides the services		
Details		
Address		

Present living arrangements

Present living situation	<input type="checkbox"/> Living with Family	<input type="checkbox"/> Own House/unit
	<input type="checkbox"/> Rented Accommodation	<input type="checkbox"/> Other
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Aged care service
Comments		
Smoking status	<input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker

Aged Care Assessment Team approval

Do you have an approval for residential aged care from the Aged Care Assessment Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes , please provide a copy of the approval and select one of the following:
	<input type="checkbox"/> Respite Care <input type="checkbox"/> Dementia Care <input type="checkbox"/> Permanent Care

Step 2 - Financial Information

Overview

If you are applying to receive respite care you do not need to complete this section of the Application.

The information we have requested is necessary for us to determine your likely fees and charges.

If you are applying for an income and asset test with the Department of Human Services you will be required to complete and lodge the relevant form with them. The Department will make an assessment on your ability to contribute to the cost of your care and accommodation.

You are not required to apply for an income and asset test before entering our Service. However if you do not apply for an income and asset test we will need to charge you the maximum amount permitted under the *Aged Care Act 1997* (Cth) for your care and accommodation which is set out in the attached Schedule of Fees and Charges.

If you ask us, we can provide you with an estimate of the maximum amount we can charge you for care and accommodation. We cannot advise you of the exact amount you will be required to pay until the Department has completed the assessment of your ability to contribute to the cost of your care and accommodation.

Please ensure all questions are answered and that you do not leave any blank spaces. Please also make sure you sign the Statutory Declaration at the end of this application form.

Your means (income and assets) assessment

Have you received a Centrelink or Department of Veteran's Affairs means assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes , please provide a copy	

Your assets

Have you owned your own home within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently own your home, either by yourself or with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , do any of the following people reside with you?		
Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependent child	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carer (for more than 2 years) (<i>eligible for pension or income support</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Close relative (more than 5 years) (<i>eligible for pension /income support</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the estimated value of your home, less any liabilities such as a mortgage or the value of another person's interest?		
Do you own any other real estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the estimated value of that real estate, less any liabilities such as a mortgage or the value of another person's interest? (<i>Please provide a real estimate and any supporting documentation</i>)	\$	
*What is the value of your furnishings and personal effects?	\$	

* Value taken to be \$5,000 if there is no evidence of another value.	
Please estimate the value of any other assets as listed (if applicable)	
Bank, building society or credit union accounts	\$
Cash, term deposits, loans and debentures	\$
Motor vehicles, caravans, boats, trailers	\$
Shares	\$
Managed investments, bonds and trusts	\$
Investment collections	\$
Superannuation funds realisable as a lump sum	\$
Other: (please specify)	\$
If you have given away any assets in the last 5 years please estimate the value of those assets.	\$
TOTAL	\$
LESS Loans and other debts	-\$
<u>TOTAL VALUE OF ASSETS</u>	\$

*Married/De facto couples need only declare 50% of their assets.

Your annual income

Aged pension	\$
Other pension	
Superannuation (net)	\$
Dividends (net)	\$
Bank account interest	\$
Provide details of any other income you receive (Net)	\$
	\$
<u>TOTAL ANNUAL INCOME</u>	\$

Step 3 - Accommodation Information

Schedule of Fees and Charges

We offer a variety of different rooms at the service.

We have **attached** a Schedule of Fees and Charges that sets out the price we can charge for the rooms in our Service. The Fees and Charges in the Schedule attached are correct at the time we provide the application to you but are subject to change.

We cannot guarantee that all rooms will be available at the time you decide to enter the Service.

Further information about the Fees and Charges you will pay for your accommodation and services at the Service is available on our website and the My Aged Care website.

Choice of Accommodation Payment Method

You can choose to pay the Accommodation Payment or Accommodation Contribution for your accommodation at the Service by one of the following methods:

- (a) Daily Payments;
- (b) a Refundable Deposit;
- (c) a combination of a Refundable Deposit and Daily Payments; or
- (d) a combination of a Refundable Deposit and Daily Payments with Draw Downs.

You must make a choice about how you want to pay for your accommodation within 28 days after the Entry Date.

If you choose to pay a Refundable Deposit then you do not have to pay the full Refundable Deposit amount before six months and seven days from the Entry Date.

Acknowledgment by the you (or your Representative)

I acknowledge that:

- (a) I understand the nature and effect of making a choice about how I wish to pay for my accommodation.
- (b) I have made this choice freely and voluntarily and without any influence from the Approved Provider.
- (c) I do not have to make this choice before the Entry Date.
- (d) After payment of the Refundable Deposit I will retain assets of more than \$45,000.

Choice of payment

I confirm that I wish to pay my Accommodation Payment or Accommodation Contribution as follows:

Options		Select One	Refundable Deposit	Daily Payment
Option 1 –	Refundable Deposit	<input type="checkbox"/>	\$	
Option 2 –	Daily Payments	<input type="checkbox"/>		\$ per day
Option 3 –	Combination of Refundable Deposit and Daily Payment	<input type="checkbox"/>	\$	\$ per day
Option 4 –	Combination of Refundable Deposit and Daily payment with Draw Downs	<input type="checkbox"/>	\$	\$ per day

Signed by the Care Recipient or Care Recipient's Representative:

Signed: Date:

First Name: Surname:

Step 4 - Additional Information

Within 7 days of receipt of a written request from you, we will provide you with information and documents set out in the Act about our compliance, storage and use of Refundable Deposits and Accommodation Bonds for the previous financial year of when you enter into a Resident Agreement.

