



# Storm Retirement Village

*"Continuing Care in a Christian Environment"*

ANGLICAN CHURCH OF AUSTRALIA  
DIOCESE OF NEWCASTLE

## Residential Admission Package

€ Nursing Home

€ Hostel

*Information enclosed*

*General Information*

*Financial Information*

*Property & Valuables Disclaimer*

*Person Responsible*

*Charter of Residents Rights and Responsibilities*

Residents Christian Names	Surname
Address	
Phone: (home)	Date of birth
Medicare No. Expiry Date:	Pension No. Expiry Date:
<b>Pension status:</b> € Full pension    € Part Pension € Non Pensioner    € Dept Vet. Affairs    € Centrelink	
<b>Compensation Status:</b> € None    € Workers Comp    € Third party	
<b>Resident Status</b> € Concessional    € Assisted    € Other    € Bond in excess of pensioner supplement € Accommodation Charge payable	
€ ACAT 3020 form attached	
<b>NEXT OF KIN</b>	
Address	
Phone:	Alternate phone
<b>PERSON RESPONSIBLE</b>	<b>RELATIONSHIP</b>
Address	
Phone	Alternate phone

Name.....

<b>Diagnosis:</b>	
<b>Doctor:</b>	<b>Religion:</b>
<b>Allergies:</b>	
Diet: <input type="checkbox"/> Normal <input type="checkbox"/> Soft <input type="checkbox"/> Puree <input type="checkbox"/> Other:.....	
<b>Recent Medical History:</b>	
<b>Medications: (Prescribed and over the counter medications):</b>	
<b>Recent Social History:</b>	
<b>Emotional State:</b>	
General Physical Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>Funeral Director:</b>	
<input type="checkbox"/> Cremation <input type="checkbox"/> Burial	

**ABILITIES IN ACTIVITIES OF DAILY LIVING (Tick appropriate box) :**

	AMBULATION	BATHING	DRESSING	TOILET	EATING
Independent					
Assistance needed					
Fully dependent					

**AIDS USED:**

- Quad stick     Brace     Prosthesis     Other.....  
 Walking frame     Corset     Wheelchair

**TEETH:**

- Upper ...     Own teeth     Denture     No teeth  
 Lower ...     Own teeth     Denture     No teeth

**ORAL HYGIENE:**

- Self  
 Needs assistance

**CONTINENCE:**

Bladder ...  No problem     No problem if given     Incontinent     Catheter regular assistance

Bowel ...  No problem     No problem if given     Incontinent     Colostomy regular assistance

**SENSORY IMPAIRMENT:**

- Hearing ...     Good     Slight disability     Severe disability     Hearing Aid  
 Speech ...     Good     Slight disability     Severe disability  
 Vision ...     Good     Slight disability     Severe disability     Spectacles

## PRIVACY CONSENT

### Consent Form to collect, use and disclose Personal information of Residents for the Purpose of Providing Residential Aged Care

In order that the Storm Retirement Village can provide you with the quality care outlined in your contact with us, this organisation collects from you as a resident/client, particular personal information such as your:

- Name
- DOB
- Religion
- Current Address
- Your Aboriginality or Torres Strait Islander descent
- Any other personal information including entitlement details, health care fund, Country of birth
- Medical history including Pathology
- Medications
- Family medical history
- Social History
- Living wills, Funeral information
- Financial Status
- Other organisations that may be contracted 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
- Department of health and Aged Care
- As required by other Commonwealth and State legislation
- To the person who you have designated as the “person responsible” for giving and accessing your information.

If you find yourself unable to consent to The Storm Retirement Village using and disclosing information we may not be able to:

- Provide appropriate services and care
- Meet the individual requirements of the resident

I have read and understand the above and consent to the intended uses and disclosures of the personal information that The Storm Retirement Village holds.

\_\_\_\_\_  
Name (or Person Responsible)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Declaration by Person(s) Responsible

I, \_\_\_\_\_ wish to be the "person responsible" to consent to major and minor medical and dental treatments for \_\_\_\_\_

if s/he is unable to do so for himself/herself.

- I understand that the treatment to which I consent must be for the purpose of promoting or maintaining the health and well-being of the resident.
- I understand that if treatment is urgently needed and necessary to save the life or prevent serious damage to the resident's health, the treatment may proceed without consent.
- I understand that of "special" medical treatments are proposed or if the resident's objects to treatment, the consent of the Guardianship Tribunal must be obtained.

Signed: \_\_\_\_\_ Name \_\_\_\_\_ date \_\_\_\_\_

I can be contacted on the following numbers:

Day: \_\_\_\_\_ Night : \_\_\_\_\_ Mobile: \_\_\_\_\_

Address \_\_\_\_\_

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I, \_\_\_\_\_ do **not** wish to be the "person responsible" to consent to major and minor medical and dental treatment for \_\_\_\_\_

if s/he is unable to do so himself/herself.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Relationship to resident: \_\_\_\_\_ Date \_\_\_\_\_

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## Property and Valuables Disclaimer

All items in my possession have been retained by me and for which Storm Retirement Village accepts no responsibility for their safe keeping. I understand that Storm Retirement Village, its officers, employees or agents shall not be responsible for any claim arising out of the loss, damage or injury relating to any items including those deposited with Storm Retirement Village for safekeeping.

