

On Luck Chinese Nursing Home 安樂華人護理院
Application form for Permanent Residential Aged Care Services
長者護理永久住宿服務申請表

Date of Application 申請日期: _____	For Office Use Only 本欄由院方填寫 Reference No. 申請編號 _____
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Care Recipient personal details 服務使用者個人資料:

Surname 使用者姓: _____	First Name 使用者名: _____
Chinese Name 中文姓名: _____	Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Date of Birth 出生日期: _____ / _____ / _____ <small>DD 日 MM 月 YYYY 年</small>	Country of Birth 出生地: _____
Address 住址: _____	Language Spoken 語言: _____
_____	Marital Status 婚姻狀況: _____

Residency Status 居留身份: Citizen 澳洲公民 Permanent Resident 澳洲居民
 Other 其他: _____

1st contact person 第一聯絡人姓名: _____ Relationship 關係: _____

Contact Number 電話號碼: _____ Email 電郵: _____

Address 地址: _____

2nd contact person 第二聯絡人姓名: _____ Relationship 關係: _____

Contact Number 電話號碼: _____ Email 電郵: _____

Address 地址: _____

Moving From 從何處搬離入住本院

<input type="checkbox"/> Home 住所	Address 住址: _____
<input type="checkbox"/> Facility 機構 <small>e.g. Residential Aged Care Facility, Hospital, Transition Care 例如: 住宿院舍、醫院、過渡期護理等</small>	Facility Name 機構名稱: _____ Address 機構地址: _____ Contact Person 機構聯絡人: _____ No: 電話號碼: _____ Date of Admission 入院日期: _____

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Legal and Financial Management details 法律及財務管理資料:

Enduring Power of Attorney (EPA) 已申請持久授權書:

Yes 是 No 否

Medical 醫療

Finance 財務

Guardianship 監護

Name 受權人名稱: _____ Relationship 關係: _____

Address 地址: _____

Contact Number 聯絡電話: _____

No EPA appointed, authorized Nominee to be responsible for **PAYING ACCOUNTS** and receive correspondence from the Aged Care Home / Government Department

如未能安排持久授權書，請填寫負責交費及代收由護理院或政府部門信件的授權人資料:

Name 授權人名稱: _____ Relationship 關係: _____

Correspondence Address 通訊地址: _____

Billing Address 帳單地址: _____

Contact Number 聯絡電話: _____

Finance Guarantor appointed 已委託財務擔保人?

Yes 是 No 否

Name 擔保人姓名: _____

Relationship 關係: _____

Address 地址: _____

Contact Number 聯絡電話: _____

Driver's License 駕駛執照: _____

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Pension and benefit details 養老金及社會福利資料:

*There is no obligation to declare the following information. However, persons who do not will be charged the maximum Accommodation costs as per government guidelines.

可選擇不填寫以下資料。但如不填寫，院方可按政府收費的指引，而向申請人收取最高住院費。

Do you receive any form of income support payment 有否申請或收取任何形式的收入補助金?

Yes 是 No 否

Full Aged Pension 全額養老金

Part Aged Pension 半額養老金

DVA Disability Pension
退伍軍人事務部殘障福利金

War Window(er)s Pension 戰後遺孀福利金

Superannuation 退休金

Overseas Pension 海外養老金

Other 其他: _____

Type of Concession Card 優惠卡類別:

Centrelink 福利部

Department of Veterans' Affairs
退伍軍人事務部

Others 其他 _____

Pension Concession Card Number

養老金領取者優惠卡號碼: _____

Expiry Date 到期日: _____

Medicare Card Number 國民保健卡號碼: _____ Expiry Date 到期日: _____

Private Health Insurer 私家醫療保險公司名稱: _____

Membership Number 會員卡號碼: _____

Ambulance Membership Card Number 救傷車會會員號碼: _____

Proceeded Assets & Income Assessment for Permanent Care

已向福利部申請入息及資產評估:

