

LOW CARE APPLICATION PART 2

(Part 1 of our application is in the “5 Steps to Entry into Residential Aged Care” which should have been handed to you by the Aged Care Assessment Team (ACAT) when they did your assessment.)





For placement on the waiting list please ensure all of the following are completed.

1. Fill in Government Application for entry to aged care.(Which is attached to the “5 Steps to Entry into Residential Aged Care” hand out.)	
2. Attach a copy of Age Care Client Record from ACAT (Age Care Assessment Team).	
3. Attach a certified copy of Power of Attorney and/or guardianship (if one is in place).	
4. Attach a current Doctor completed Doctor’s report, Doctor’s medical directors report also accepted.	
5. Fill in Accommodation Bond or Accommodation Charge Statement if you do not want to provide an Asset Statement listed in item 8 below.	
6. Fill in and sign Confidentiality Agreement (attached).	
7. Make an appointment with the Director of Care Services (02 6620 5800).	
8. Fill in Government Asset declaration for aged care. Lodge this with either Centrelink or Department of Veterans Affairs. The Government department will then mail you an asset statement, then you will need to give St Andrew’s a copy of this ASAP to ensure there is no delay in processing your application	

Items 1-6 to be lodged with St Andrew’s.

Item 8 to be lodged with appropriate Government Department, this Department will issue an asset statement; a copy of this statement needs to go to St Andrew’s.

Note: You must have a current ACAT (Aged Care Assessment Team) Age Care Client Record before you can be offered a place in aged care, these Assessments expire after 12 months. It can take six weeks to get an appointment for this assessment act early on this and the asset assessment to avoid disappointment.



APPLICANT'S MEDICAL REPORT.

To be completed by applicant's legally qualified medical practitioner. Please print.
Or supply a computer generated summary signed by medical practitioner.

NAME OF APPLICANT

ADDRESS

DATE OF BIRTH

APPLICANT'S MEDICAL CONDITION

APPEARANCE

B.P.

HEIGHT

PULSE

WEIGHT

BLOOD GROUP
(if known)

ALLERGIES

RELEVANT MEDICAL HISTORY

RESPIRATORY SYSTEM

CARDIOVASCULAR SYSTEM

GASTRO-INTESTINAL SYSTEM

GENITO-URINARY SYSTEM

MUSCULO-SKELETAL SYSTEM

NEURO-SENSORY SYSTEM

BLADDER FUNCTION

BOWEL FUNCTION



ASSET ASSESSMENT

You must complete this or Accommodation Bond/Charge Statement.

If you complete this you will also have to complete the “Request for an Assets Assessment” Form and lodge it with either Centrelink or Veterans Affairs and return the certificate they issue you to us.

Name of Applicant: _____

Value of House (If it is not exempt)

\$	
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Exemption type:

- Spouse Living in house Yes
- Carer on pension Living in house for 2 years. Yes
- Or Relative on pension living in house for 5 years. Yes

Other Assets	(\$)
Bank, Building Society or Credit Union A/cs.	
Cash, Term Deposits, Loans and Debentures.	
Managed Investments including Friendly Society Bonds and Trusts.	
Shares and Securities in listed or un-listed companies.	
Gold and other Bullion.	
Approved Deposit funds, Deferred Annuities & Superannuation Funds.	
Houses, units, Land or Real Estate other than your place of residence.	
Motor Vehicles.	
Loans to any person or entity.	
Other. Please specify.	
TOTAL	\$
Less: Any mortgages, loans, debts or other encumbrances. (other than with respect to your place of residence)	
NET TOTAL	\$

Total Assets.

Total Assessable Assets:

Net Value of Home \$.....

Value of Household Furnishings & Personal Effects (Max \$5,000.00) \$.....

Net Total of “other Assets” \$.....

Total Assessable Assets:

\$.....

The above information is correct to the best of my Knowledge

Signature: (Resident/Representative)

Date: ____/____/____



ACCOMMODATION BOND STATEMENT

Optional for those not wishing to provide an Asset Assessment Statement

I advise that I understand the rules in regard to Accommodation Bonds, Retentions and Fees and have read and had explained to me the requirements in regard to Accommodation Bonds under the Aged Care Act 1997.

I advise that I *do not* wish to provide a Centrelink or Veteran Affairs Asset assessment to St Andrew's Village.

I advise that I can pay an Accommodation Bond of \$360,000.00 to St Andrew's Village Ballina Ltd. and I will still retain a minimum level of assets of \$37,500.00 after payment of such Accommodation Bond.

(Signed by care recipient/guardian/attorney)

(Date)



**CONSENT FORM TO COLLECT, USE AND DISCLOSE
PERSONAL INFORMATION OF RESIDENTS/CLIENTS FOR THE PURPOSE OF PROVIDING RESIDENTIAL AGED
CARE
OR COMMUNITY CARE**

Privacy Amendment (Private Sector) Act 2002 No:71

In order that St. Andrew’s Village Ballina Ltd. can provide you with the quality care/services outlined in your contract with us, this organisation collects from you as a resident/client, particular personal information such as your:

- * Name
- * Date of Birth
- * Religion
- * Current address
- * Whether you are a person of Aboriginal or Torres Strait Islander decent.
- * Other personal information including entitlement details, health care fund, country of birth.
- * Medical history
- * Medications
- * Family medical history
- * Social history
- * Other as required by St. Andrew’s Village Ballina Ltd. to provide appropriate services.