Signed: \_\_\_\_\_ Name \_\_\_\_\_ date \_\_\_\_\_

On behalf of: \_\_\_\_\_ Witness: \_\_\_\_\_

# The Charter of Residents' Rights and Responsibilities

## A. Each resident of a residential care service has the right:

- to full and effective use of his or her personal, civil, legal and consumer rights
- to quality care appropriate to his or her needs
- to full information about his or her own state of health and about available treatments
- to be treated with dignity and respect, and to live without exploitation, abuse or neglect
- to live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation
- to personal privacy
- to live in a safe, secure and homelike environment, and to move freely both within and outside the residential care service without undue restriction
- to be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect
- to continue his or her cultural and religious practices and to keep the language of his or her choice without discrimination
- to select and maintain social and personal relationships with anyone else without fear, criticism and restriction
- to freedom of speech
- to maintain his or her personal independence, including a recognition of personal responsibility for his or her own actions and choices, even though some actions may involve an element of risk that the resident has the right to accept, and that should then not be used to prevent or restrict the resident's actions
- to maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions
- to be involved in the activities, associations and friendships of his or her choice, both within and outside the residential care service
- to have access to services and activities available generally in the community
- to be consulted on, and to choose to have input into, decisions about the living arrangements of the residential care service
- to have access to information about his or her rights, care, accommodation and any other information that relates to him or her personally
- to complain and to take action to resolve disputes
- to have access to advocates and other avenues of redress
- to be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights

## B. Each resident of a residential care service has the responsibility:

- to respect the rights and needs of other people within the residential care service, and to respect the needs of the residential care service community as a whole
- to respect the rights of staff and the proprietor to work in an environment free from harassment
- to care for his or her own health and well-being, as far as he or she is capable
- to inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and his or her current state of health.

Charter of residents' rights and responsibilities  
Schedule 1  
Aged Care Act 1997  
User Rights Principles 1997

# Fees and Amenities

## Person Responsible for Financial Matters:

I \_\_\_\_\_ hereby accept the responsibility for the payment of fees for \_\_\_\_\_ during his/her/their stay with Storm Retirement Village.

Signed \_\_\_\_\_ relationship \_\_\_\_\_ date \_\_\_\_\_

**Do you have Power of Attorney**    € yes    € no

**Have you supplied a copy**        € yes    € no

*It is important that we have a copy of the Power of Attorney and are notified of any changes that occur.*

Purchase such as personal items, outings and services eg hairdresser, massage etc are billed to resident accounts each month.

Signed \_\_\_\_\_ Witness \_\_\_\_\_ date \_\_\_\_\_

## Payment Options available:

€ **Direct Debit** (taken out of your account monthly by us). You will receive a statement on a monthly basis.

## Direct Debit Request

I/we request Storm Retirement Village, User ID 249600 to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below:

**Resident's Name:** \_\_\_\_\_

**Bank:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**BSB No:** \_\_\_\_\_ **Account No.:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If debiting from a joint account, please sign in terms of authority*

**ASSET ASSESSMENT** (to determine amount of Accommodation Bond/Charge)

Applicants Name: \_\_\_\_\_  
*The value of the assets of a married person is to be shown as half the value of the couple's total assets, plus any amount held separately. If the asset is held jointly with another person, the value of your interest in the asset is to be shown.*

	\$	
Bank Accounts <i>(including building societies, credit unions etc).</i>		_____
		_____
Interest Bearing Deposits		_____
Fixed Deposits		_____
Bonds and Debentures		_____
Shares		_____
Other Investments (eg trusts)		_____
Superannuation Assets (from which lump sums can be drawn)		_____
Real Estate - Land and Buildings <i>(see Note 1 re family home)</i>		_____
Businesses owned		_____
Loans		_____
Life Insurance Policies (surrender value)		_____
Motor Vehicles, boats, caravans		_____
Household Contents and personal effects		_____
Gifts made in the last three years		_____
<b>Total Assets</b>		_____
Less: Debt relating to assets		_____
	Subtotal	_____
Less: Minimum asset value to be retained		_____
<b>NET ASSET VALUE</b>	<b>\$</b>	_____

**Accommodation Bond**

Have you already paid an accommodation bond to another residential care facility? Yes/no  
 Name of facility \_\_\_\_\_ Amount paid \$ \_\_\_\_\_ date paid \_\_\_\_\_

**Note 1**

**Family Home**

*Do you currently own your own home or have you owned your own home within the last two years?* Yes/no

*If Yes, is your home occupied by:*

a. *Your spouse/partner or any dependent children?* Yes/no

b. *A carer who has lived in the home continuously for the past two years AND is eligible for an income support payment from Centrelink or the Department of Veterans Affairs?* Yes/no

c. *A close relative who has lived in the home continuously for the last five years AND is eligible for an income support payment from Centrelink or the Dept. of Veterans Affairs* Yes/no

**STATUTORY DECLARATION:**

*I \_\_\_\_\_ hereby declare that the above statement is true and correct and that to enable the Board to determine a fair and equitable Accommodation Bond in the facility, the provision of further information, or the expansion or proof of the above information may be required, and I agree to provide such on request, And I make this declaration conscientiously believing the same to be true by virtue of the Oaths Act 1900.*

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Applicant \_\_\_\_\_

Before me: \_\_\_\_\_ Justice of the Peace