

On Luck Chinese Nursing Home 安樂華人護理院

Application form for Respite Care Services

長者護理臨時住宿服務申請表

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 姓: _____ Chinese Name 中文姓名: _____

First Name 名字: _____ Sex 性別: Male 男 Female 女

Date of Birth 出生日期: ____/____/____
DD日 MM月 YYYY年

Country of Birth 出生地: _____

Address 住址: _____

Language Spoken 語言: _____

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

CCSSCI Existing Client 華人社區服務中心現有客戶: Yes 是 No 否

If Yes, 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

Centre's Contact Person 中心聯繫人: _____

Preferred Entry Date 入院日期:

Discharge Date 出院日期:

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Moving From 從何處搬離入住本院

Facility 機構

e.g. Hospital, Transition Care 例如: 醫院、過渡期護理

Home 住所

Facility Name 機構名稱: _____

Address 機構地址: _____

Contact Person 機構聯絡人: _____ Telephone No. 電話號碼: _____

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 委託人名稱: _____ 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委託書，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:

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

Others 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: _____

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 / My Support Plan 夾附安老服務
評估報告 As per GP's Health Summary
夾附醫生健康摘要

Major Medical Conditions 健康狀況: _____

Major Medications 主要服用藥物: _____

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 由院方安排

Specialized nursing care needs e.g. BP, Blood glucose level, catheter care, wound care
註明專業護理需要, 如量血壓, 量血糖, 導管或傷口處理:

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Details of Activities of Daily Living needs 下列那一項日常生活需要協助，請打勾(✓)或列明

Eating & Drinking 飲食協助	<input type="checkbox"/> Do Not Require Assistance 不需要幫助 <input type="checkbox"/> Requires Some Assistance 需要幫助 <input type="checkbox"/> Full Assistance 需要完全幫助	Bathe/ Showering 沐浴/沖澡協助	<input type="checkbox"/> Do Not Require Assistance 不需要幫助 <input type="checkbox"/> Requires Some Assistance 需要幫助 <input type="checkbox"/> Full Assistance 需要完全幫助
Mobility 行動協助 (Transfer in and out of bed/ chair) (轉入和轉出床/椅子)	<input type="checkbox"/> Do Not Require Assistance 不需要幫助 <input type="checkbox"/> Requires Some Assistance 需要幫助 <input type="checkbox"/> Full Assistance 需要完全幫助	Toileting 如廁協助	<input type="checkbox"/> Do Not Require Assistance 不需要幫助 <input type="checkbox"/> Requires Some Assistance 需要幫助 <input type="checkbox"/> Full Assistance 需要完全幫助 <input type="checkbox"/> Continance Aids 失禁輔助工具
Mobility 行動協助 (Walk 50 metres) (步行 50 米)	<input type="checkbox"/> Do Not Require Assistance 不需要幫助 <input type="checkbox"/> Requires Some Assistance 需要幫助 <input type="checkbox"/> Full Assistance 需要完全幫助	Dental Hygiene & Grooming 牙齒衛生和儀容協助	<input type="checkbox"/> Do Not Require Assistance 不需要幫助 <input type="checkbox"/> Requires Some Assistance 需要幫助 <input type="checkbox"/> Full Assistance 需要完全幫助

Others 其他協助: _____

Details of Behaviour / Social needs 行為/社交需要請列明:

Special Requests 特別要求: Dietary 膳食 Religious 宗教 Social 社交
 Other 其他 _____

Remark 備註: _____

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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: _____

Respite level: High Low

CCSSCI: HCPP CHSP Others _____

Result: Accepted Waiting list

Room No: _____

Entry Date: _____ Discharge Date: _____

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On Luck Chinese Nursing Home 安樂華人護理院

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APPLICATION PROCESS 申請程序

If you confirm the application for Respite Residential Aged Care Services, you are required to return the following documents mentioned in below to our Admin office:

如閣下決定申請本院「長者護理臨時住宿服務」，請填妥下列欄文件，並依(B)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 Respite Residential Aged Care Services'
本院「長者護理臨時住宿服務」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」
- Health Summary - Please visit the clinic with applicant in person to get the report from GP.
最新的病歷副本 - 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) 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@ccssci.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 On Luck, Our Care Coordinators or 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：

- Respite Agreement and Booking Fee arrangement 安排拿取臨時住宿服務合約及支付預定費
- 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」
- Pre-admission interview with Care Coordinators 安排與護理主任會面

Prior to admission, you would understand and agree to

在閣下入院前必須明白及同意

- Return signed Respite Agreement (2 copies) and bank deposit receipt of booking fee 須要交回已簽署的臨時住宿服務合約一式二份及提供支付預定費的銀行收據
- Inform On Luck whether or not your own doctor will come to On Luck to attend to your medical needs 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」
- Consent of _____ 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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