

JAMES MILSON



Village

Residential Care - Application Form

Privacy Statement

Information collected on this form and through the admission process at James Milson Village is held in the strictest of confidence. Please contact the CEO on (02) 9346 1500 if you require further information.

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 within James Milson Village. We do not guarantee that as a result of completing this application we will be able to offer you a place or that all of the types of rooms you might inspect at James Milson Village will be available when you wish to enter.

This application is retained by James Milson Village and is NOT provided to the Department of Social Services, Department of Veterans' 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 accommodation 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 Schedule of Fees and Charges that sets out the price we can charge for the rooms within James Milson Village. The Fees and Charges Schedule attached is correct at the time we provided 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 Village 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 sign prior to admission. The Resident Agreement outlines your and our rights and responsibilities if you enter James Milson Village.

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 Veterans’ Affairs). This will enable Centrelink or Department of Veterans’ 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 for your accommodation.

We will comply with the provisions of the Privacy Act 1998 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 information, you may review our Privacy Policy. This document is available on our website www.jamesmilsonvillage.com.au

A decision to enter a Residential Care facility is a significant one. 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 James Milson Village.

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:

James Milson Village
4 Clark Road
NORTH SYDNEY NSW 2060

Send an email to:
rlo@jamesmilsonvillage.com.au

Step 1. Personal Information

Surname			
Given Name			
Middle Name			
Preferred Name			
Gender	Male	Female	Other
Date of Birth			
Age (Years)			
Daytime Telephone			
After Hours Telephone			
Mobile			
Email			
Current Address			
	Suburb	State	Postcode
Marital Status	Single Widowed	Married Separated	De Facto Divorced Unknown
Do you have any specific dietary, medical or other requirements?	Yes (If yes, please attach details)		No
Country of Birth			
Are you an Australian Citizen?	Yes	No	
Aboriginal or Torres Strait Islander:	Yes	No	
Preferred Language (s)			

Your representative's details

Have you appointed a person to act on your behalf?	Yes	No	
If YES, please specify the terms of the appointment (ie: Guardian or Administrator)			
Does this person have an Enduring Power of Attorney?	Financial	Yes	No
	Health	Yes	No
If YES, please provide contact details of appointed person (s) (if any)			
Surname			
Given Name			

Address			
	Suburb	State	Postcode
Daytime Telephone			
After Hours Telephone			
Mobile			
Email			

First Contact

Surname			
Given Name			
Relationship to you			
Address			
	Suburb	State	Postcode
Daytime Telephone			
After Hours Telephone			
Mobile			
Email			

Second Contact

Surname			
Given Name			
Relationship to you			
Address			
	Suburb	State	Postcode
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?	Yes, indicate type			No
	Age	DVA	Disability	
	Blind	Widow	Overseas	
What is your Pension Number?				
Is it a full or part Pension?	Full	Part		
Are you an Australian ex-prisoner of war?	Yes	No		

Health Insurance & Medicare Details Please provide a copy of your Medicare & Health Insurance Card

Do you have Private Health Insurance? (ie: MBF, Medibank Private)	
Name of Fund	
Membership Number	
Level of Cover	
Medicare Number	
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?			
Telephone Number			
Address			
	Suburb	State	Postcode

Present Living Arrangements

Present Living Situation	Living with Family Own House / Unit	Rented Accommodation Aged Care Service	Hospital Other
Comments			
Smoking Status	Smoker	Non-Smoker	

Aged Care Assessment Team Approval

Do you have an approval for residential aged care from the Aged Care Assessment Team?	Yes (If YES, please provide a copy of the approval and select one of the following) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Respite Care Dementia Care Permanent Care </div>
	No

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 James Milson Village. 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 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 Veterans' Affairs means assessment?	Yes, please provide copy No
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Your Assets

Have you owned your own home within the last two years?	Yes	No
Do you currently own your own home, either by yourself or with others?	Yes	No
If YES, do any of the following people reside with you?		
Spouse	Yes	No
Dependent Child	Yes	No
Carer (for more than 2 years) (eligible for pension/income support)	Yes	No
Close relative (more than 5 years) (eligible for pension/income support)	Yes	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?	Yes	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? (Please provide a real estate estimate and any supporting documentation)	\$
What is the value of your furnishings and personal effects? (Value taken to be \$5,000 if there is no evidence of another value)	\$
Bank, Building Society or Credit Union Accounts	\$
Cash, Term Deposits, Loans and Debentures	\$
Motor Vehicles, Caravans, Boats, Trailers	\$
Shares	\$
Managed Investments, Bonds and Trusts	\$
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	\$
TOTAL VALUE OF ASSETS	\$

*** 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)	\$
	\$
TOTAL	\$

Step 3. Accommodation Information

Schedule of Fees and Charges

We offer a variety of different rooms at James Milson Village.