The purpose of this form is to advise you that you may obtain access to the information we hold on you at any time. We also seek your consent to the intended uses and disclosures of that information:

- * Other Health Professionals as required
- * (other).....
- * As required by other Commonwealth and State legislation.
- * To the person you have designated as the “person responsible” for giving and accessing your information.

It is also important that we outline here what the main consequences may be if you do not provide all, or part of, the information requested.

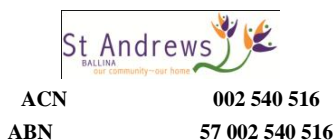
- * Our organisation may be unable to provide appropriate services and care.
- * Our organisation may be unable to meet individual requirements of the resident/client.

I have read and understand the above and consent to the intended uses and disclosures of the personal information that St. Andrew’s Village Ballina Ltd. holds.

..... Resident’s Name Signature Date
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..... Resident’s Representative (if appropriate) Signature Date
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..... Name of Witness Signature Date
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Direct Debit Request Service Agreement

Definitions

account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you* (and includes any Form PD-C approved for use in the *transitional period*).

transitional period means the period commencing on the industry implementation date for Direct Debit Requests (31 March 2000) and concluding 12 calendar months from that date.

us or *we* means St Andrews Village Ltd, the Debit User *you* have authorised by signing a *direct debit request*.

you means the customer who signed the *direct debit request*.

your financial institution is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit.

1. Debiting your account

1.1 By signing a *direct debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *direct debit request*.

Or

We will only arrange for funds to be debited from *your account* if *we* have sent to the address nominated by *you* in the *direct debit request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

1.3 If the *debit day* falls on a day that is not a *business day*, *we* may direct *your financial institution* to debit *your account* on the following *business day*.

If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Changes by us

2.1 *We* may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least fourteen (14) days' written notice.

- 3. Changes by you**
- 3.1 Subject to 3.2 and 3.3, *you* may change the arrangements under a *direct debit request* by contacting *us* on 02 6620 5800.
- 3.2 If *you* wish to stop or defer a *debit payment* *you* must notify *us* in writing at least fourteen (14) days before the next *debit day*. This notice should be given to *us* in the first instance.
- 3.3 *You* may also cancel *your* authority for *us* to debit *your* account at any time by giving *us* fourteen (14) days notice in writing before the next *debit day*. This notice should be given to *us* in the first instance.
- 4. Your obligations**
- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *direct debit request*.
- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
- (a) *you* may be charged a fee and/or interest by *your financial institution*;
- (b) *you* may also incur fees or charges imposed or incurred by *us*; and
- (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.
- 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct
- 4.4 If St Andrews Village Ltd, is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay St Andrews Village Ltd, on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.
- 5 Dispute**
- 5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 02 6620 5800 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query more quickly.
- 5.2 If *we* conclude as a result of our investigations that *your* account has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your* account (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.
- 5.3 If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding.
- 5.4 Any queries *you* may have about an error made in debiting *your account* should be directed to *us* in the first instance so that *we* can attempt to resolve the matter between *us* and *you*. If *we* cannot resolve the matter *you* can still refer it to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

- 6. Accounts** *You should check:*
- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
 - (b) *your account details* which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
 - (c) with *your financial institution* before completing the *direct debit request* if *you* have any queries about how to complete the *direct debit request*.
- 7. Confidentiality** 7.1 *We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.*
- 7.2 *We will only disclose information that we have about you:*
- (a) to the extent specifically required by law; or
 - (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).
- 8. Notice** 8.1 *If you wish to notify us in writing about anything relating to this agreement, you should write to 59 Bentinck St Ballina NSW 2478.*
- 8.2 *We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.*
- 8.3 *Any notice will be deemed to have been received two business days after it is posted.*



ACN 002 540 516
ABN 57 002 540 516

Direct Debit Request

Request and Authority to debit the account named below to pay

St Andrews Village Ballina Ltd,

**Request and Authority
to debit**

Company name St Andrews Village Ballina Ltd

ACN 002 540 51

.....
..... (“you”)

request and authorise St. Andrews Village Ballina Ltd, *ID number 221175* to arrange for any amount St. Andrews Village Ballina Ltd, may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].

**Insert the name and
address of financial
institution at which
account is held**

Financial institution name

**Insert details of
account to be debited**

Name account is in..... (Your Name)

BSB number |_|_|_|_| - |_|_|_|_|

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Acknowledgment

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and St Andrews Village Ballina Ltd, as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Details

Balance of rent account each month

**Insert your signature
and address**

Signature

(If signing for a resident, sign and print full name and capacity for signing)

Address

Date ___ / ___ / ___