

# **Garden City Aged Care Services**

**Application for Admission** 

This is an application for you to apply to enter Garden City Aged Care Services. (Referred to as our "Service").

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

This application is retained by the Service and is not provided to the Department of Social Services, Department of Veteran 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 accommodations costs, you should contact the Department of Social Services.

Further information is available on the My Aged Care website at www.myagedcare.gov.au.

Telephone 1 800 200 422

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#### **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** a Schedule of Fees and Charges that sets out the price we can charge for the rooms in our Service. The Fees and Charges in the Schedule attached are correct at the time we provide 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 Service 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

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 need to sign prior to admission. The Resident Agreement outlines your and our rights and responsibilities if you enter our Service.

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 Veteran Affairs). This will enable Centrelink or Department of Veteran 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* (Cth) for your care and accommodation.

We will comply with the provisions of the *Privacy Act 1988* (Cth) 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 your personal information, you may review the Privacy Policy and Collection Statement. Both of these documents are available at our Service.

A decision to enter a nursing home is a significant decision. 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 the Service.

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:

Garden City Aged Care Services 33 Tryon St UPPER MT GRAVATT QLD 4122 07 3349 0110

E: gcrh@alzqld.org.au

# 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?			
Step 1 - Personal Information			
1	Your personal details		
2	Your representative's details (if any)		
3	Your billing contact		
4	Details of who we should contact about this Application		
5	Your pension and benefit details (if any) (with a copy of your Pension card)		
6	Your medical details		
7	Details of the care and services you currently receive (if any)		
8	Your present living arrangements		
9	A copy of your Aged Care Assessment Team approval		
Step 2 - Financial Information			
10	Have you received a Centrelink or Department of Veteran's Affairs means (income and assets) assessment? (please provide a copy)		
11	Details about your assets		
12	Details about your annual income		
Step 3 - Accommodation Information			
13	Have you reviewed our Schedule of Fees and Charges?		
14	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 the Service.		

Step 4 - Other				
	Have you read the Additional Information section?			
Step 5 – Statutory Declaration				
	Have you signed the Statutory Declaration confirming the information provided is accurate and true?			

# **Step 1 - Personal information**

# Your (Applicant) details

Surname			
Given name			
Gender	Male	Female	
Date of birth			
Age (years)			
Current Address			
Current Address			
	Married		Single
Marital status	☐ De-Facto	o	Separated
	Divorced	b	Widow
Country of birth			
Are you an Australian Citizen?	Yes	No	
Preferred language(s)			
Your representative's details			
Have you appointed a person to act on your behalf?	☐ Yes	□ No	
Does the person have an Enduring	Financial	Yes	
Does the person have an Enduring Power of Attorney or Guardian or Administrator?	Financial Health:	☐ Yes	
Power of Attorney or Guardian or	Health:	Yes	r EPOA, or Administrator and
Power of Attorney or Guardian or	Health:	Yes	r EPOA, or Administrator and
Power of Attorney or Guardian or Administrator?	Health:	Yes	r EPOA, or Administrator and
Power of Attorney or Guardian or Administrator?  Surname  Given Name	Health:	Yes	r EPOA, or Administrator and
Power of Attorney or Guardian or Administrator?  Surname	Health:	Yes	r EPOA, or Administrator and
Power of Attorney or Guardian or Administrator?  Surname  Given Name	Health:	Yes	r EPOA, or Administrator and
Power of Attorney or Guardian or Administrator?  Surname  Given Name  Address	Health:	Yes	r EPOA, or Administrator and

# **Billing contact** (Please write "as above" if same as representative)

Surname			
Given Name			
Relationship to you			
Address			
Telephone			
Mobile			
Email (statements will be emailed to this address)			
Who should we contact regarding	your application	on?	
Please write "as above", if same as represe	entative's details		
Surname			
Given Name			
Relationship to you			
Address			
Telephone			
Mobile			
Email			
Pension and benefit details	ension and benefit details		
Please provide a copy of your Pension Card	l (if applicable)		
Do you hold an Australian Pensioner Concession Card?	Yes	□No	
Concession card:	If <b>yes</b> , indicate type		
	☐ Age	DVA	☐ Disability
	Blind	Widow	Overseas
What is your pension number			
Is it a full or part Pension?	Full	Part	