We have attached a Schedule of Fees and Charges that sets out the price we can charge for the rooms within James Milson Village. The Fees and Charges in the Schedule 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 Village.

Further information about the Fees and Charges you will pay for your accommodation and services at James Milson Village 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 James Milson Village by one of the following methods:

- Daily Payments
- Refundable Deposit
- A combination of a Refundable Deposit and Daily Payments; or
- 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 must pay the fully Refundable Deposit amount within the first six months from Entry Date.

Acknowledgement by you (or a representative):

I acknowledge that:

- I understand the nature and effect of making a choice about how I wish to pay for my accommodation.
- I have made this choice freely and voluntarily and without any influence from the Approved Provider.
- I do not have to make this choice before the Entry Date.
- 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		\$	\$ per day
Option 2: Daily Payments		\$	\$ per day
Option 3: Combination of Refundable Deposit and Daily Payment		\$	\$ per day
Option 4: Combination of Refundable Deposit and Daily Payment with Draw Downs		\$	\$ per day

Signed by the Care Recipient or Care Recipient's Representative

Full Name _____ Date _____ Signature _____

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 Accommodation Deposits (RAD) and Refundable Accommodation Contributions (RAC).

Step 5. Statutory Declaration

I _____ of _____ 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 James Milson Village can charge me for a room or part room.
- b. I have read the information in this application, the Privacy Policy and all information provided to me in relation to costs of living within James Milson Village.
- 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, James Milson Village 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 in the information available on the James Milson Village website, 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 within James Milson Village, and I have had an opportunity to do so.
- e. I have been given the opportunity to inspect James Milson Village.
- f. If I have executed the Choice of Accommodation Payment Method Form, I have done so freely and voluntarily and without any influence from James Milson Village.
- 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 Declaration Act 1959, 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 who 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:

A person who is currently licensed or registered under a law to practise in one of the following occupations:

- Chiropractor
- Dentist
- Legal Practitioner
- Medical Practitioner / Nurse
- Optometrist
- Patent Attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade Marks Attorney
- Veterinary Surgeon

A person who is enrolled on the roll of the Supreme Court of a State or Territory, of the High Court of Australia, as a legal practitioner (however described); or

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

Australian consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief Executive Officer of a Commonwealth Court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Employee of the Australian Trade Commission who is:

- 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

Employee of the Commonwealth who is:

- 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

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in this list

Judge of a court

Justice of the Peace

Sheriff

Sheriff's officer

Police officer

Magistrate

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

- 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

Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961

Notary public

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

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and metallurgy

Member of the Australia Defence Force who is:

- 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 the Act
- Permanent employee of:
- The commonwealth or Commonwealth Authority; or
 - A State or Territory or a State or Territory Authority; or
 - A local government Authority; with 5 or more years of continuous service who is not specified in another item in this list.

Person before a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of;

- The Commonwealth or Commonwealth Authority; or
- A State or Territory or a State or Territory Authority

Teacher employed full-time at a school or tertiary institution

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	
2. Your representative’s details (if any)	
3. Your emergency contacts	
4. Details of who we should contact about this application	
5. Your pension and benefits details (if any) (with a copy of your Pension Card)	
6. Your health insurance and Medicare details (with copies of your insurance and Medicare Cards)	
7. Your medical details	
8. Details of the care and services you currently receive (if any)	
9. Your present living arrangements	
10. A copy of your Aged Care Assessment Team approval	
Step 2 – Financial Information	
11. Have you received a Centrelink or Department of Veterans’ Affairs means (income and assets) assessment? (please provide a copy)	
12. Details about your assets	
13. Details about your annual income	
Step 3 – Accommodation Information	
14. Have you reviewed our Schedule of Fees and Charges?	
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 James Milson Village	
Step 4 – Other	
16. Have you read the Additional Information Section?	
Step 5 - Statutory Declaration	
17. Have you signed the Statutory Declaration confirming the information provided is accurate and true?	

