

# APPLICATION PACK

FOR RESIDENTIAL AGED CARE



AGED CARE THAT'S SURPRISINGLY DIFFERENT



Jeta Gardens  
頤康園

# 1 HOW TO COMPLETE YOUR APPLICATION PACK

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Thank you for considering Jeta Gardens at this important stage of your life. To assist you in your application, please follow the simple guideline. We have provided a helpful checklist for you.

## i REVIEW AND COMPLETE ALL PARTS OF THIS APPLICATION PACK

### Step A: Your application for Residential Care



- Complete all questions and write N/A for any questions which do not apply to you.
- Please use capital letters.
- Please place a tick ✓ or cross ✗ in the box/es that apply to you.

### Step B: Your privacy



- Sign and complete the included **Privacy Statement**.
- Sign and complete the included **Social Media and Publicity Consent Form**.

## ii PROVIDE COPIES OF THE FOLLOWING DOCUMENTS IN ADDITION TO THE COMPLETED APPLICATION PACK



- Copy of your **Aged Care Assessment Team (ACAT) Assessment/Support Plan**.
- Copy of a **Power of Attorney** (*if applicable*).
- Copy of a **Legal Guardianship** (*if applicable*).
- Copy of your **Aged Care Fees and Accommodation Payment determination** received from DHS or DVA (*if applicable and in receipt*).

## iii PROVIDE YOUR COMPLETED APPLICATION PACK TO YOUR JETA GARDENS REPRESENTATIVE OR EMAIL TO ENQUIRY@JETAGARDENS.COM

# STEP A. APPLICATION FOR RESIDENTIAL CARE

*Application to include:*  
*Copy of ACAT Assessment/Support Plan*  
*Copy of Centrelink/DVA financial assessment (if applicable)*

## CARE NEEDS

Permanent  Respite  Dementia

## 2 RESIDENT'S DETAILS (PERSON REQUIRING RESIDENTIAL CARE)

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Title:  Dr  Mr  Mrs  Ms Chinese Name (if applicable):.....  
First Name:..... Surname:.....  
Preferred Name:.....  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female  
Address:.....  
Suburb:..... Postcode:.....  
Phone:..... Mobile:.....  
Email:.....  
Country of Birth:..... Language/s Spoken:.....

## 3 RESIDENT'S NOMINATED REPRESENTATIVE'S DETAILS – FIRST CONTACT

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Title:  Dr  Mr  Mrs  Ms  
First Name:..... Surname:.....  
Chinese Name (if applicable):..... Gender:  Male  Female  
Address:.....  
Suburb:..... Postcode:.....  
Phone:..... Mobile:.....  
Email:.....  
Relationship to Resident:.....

#### 4 RESIDENT'S NOMINATED REPRESENTATIVE'S DETAILS – SECOND CONTACT

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Title:  Dr  Mr  Mrs  Ms

First Name:..... Surname:.....

Chinese Name (if applicable):..... Gender:  Male  Female

Address:.....

Suburb:..... Postcode:.....

Phone:..... Mobile:.....

Email:.....

Relationship to Resident:.....

#### Who would you like us to contact regarding this application?

Resident  Representative 1  Representative 2

#### 5 RESIDENT'S PERSONAL DETAIL

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Please advise if you have any cultural or religious requirements:

.....  
.....

Are there any cultural, religious or other organisations you would like to remain in contact with?  
If so please list them:

.....  
.....

Are you:  Aboriginal  Torres Strait Islander

Marital Status:  Single  De Facto  Married  Widowed  Divorced  Separated

#### 6 PENSION CONCESSION

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Australian Pensioners concession card number (if applicable):.....

My pension card is from:  Centrelink  Department of Veteran Affairs

Pension:  Full pension  Part pension  No pension

Type of pension:  Age  Disability  Widow

DVA  Blind  Overseas

Other (please specify):.....

If you hold a DVA card, what type is it?  Gold  White  Orange

What is your DVA number? .....

Are you an Australian ex-Prisoner of War?  Yes  No

## 7 MEDICARE

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Medicare card number: ..... Expiry: \_\_\_/\_\_\_/\_\_\_

No. on card:  1  2  3  4

## 8 HEALTH AND AMBULANCE INSURANCE

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Do you have private health insurance?  Yes  No

If yes, what is the name of the fund? .....

Membership no.: .....

## 9 GENERAL PRACTITIONERS DETAILS

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Do you have a General Practitioner who has agreed to provide medical care for you at Jeta Gardens?  Yes  No

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

If yes, please provide your General Practitioner's details:

GP's Name/Practice: .....

Address: .....

Suburb: ..... Postcode: .....

Telephone: ..... Mobile: ..... Fax: .....