Yes 是

with report 完成報告

report will be available 等候報告

No 否

Understand On Luck will not give priority of access to applicant who will not go through the Combined Assets & Income Assessment by Australian Government, therefore prepare to do so. 本人明白安樂護理院不會優先處理沒有向福利部提交「入息及資產評估」的申請，本人承諾會儘快進行申請手續。

Remark 備注:

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Medical & Personal Care needs 藥物及個人護理:

Information regarding Medical Diagnosis & Medications 提交病歷及服用藥物資料:

- As per ACAT Assessment 夾附養老評估服務報告
- As per GP's Health Summary 夾附醫生病歷報告

GP visits 醫生探訪:

- Own GP Dr _____ agreed to come to On Luck
已得家庭醫生_____同意到安樂診証

- Requires facility arrangement 由院方建議

Readiness to move in 準備入住情況:

If placement is offered, readiness to be admitted 如有宿位可否立即入住:

- Immediately 可立即入住
- Preparation time required 何時可準備入住: _____
- Put into waiting list only and will be advised by family 保留於輪候名單內並等待家屬通知

Remark 備註: _____

Type of services received currently 現正接受的服務

- HCPP 長者家居照顧服務 CHSP 社區關懷服務 (SSDC 日間活動中心)
- Others 其他服務 _____ Service starting date 服務開始日期: _____

Name of service provider 提供服務的機構名稱: _____

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I understand On Luck Chinese Nursing Home has security system including security doors and key pads, and I consent to the using of such security system with my confirmation of the application. 本人明白安樂華人護理院內已安裝保安系統如保安門及密碼門鎖，申請時本人已同意使用該保安系統。

Complete the following either by Care Recipient or Authorised Representative
以下由服務使用者或授權人填寫及簽署

Care Recipient / Name 服務使用者姓名: _____

Care Recipient Signature 服務使用者簽署: _____

Authorized Representative Name 授權人姓名: _____

Authorized Representative Signature 授權人簽署: _____

Relationship to Care Recipient 與服務使用者的關係: _____

Witness Name 見證人姓名: _____

Witness Signature 見證人簽署: _____

Date 日期: _____

For office use only 本欄由院方填寫:

Process Date: _____

Result: Waiting list -Priority Waiting list -Normal Unsuitable application

Admission date: _____ Room No: _____

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APPLICATION PROCESS 申請程序

If you express interest to apply for Permanent Care, our Admin Office will provide you the following:
如閣下有意申請本院長者護理住宿服務，可向行政部拿取以下文件:

- On Luck Permanent Care Information Brochure & Accommodation Costs explained Brochure
本院「永久住宿服務資料」及「住宿服務收費說明」單章
- On Luck 'Application form for Permanent Residential Aged Care Services'
本院「長者護理永久住宿服務」的申請表
- On Luck APP Privacy Policy Clients Consent Statement
本院的「APP 私隱條文服務使用者同意書」
- Take control – A kit for making Powers of attorney and guardianship (Government form)
「採取控制」— 製作委託書和監護權力的資料小冊子(政府表格)
- Residential Aged Care Appointment of a Nominee form (Government form)
入住長者住宿後委託人授權書(政府表格)
- Aged Care Calculation of your cost of care form (SA457) or Residential Aged Care Property details for Centrelink and DVA customer (SA485) or Pre-commencement fee letter
「申請入息及資產評估」表格(政府表格)

CHECKLIST 遞交申請表須知

If you confirm the application for Permanent Residential Aged Care Services, you are required to return the following documents mentioned in (A)&(B) to our Admin office:

如閣下決定申請本院「長者護理永久住宿服務」，請填妥下列(A)及(B)欄文件，並依(C)欄指示交回行政部:

(A) MANDATORY 必須提交:

- Current ACCR (Aged Care Client Report) / My Support Plan completed by ACAT (Aged Care Assessment Team)
由「養老評估服務」小組發出的「養老服務客戶記錄或「我的健康評估書」
- On Luck 'Application form for Permanent Residential Aged Care Services'
本院「長者護理永久住宿服務」的申請表
- On Luck 'APP Privacy Policy Clients Consent Statement' 本院的「APP 私隱條文服務使用者同意書」
- Letter/ report after Assets and Income Assessment from Department of Human Services.
民政部「按「申請入息及資產評估」申請及審查後發出的信件/報告。」
- Health Summary - Please visit the clinic with applicant in person to get the report from GP.
最新的病歷到副本 - 申請人須親身到診所向醫生拿取病歷報告
- Copy of Pensioner Concession Card from Centrelink / DVA / Others 養老金領取者優惠卡 / 其他優惠卡影印本
- Copy of Medicare Card 國民保健卡影印本

(B) IF APPLICABLE 如適用者:

- Copy of Enduring Power of Attorney Finance / Medical / Guardianship 財務 / 醫療 / 監護 授權書副本
- Copy of Ambulance Membership Card 救護車會會員卡影印本
- Copy of Private Health Insurance Card 私家醫療保險卡影印本

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Proceed the following applications to Government Departments if applicable and return report to Admin ASAP

向所屬政府部門提交以下適用的申請表格，並把報告儘快交回行政部

- Take control – A kit for making Powers of attorney and guardianship (Government form). Complete and return the signed form.
「採取控制」— 製作委託書和監護權力的資料小冊子(政府表格)。填妥及提交已簽署的內附表格

(C) Documents sent to 提交文件至

Mail 郵寄: On Luck Chinese Nursing Home
PO Box 349, Doncaster East, VIC 3109

Fax 傳真至: 03 9844 6063

Scanned document to e-mail 或把掃描文件電郵至: admin.onluck@ccscci.org.au

Hand delivery to Reception 或親自交到本院接待處 177-179 Tindals Road, Donvale VIC 3111

If your application is successful after assessment by DON or Care Coordinators, Admin Staff will contact you to discuss the following:

申請經過本院院長或護理主任審批後並獲安排入住，行政部職員將會就下列事宜聯絡閣下:

- Progression of the applications to Government departments e.g. means-tested care fee, appointment of Enduring Power of Attorney / Nominee 有關閣下 向各政府部門遞交申請如「申請入息及資產評估」及「受權書」的進展情況
- Accommodation costs and room allocation 住宿費及房間編排說明
- Daily Basic Fees as set by Department of Social Services ____/day, Means tested Care ____/day, Refundable Accommodation Deposit (RAD) _____, and / or Daily Accommodation Payment (DAP) _____
「民政部」訂定的每日基本生活費_____, 與入息相關護理費_____, 可退還住宿訂金_____及(或)每日住宿費_____等等
- A copy of the Resident Agreement 安排拿取住宿服務合約
- Resident Agreement (2 copies) & Special Conditions additional to the Resident Agreement fact sheet for you to consult professional advisers prior signing 說明住宿服務合約一式二份及其有關附帶條件，以方便閣下可於簽署前向律師諮詢
- Medical, Nursing and personal care needs of Care recipient 有關閣下 的藥物及護理需要
- Copy of Medication Chart to be completed by your own GP 拿取由家庭醫生填寫的「藥物治療表」

Prior admission, you would understand and agree to

在閣下 入院前必須明白及同意

- Return signed Resident Agreement (2 copies) 須要交回已簽署的住宿服務合約一式二份
- Inform On Luck whether or not your own doctor will come to On Luck for medical treatment 通知本院閣下的家庭醫生診証事宜
- Return completed Medication chart by your own doctor if applicable. 遞交已由閣下 的家庭醫生填妥的「藥物治療表」
- Appointment of visiting GP arranged by On Luck 由本院為閣下安排的診治醫生
- Consent _____ Pharmacy to pack medications for you. 入住後接受由_____藥房向閣下提供藥物

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