

Checklist

Forms need to be completed and returned to Thomas Holt Villages

Please print answers and use a blue or black pen.

Before your admission application is complete, you must ensure that you have completed the steps below. Please note that names cannot be placed on a waiting list or places offered for admission unless all forms have been **FULLY COMPLETED** and signed.

Please note that if you are applying for respite only, you do NOT need to fill out a Financial Declaration Form.

- Application for Admission Form – complete both double sided pages
- Financial Declaration Form – complete one double sided page
- Direct Debit form – read agreement, complete and return to administration
- Medical Report (this form must be filled in by a Medical Practitioner)
- Privacy Statement—please ensure that you have read the *Thomas Holt Villages* Privacy Statement. The last page of the Application for Admission form asks for your consent with regard to our treatment of private information. It is important that you have read the Privacy Statement before signing this section.
- Please attach a copy of all necessary supporting documents (e.g. proof of Power of Attorney).
- Please ensure that all forms are completed accurately and signed in each appropriate place.
- Provide a copy of reply from Centrelink Asset Assessment Declaration to the Admissions Officer

Once the above steps have been completed, please put all forms together and forward them to:

**The Admissions Officer
Thomas Holt Villages
1-25 Acacia Road North
Sutherland NSW 2232**

Application for Admission

<input type="checkbox"/> Roden Cutler House	<input type="checkbox"/> Jacaranda Nursing Home
<input type="checkbox"/> Independent Living Units	<input type="checkbox"/> CACP Packages

Level of Care

- High care Low Care

Type of Care

- Permanent
- Respite: If you have had respite care this financial year, tick here

Number of days you have had in respite care this financial year: _____

Section 1: Personal Details

Title _____ Surname _____

Given Names _____ Preferred Name _____

Address _____

Telephone _____ Male Female

Date of Birth _____ Country of Birth _____

Language spoken _____ Do you require an interpreter? Yes No

Marital status _____ Religion _____

Next of Kin: _____ **Relationship:** _____

Address: _____

_____ Postcode: _____

Telephone: (h) _____ (b) _____

(mob) _____ (fax) _____

Email: _____



If your spouse / de facto partner already lives in one of our residential aged care facilities, please complete these details:

Spouse/partner's name:

Name of residential aged care facility:

If you are a current or previous resident of a facility (excluding respite care), please complete these details:

Name and address of current facility (or last facility you lived in)

Name:

Address:

Have you made funeral arrangements? Yes No

Details of funeral director:

Phone: _____ Fax: _____

Location of Will: _____

Medicare Number: _____ Expiry Date: _____

Private Healthcare Fund: _____ Membership Number: _____

Type of pension received:

- Department of Veterans' Affairs
- Disability Pension
- No Pension
- Aged Pension
- Overseas Pension / Other

Pension Number: _____ Amount: _____

If you have claimed and received a compensation award or settlement under one of the following, tick which one:

- Workers' compensation
- Third Party
- Common law

Section 2: Payment of Fees and Charges

Please note that two weeks' fees are payable in advance on the day of admission by credit card or cheque.

Please select the method for this one-off payment:

- Credit Card
- Cheque
- Money Order

Method of payment for ongoing services beyond 2 weeks is Direct Debit for permanent residents

Who will be responsible for the payment of fees and charges?

My account is to be sent to:

- Myself
- *Office of the Protective Commissioner
- *Public Trustee/ Private Trustee



Other (please complete the details below)

Name: _____ Relationship: _____

Address: _____

_____ Postcode: _____

Telephone: (h) _____ (b) _____

(mob) _____ (fax) _____

Email: _____

*If either the Office of the Protective Commissioner or Public Trustee are looking after your financial affairs, please specify:

Your Case Manager: _____

Your Reference Number: _____

Section 3: Power of Attorney / Guardian

Thomas Holt Villages cannot act on the authority of a third person unless we have copies of the power of attorney or guardianship document.

