

**On Luck Chinese Nursing Home 安樂華人護理院**  
**Application form for Respite Residential Aged Care Services**  
**長者臨時住宿護理服務申請表**

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: _____	Chinese Name 中文姓名: _____
First Name 使用者名: _____	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: _____
Home 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: \_\_\_\_\_

1<sup>st</sup> contact person 第一聯絡人姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Contact Number 電話號碼: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

Address 地址: \_\_\_\_\_

2<sup>nd</sup> contact person 第二聯絡人姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Contact Number 電話號碼: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

Address 地址: \_\_\_\_\_

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**

Home 住所

Facility 機構

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

Facility Name 機構名稱: \_\_\_\_\_

Address 機構地址: \_\_\_\_\_

Contact Person 機構聯絡人: \_\_\_\_\_

Contact No 聯絡號碼: \_\_\_\_\_

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

**Enduring Power of Attorney (EPOA) 已申請持久授權書:**       Yes 是       No 否

**VCAT Guardianship 已申請監護人:**       Yes 是       No 否

Personal Matter 個人事務

Both Personal & Finance 個人事務及財務

Finance 財務 (Mandatory)

others \_\_\_\_\_

Attorney Name 受權人名稱: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_

Contact Number 聯絡電話: \_\_\_\_\_

**Appointment of Medical Treatment Decision Maker 已任命醫療決策者:**  Yes 是  No 否

Name 受權人名稱: \_\_\_\_\_ Contact Number 聯絡電話: \_\_\_\_\_

Authorized attorney in EPOA to be responsible for **PAYING ACCOUNTS** and receive correspondence from the Aged Care Home / Government Department

請填寫財務委託人及代收由護理院或政府部門信件的授權人資料:

Name 受權人名稱: \_\_\_\_\_ 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: \_\_\_\_\_

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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

<input type="checkbox"/> Full Aged Pension 全額養老金 <input type="checkbox"/> Part Aged Pension 半額養老金 <input type="checkbox"/> DVA Disability Pension 退伍軍人事務部殘障福利金 <input type="checkbox"/> War Window(er)s Pension 戰後遺孀福利金 <input type="checkbox"/> Superannuation 退休金 <input type="checkbox"/> Overseas Pension 海外養老金 <input type="checkbox"/> Other 其他: _____	Type of Concession Card 優惠卡類別: <input type="checkbox"/> Centrelink 福利部 <input type="checkbox"/> Department of Veterans' Affairs 退伍軍人事務部 <input type="checkbox"/> Others 其他 _____ Pension Concession Card Number 養老金領取者優惠卡號碼: _____ Expiry Date 到期日: _____
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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: \_\_\_\_\_

**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                       As per GP's Health Summary 按照醫生病歷報告  
     按照養老評估服務報告

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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**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: \_\_\_\_\_

**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**

<b>Eating &amp; Drinking</b> 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	<b>Bathe/ Showering</b> 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
<b>Mobility</b> 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	<b>Toileting</b> 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"/> Continence Aids 失禁輔助工具
<b>Mobility</b> 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	<b>Dental Hygiene &amp; Grooming</b> 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 行爲/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: \_\_\_\_\_

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 confirm to apply for Respite Care, our Admin Office will provide you the following:**

如閣下 決定申請本院長者臨時護理住宿服務，可向行政部拿取以下文件:

- On Luck 'Application form for Respite Residential Aged Care Services'  
本院「長者臨時護理住宿服務」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/guardianship and Appointment of Medical Treatment Decision Maker  
「採取控制」— 製作委託書/監護權力及任命醫療決策者的資料小冊子(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)

**CHECKLIST 遞交申請表須知**

**If you confirm the application for Respite 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「長者臨時護理住宿服務」，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) / 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「健康評估書」
- On Luck 'Application form for Respite Residential Aged Care Services'  
本院的「長者臨時護理住宿服務」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 (with 12 months) - Please visit the clinic with applicant in person to get the report from GP.  
最新 12 個月內的病歷副本 - 申請人須親身到診所向醫生拿取病歷報告
- Enduring Powers of Attorney - Finance  
持久財務授權書
- Appointment of Medical Treatment Decision Maker 任命醫療決策者文件
- Copy of Pensioner Concession Card from Centrelink / DVA / Others 養老金領取者優惠卡 / 其他優惠卡副本
- Copy of Medicare Card 國民保健卡副本

**(B) IF APPLICABLE 如適用者:**

- Copy of Ambulance Membership Card 救護車會會員卡副本
- Copy of Private Health Insurance Card 私家醫療保險卡副本

**(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

Scan document into PDF format and e-mail to 掃描文件並以 PDF 格式電郵至: [admin.onluck@ccssci.org.au](mailto: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

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**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. appointment of Enduring Power of Attorney / Nominee 有關閣下向各政府部門遞交申請如「持久授權書」的進展情況
- 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」
- Pre-admission interview with Care Coordinators 安排與護理主任會面

**Prior 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 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

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