Email: .....

**If not, there are doctors who routinely visit Jeta Gardens who can be your nominated Medical Practitioner. We can provide you with their information.**

## 10 LEGAL AND FINANCIAL MANAGEMENT

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Has anyone been appointment on your behalf as an:

Enduring Power of Attorney (EPOA)  Power of Attorney (Financial)

Power of Attorney (Medical Treatment)  Power of Attorney (Guardianship)

Details of Attorney:

Same as nominated representative 1  Same as nominated representative 2

Both nominated representative 1 & 2  Other

If other, please provide EPOA details:

Title:  Dr  Mr  Mrs  Ms

First Name:..... Surname:.....

Phone:..... Mobile:.....

## 11 EXISTING/PREVIOUS AGED CARE EXPERIENCE

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Have you previously received a Home Care Package?  Yes  No

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

Do you currently receive, or have you ever received, permanent care in a resident aged care home?  Yes  No

If yes, please complete below:

Name of aged care facility:.....

Address of aged care facility:.....

Telephone: ..... Email: .....

Date of 1<sup>st</sup> admission: \_\_\_/\_\_\_/\_\_\_

Date of departure: \_\_\_/\_\_\_/\_\_\_

Have you paid an Accommodation Bond or Accommodation Payment contribution to another facility?  Yes  No

Paid as:  Lump Sum  Daily Fee

Please specify amount paid: \$\_\_\_\_\_

## 12 COMPENSATION PAYMENTS

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Have you claimed and received a compensation award or settlement?  Yes  No

If yes, please specify which:  Worker's Compensation  Third Party  Common Law

## 13 RESPONSIBILITY FOR PAYING ACCOUNTS AND RECEIVING CORRESPONDENCE

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Does the Resident wish to be responsible for receiving correspondence from Jeta Gardens aged care facility, including monthly account statements, once they have been accepted in Jeta Gardens aged care facility?

The **Resident's** correspondence sent to the aged care facility; or

**Nominated representative - first contact** (listed in section 3)

**Nominated representative – second contact** (listed in section 4)

**EPOA** (listed in section 10)

How do you wish to receive the correspondence?  Email  Mail

Please nominate one of the payment methods below for Paying Accounts:

Direct Debit  EFT/Net Bank  Centrepay  Other.....

## 14 HOW DID YOU HEAR ABOUT US?

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Google/Internet  Family  Friend  Social Worker  Doctor

Hospital  Other.....

Advertising (please state where you heard about us).....

## 15 ASSETS AND INCOME DETAILS

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**Respite residents do not need to complete this section of the application.**

*The following information is required to enable Jeta Gardens to determine whether the Resident will be required to pay an Accommodation Payment or Accommodation Contribution. The information collected is strictly used only for Jeta Gardens Aged Care. Jeta Gardens suggests you seek independent legal and financial advice.*

**Have you completed the Centrelink or the Department of Veteran's Affairs (DVA) Income and Assets Assessment?**  Yes  No

*If yes, please attach a copy to this Application. If you have a spouse/partner, please supply combined income & assets details.*

*If you have not yet received the Income and Assets test, please complete the following to the best of your ability.*

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

**If yes, please provide the the following information regarding the property:**

**Address:** .....

**Suburb:**..... **Postcode:** .....

**Current estimated market value: \$**.....

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

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

**Have you any loans to repay?**  Yes  No **If Yes, please specify \$**.....

**Other assets:**

**Cash (Term Deposits, Savings, Cheque Accounts) \$**.....

**Shares & Debentures \$**.....

**Motor vehicles, caravans, boats, trailers \$**.....

**Managed investments, bonds and trusts \$**.....

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

**Centrelink/DVA Pension \$**..... **Overseas Pension \$**.....

**Superannuation \$**..... **Dividends (net) \$**.....

**Bank account interest \$**.....

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

1. **Do you have a spouse/partner or dependent child living in your home?**  Yes  No  
**If yes, please indicate:**  Spouse/Partner  Dependent Child
2. **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 payment, living in your home for at least the past two years? (An example of other income support payment**

might be a disability pension). *Please note the Carer's Pension is distinct from the Carer's Allowance, which does not qualify*

Yes  No

3. Have you had a close family member 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? (Examples of close family members include aunts/uncles or niece/nephew). *Please note the above comments about types of payments.*

Yes  No

### DECLARATION

Upon signing this application, the Resident consents to:

- a) Jeta Gardens acquiring health information from external health service providers, for the purpose of maintaining accurate and current health records.
- b) Having their photo taken, for identification purposes only.