Do you have a Power of Attorney? Yes (must provide copy) No

Do you have a Guardian? Yes (must provide copy) No

Section 4: Signatures Required

Please note that names cannot be placed on a waiting list or places offered for admission unless all forms have been fully completed and signed.

Application for Admission

Signed (applicant) _____ Date _____

Signed (other) _____ Date _____

Please state relationship to applicant: _____

I consent to *Thomas Holt Villages* giving my contact information to external health providers (e.g. pharmacists) for the sending of accounts:

Signed (applicant) _____ Date _____

Signed (other) _____ Date _____

Please state relationship to applicant: _____

Office use only

To be completed by the Admissions Officer:

Date of Admission _____ Permanent Care Respite

Facility: _____ Room: _____ Wing: _____

Bed Number: _____

Has Pre-entry leave been taken? No Yes – from / / to / /

Is this leave for High Care Dependency? No Yes - from / / to / /

Name of other residential facility where resident resides: _____

2 weeks advance fees collected Direct Debit form

Power of Attorney evidence attached

Signature of Admissions Officer: _____



Date _____

Declaration of Financial Status

For permanent admission only

As you are an intending resident of a facility subsidised by the Australian Government, this information is required to ensure that we receive the correct government subsidy on your behalf. We also need to establish the assets of prospective residents, to determine accommodation bonds and accommodation charges payable.

Please complete all sections, attach requested information, sign the second page and initial this page.

Residential facility applied for _____

Name: _____ Date: _____

1. Please indicate if your spouse/de facto partner already lives in an aged care facility. Yes No

2(a). Do you own, have you owned, or partially owned, any real estate, including your family home, within the last two years?* Yes No

2(b). **If yes**, what is the current market value of all property owned less any

liabilities you may have on that real estate (eg. mortgage). Please provide proof.

\$ _____

2 (c). If any of the following people live in your home now, please tick:

Spouse De facto partner Dependent child Carer



One of your close relations (eg father, mother, sister, brother, child or grandchild)

3. Please indicate the total amount of money that you have in all Bank Accounts and provide a copy of your last bank statements. \$ _____

4. Do you have any Superannuation entitlements or Life Insurance? Yes No

If yes, what is the lump sum value that can be drawn upon at this date?

Please provide a copy of last statements. Super \$ _____

Life Insurance \$ _____

5. Do you own a motor vehicle/boat/caravan? Yes No

If yes, what is the approximate value? \$ _____

6. Do you own furniture and personal effects? Yes No

If yes, what is the approximate value? \$ _____

Please specify special collections such as art, stamps or antiques.

_____ \$ _____

* The value of your family home is specifically excluded from your assets assessment if:

- You have a spouse, de facto partner or dependent child still living in the family home; or
- A close family member has lived in the family home for at least five years and is eligible for an income support payment (eg: the aged pension, service pension, carer payment, or newstart allowance); or
- A carer has lived in the family home for at least two years and is eligible for an income support payment.

The home is excluded from the assets assessment if one of the above situation applies at the date you move into the residential aged care facility, or the date on which Centrelink or Veterans' Affairs make a determination on the value of your assets, whichever date occurs first.

7. Have you any other financial investments? Yes No

If yes, please give the total value of these at this date and provide a copy of the last statements.

Property, mortgage trust \$ _____

Friendly Societies \$ _____

Equity and bonds, trusts \$ _____

Other investments \$ _____

8. Do you have any other assets of value? Yes No

If yes, please indicate their total value. \$ _____

9. If you have any money owed to you, write the amount here and provide proof.

\$ _____

10. Have you ever been admitted to a residential aged care facility as a permanent resident? Yes No

If yes, what was the date of Entry? _____

What was the date of Discharge? _____

Did you pay an accommodation bond? Yes No

If yes, how much did you pay? _____

What refund are you expecting? _____

Did you pay an accommodation charge? Yes No

11. Do you receive a pension? Yes No

Pension type: _____

Number _____ Amount \$ _____

Pension type: _____

Number _____ Amount \$ _____



Declaration:

I _____ of _____

do declare that the information in this statement to *Thomas Holt Villages* is correct, and, in the absence of a Centrelink Asset Assessment, I give authority to *Thomas Holt Villages* to assess my financial situation and set any accommodation bond / charge / fee accordingly.