If your Accommodation Payment or Accommodation Contribution includes payment by Refundable Deposit, then in addition to the above, we will also provide you with a copy of your entry in the refundable deposit register made in accordance with the *Aged Care Act 1997* (Cth).

Step 5 – Statutory Declaration

Iof.....do solemnly and sincerely declare that the information I have included in this application is true and correct and I acknowledge that:

- (a) I have received a copy of the Resident Agreement, the Privacy Policy and information about the maximum amount the Service can charge me for a room or part of a room.
- (b) I have read the information in this application, the Privacy Policy and all information provided to me by the Approved Provider in relation to costs of living at the Service.
- (c) I understand:
 - (i) the nature and effect of this application;
 - (ii) my rights and responsibilities with respect to privacy and the reasons why my information must be collected;
 - (iii) I am not obliged to provide any information requested of me, but if I do not provide that information the Service will need to charge me the maximum fees and charges permitted under the Act; and
 - (iv) the Maximum Accommodation Price that is payable for a room or part of a room is the amount as set out in the information available on the your website for the Service, My Aged Care website and the Schedule of Fees and Charges given to me by you.
- (d) I have been advised to seek independent legal and financial advice about the nature and effect of this application, the Resident Agreement and living in the Service and I have had an opportunity to do so.
- (e) I have been given the opportunity to inspect the Service.
- (f) If I have executed the Choice of Accommodation Payment Method Form, I have done so freely and voluntarily and without any influence from the Approved Provider.
- (g) I have not received or relied upon any representations or promises that are not set out in the Agreement or this document.
- (h) If I am signing this as the Care Recipient's representative, I state that I am duly appointed according to law with the authority and capacity to bind the Care Recipient.
- (i) I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959* (Cth), and I believe that the statements in this declaration are true in every particular.

Signature of declarant.....

declared at.....

.....
Full name, qualification and address of person before whom the declaration is made

.....
Signature of person before whom the declaration is made

A statutory declaration under the *Statutory Declarations Act 1959* may be made before—

<p>A person who is currently licensed or registered under a law to practise in one of the following occupations:</p> <ul style="list-style-type: none"> • Chiropractor • Dentist • Legal practitioner • Medical practitioner / Nurse • Optometrist • Patent attorney • Pharmacist • Physiotherapist • Psychologist • Trade marks attorney • Veterinary surgeon <p>A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or</p> <p>Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</p> <p>Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)</p> <p>Bailiff</p> <p>Bank officer with 5 or more continuous years of service</p> <p>Building society officer with 5 or more years of continuous service</p> <p>Chief executive officer of a Commonwealth court</p> <p>Clerk of a court</p> <p>Commissioner for Affidavits</p> <p>Commissioner for Declarations</p> <p>Employee of the Australian Trade Commission who is:</p> <ul style="list-style-type: none"> • in a country or place outside Australia; and • authorised under paragraph 3 (d) of the Consular Fees Act 1955; and • exercising his or her function in that place <p>Employee of the Commonwealth who is:</p> <ul style="list-style-type: none"> • in a country or place outside Australia; and • authorised under paragraph 3 (c) of the Consular Fees Act 1955; and • exercising his or her function in that place <p>Fellow of the National Tax Accountants' Association</p> <p>Finance company officer with 5 or more years of continuous service</p> <p>Holder of a statutory office not specified in this list</p> <p>Judge of a court</p> <p>Justice of the Peace</p>	<p>Magistrate</p> <p>Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants</p> <p>Member of:</p> <ul style="list-style-type: none"> • the Parliament of the Commonwealth; or • the Parliament of a State; or • a Territory legislature; or • a local government authority of a State or Territory <p>Minister of religion registered under Subdivision A of Division 1 of Part IV of the <i>Marriage Act 1961</i></p> <p>Notary public</p> <p>Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public</p> <p>Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the <i>Marriage Act 1961</i></p> <p>Master of a court</p> <p>Member of Chartered Secretaries Australia</p> <p>Member of Engineers Australia, other than the grade of student</p> <p>Member of the Association of Taxation and Management Accountants</p> <p>Member of the Australasian Institute of Mining and Metallurgy</p> <p>Member of the Australian Defence Force who is:</p> <ul style="list-style-type: none"> • an officer; or • a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or • a warrant officer within the meaning of that Act <p>Permanent employee of:</p> <ul style="list-style-type: none"> • the Commonwealth or a Commonwealth authority; or • a State or Territory or a State or Territory authority; or • a local government authority; <p>with 5 or more years of continuous service who is not specified in another item in this list</p> <p>Person before a statutory declaration may be made under the law of the State or Territory in which the declaration is made</p> <p>Police officer</p> <p>Registrar, or Deputy Registrar, of a court</p> <p>Senior Executive Service employee of:</p> <ul style="list-style-type: none"> • the Commonwealth or a Commonwealth authority; or • a State or Territory or a State or Territory authority <p>Sheriff</p> <p>Sheriff's officer</p> <p>Teacher employed full-time at a school or tertiary institution</p>
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