I sincerely declare that the details supplied on this application form, whether for myself or on behalf of the Resident, and those questions in regard to the financial details of the Resident, are to the best of my understanding true and correct, and in no way inaccurate, incomplete, misleading or deceptive. I have provided Jeta Gardens with, or I will provide upon request, all further information and documentation required for this application, including any further proof of financial status.

Full name (please print):.....

Completed by:  Resident  Resident's Nominated Representative

Signature:.....

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



# STEP B. YOUR PRIVACY

## 1 PRIVACY STATEMENT

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RESIDENT'S FULL NAME.....

As an aged care service Jeta Gardens Aged Care Facility collects a range of personal/health information according to the Aged Care Act 1997 which is used to ensure the appropriate level of care and service is provided to residents. The National Privacy Principles provide guidance for our systems to safeguard this information. Jeta Gardens is bound to protecting your privacy and to ensuring we can provide the best possible care and service.

We are committed to ensuring the privacy of your personal information and the implementation of systems for responsible handling of personal information. Systems are in place to ensure residents personal information and other confidential information related to the management of the organization is safeguarded against loss, unauthorised access, modification or disclosure. This statement should be read in conjunction with our Privacy policy and procedures, and is available on our website and at our facility and before we start providing services to you.

We collect personal information about individuals directly from the individual or their legal representative/s. We will only collect information for the purpose that relates directly to our functions and activities as an aged care provider. The information requested is relevant to providing the care and services you need.

We will use and disclose your personal information only for the purpose for which it was collected or for any other purpose that is otherwise directly relates to our functions or activities as an aged care provider or otherwise permitted at law.

We will not disclose your information to overseas recipients. If we do, we will take steps that are reasonable in the circumstances to ensure that the overseas recipient does not breach the National Privacy Principles.

Our Privacy Policy, which is available on our website contains detailed information on how you may access the personal information we hold about you and how you can seek your personal information corrected.

The Director of Residents' Services or her representative will assist you with your right to access your personal information or complain about a situation where you believe your personal information has been inappropriately handled and any questions you may have related to privacy of personal information. Please contact the Director of Residents' Services on 07 3200 6888 if you have any questions, concerns or requests. The Director of Residents' Services will inform you of any documentation requirements associated with your concern or request and promptly deal with such matters.

### ACKNOWLEDGEMENT

Acknowledged and agreed by Resident/Representative:

Signature:.....

Name:.....

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

## 2 SOCIAL MEDIA & PUBLICITY CONSENT FORM

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From time to time we try to publicise JETA GARDENS AGED CARE FACILITY with photographs of residents engaged in various activities or photographs of works of art or craft. These go to social media and printed media such as Facebook, community newspapers or daily newspapers, and to newsletters, handbooks, and brochures produced by JETA GARDENS AGED CARE FACILITY.

We ask if you would please complete the form below indicating your permission or otherwise for the use of photographs, works of art or craft, and your name in social media and publicity articles.

By signing this form, you agree to give JETA GARDENS AGED CARE FACILITY your consent.

RESIDENT'S FULL NAME.....

I do  do not  (please tick as appropriate) give permission for my photograph to be used in social media/publicity articles.

I do  do not  (please tick as appropriate) give permission for my photograph to be used in publicity articles within Jeta Gardens.

I do  do not  (please tick as appropriate) give permission for my works of art or craft to be used in social media/publicity articles

I do  do not  (please tick as appropriate) give permission for Jeta Gardens to publish my name to be used for social media/publicity articles.

### ACKNOWLEDGEMENT

Acknowledged and agreed by Resident/Representative:

Signature:.....

Name:.....

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

OFFICE USE ONLY

Date Received: \_\_\_/\_\_\_/\_\_\_

Pre Entry Date: \_\_\_/\_\_\_/\_\_\_

Room Number:.....

Proposed Entry Date: \_\_\_/\_\_\_/\_\_\_

Fully Supported:  Partially Support: RAC \$..... RAD \$.....

DAC \$..... DAP \$.....

Published Room Price:  \$350,000  \$450,000  \$550,000

If varied from Published Price:  Proposed Price, please specify \$.....

Approved by (Name & Signature):  MD

MD's Nominee

.....

Or,  Attach approved email

Deposit, please specify \$.....

Special Room Setup Details (equipment required):.....

Coming from:  Home  Hospital  Transitional Care  Respite

Other Aged Care Residence  Other (provide details):.....

**Checklist**

ACAT/Support Plan Approved  Clothes Label Form  Resident Agreement

Pharmacy Direct Debit Form  Power of Attorney  Centrelink/DVA Letter

GP Summary  Deposit Received  Medication Chart

Privacy Statement Signed  Social Media & Publicity Consent Form Signed

Other Details

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Completed by:.....

Signature:.....