Signed _____ **Date** _____

If signed by person other than applicant, please state relationship:

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To be completed by the Admissions Officer

Accommodation Bond Yes No \$ _____

Accommodation Charge Yes No \$ _____

Bond/Charge approved Yes No

Signature: _____

Date: _____

Contract Issued

Yes No

Date: _____

Medical Report

Confidential - please read Privacy statement

This form is to be completed by a Medical Practitioner who has recently treated the applicant.

Applicant's Name: _____ DOB: _____

Preferred Name: _____

1. Details of current General Practitioner:

Name _____

Address _____

Telephone (Work) _____ (Mob) _____

Fax _____ Email _____

Will the current GP continue to care for this patient once he/she is in residential care? (NB: They must be able to provide an after hours service and will be required to sign a service agreement) Yes No

2. Medical Details of applicant

Relevant past medical history _____

Recent procedures/operations _____

Present medical history _____

Known medication allergies _____

Other known allergies _____

Nutrition _____

Special dietary requirements _____

Elimination _____

Sight _____

Hearing _____

Speech _____

Any past or present mental health problems? _____

Is the applicant currently seeing any specialists or therapists?

Name _____ Telephone _____

Name _____ Telephone _____

Current Medication:

<i>Name</i>	<i>Dose</i>	<i>Frequency</i>

Any routine tests required:

<i>Name of test</i>	<i>Frequency</i>

Completed by _____



Signature _____ Date _____

How long have you treated the applicant? _____

Direct Debit Request

Please Note: Fees must be paid in advance for the first two weeks.

I/We request *Thomas Holt Villages* to arrange funds to be debited from my/our account at the financial institution shown below according to the schedule specified below.

Name: _____ **Date:** _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Please debit each fortnight beginning ____/____/____, from the

account stated below an amount to pay for any fees and charges outstanding for:

Mr/Mrs/Miss: (Surname) _____

(Given Names) _____

Location/Community Program: _____

Thomas Holt Villages will vary the amount of this Direct Debit Request to reflect changes to fees and charges as applicable.

Details of Bank Account:

Name & Branch of Bank/Credit Union: _____

Full Name on Account: _____

BSB No:								Bank Account No:											
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Bank: Credit Union: Building Society:

Other: (Please Specify) _____

Signature (1) _____ Date: _____

Signature (2) _____ Date: _____

NB: If debiting from a joint bank account, both signatures are required



Office Use Only:

Date Form Received: _____ Activation Date: _____

Customer Direct Debit Request Agreement

Our Commitment to You

This document outlines our service commitment to you, in relation to the Direct Debit Request (DDR) arrangements made between *Thomas Holt Villages* and you. This document also sets out your rights, and your responsibilities to us, together with where you can go for assistance.

Principle Terms of the Arrangement:

The Direct Debit Request arrangement signed by you allows us to periodically debit your nominated account for fees and charges outstanding for the identified client.

Drawing Arrangements:

- The first drawing arrangement will occur as per the direct debit request.
- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the due date.
- We will give you at least 14 days notice in writing when changes to the initial terms of the arrangements will be made.
- If you wish to discuss any changes to the initial terms, please contact the Accounts Manager on (02) 9545 4799.

Your Rights

Any changes to the drawing arrangements may include:

- Deferring the drawing or
- Altering the schedule, or
- Stopping an individual debit, or
- Suspending the DDR
- Cancelling the DDR completely

Enquiries

All enquiries should be directed to the Accounts Manager rather than to the financial institution, enquiries should be at least three (3) working days prior to the next scheduled drawing date. All personal customer information held by us