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Are you an Australian ex-prisoner of war?	Yes	□No	
Medical details			
Full medical details will be required on adn	nission		
Who is your current General Practition	er / Medical Prof	essional?	
GP name and/or Practice name			
Telephone			
Address			
COVID-19 details			
Have you received any COVID-19 vaccin	nations?		_
First Dose - date received			
Second Dose – date received	Second Dose – date received		
Booster Dose – date received			
Vaccination Type	Vaccination Type		
Current Services			
Do you currently receive or have you received any of the following	☐ Home Care	Package	Commonwealth Home Support
received any or the following	NDIS Service	es	Residential Aged Care
If <b>yes</b> , to any of the above, please advise	e who provides th	ne services	
Provider Name and contact			
Address			
Present living arrangements			
	Living with	n Family	Own House/unit
Present living situation	Rented Ac	ccommodation	Respite at Aged Care Service
	☐ Hospital		Resident at Aged Care Service
	☐ Hospital		resident de riged care service

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Smoking status	Smoker	Non-smoker		
Aged Care Assessment Team approval				
Do you have an approval for residential	☐ Yes ☐ No			
aged care from the Aged Care Assessment Team?	If <b>yes</b> , please provide a copy of the approval and select one of the following:			
	Respite Care Permanent Care			

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#### **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 our Service. 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* (Cth) 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

Affairs means assessment? (Calculation of your Cost of Care Form SA486)		☐ No
		Please provide a copy of the resulting letter you received confirming fees
our assets		
Have you owned your own home within the last two years?	☐ Yes	□No
Do you currently own your home, either by yourself or with others?	☐ Yes	☐ No
If <b>yes</b> , do any of the following people reside with yo	u?	
Spouse	☐ Yes	☐ No
Dependent child	☐ Yes	☐ No
Carer (for more than 2 years) (eligible for pension or 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 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.	\$
Please estimate the value of any other assets as listed (if applicable)	
Bank, building society or credit union accounts	\$
Cash, term deposits, loans, and debentures	\$
Motor vehicles, caravans, boats, trailers	\$
Shares	\$
Managed investments, bonds, and trusts	\$
Investment collections	\$
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	\$

<sup>\*</sup>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		\$
Duranida dataila of ann athan in anns na naoine (Nat)		\$
Provide details of any other income you receive (Net)		\$
TOTAL ANNUAL INCOME		\$

#### **Step 3 - Accommodation Information**

#### **Schedule of Fees and Charges**

Outlined below is our Schedule of Fees and Charges that sets out the price we can charge for the rooms at Garden City Aged Care Services. The Fees and Charges are correct at the time we provide the application to you but are subject to change.

Florence Court and Elizabeth Court - single rooms (non-secure)

Refundable Accommodation Deposit \$550,000 or

Daily Accommodation Payments \$126.88\*

A combination of both (for example):

Refundable Accommodation Deposit \$275,000 AND

Daily Accommodation Payments \$63.44\*

Palm Court - single rooms (secure):

Refundable Accommodation Deposit \$550,000 or

Daily Accommodation Payments \$126.88\* or

A combination of both (for example):

Refundable Accommodation Deposit \$275,000 AND

Daily Accommodation Payments \$63.44\*

A refundable accommodation deposit is paid as a lump sum amount. A daily accommodation payment accrues daily and is paid monthly. A combination payment includes both a partial lump sum accommodation payment and daily accommodation payments.

Further information about the Fees and Charges you will pay for your accommodation and services at the Service is available on our website and the My Aged Care website.

<sup>&#</sup>x27;\* Using the maximum permissible interest rate as prescribed under the Aged Care Act; currently 8.42%

#### **Choice of Accommodation Payment Method**

You can choose to pay the Accommodation Payment or Accommodation Contribution for your accommodation at the Service by one of the following methods:

- (a) Daily Payments;
- (b) a Refundable Deposit;
- (c) a combination of a Refundable Deposit and Daily Payments; or
- (d) 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 do not have to pay the full Refundable Deposit amount before six months from the Entry Date.

#### Acknowledgment by the you (or your Representative)

I acknowledge that:

- (a) I understand the nature and effect of making a choice about how I wish to pay for my accommodation.
- (b) I have made this choice freely and voluntarily and without any influence from the Approved Provider.
- (c) I do not have to make this choice before the Entry Date.
- (d) After payment of the Refundable Deposit I will retain assets of more than \$61,500.

#### **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		\$	
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:

Signed:	Date:
First Name:	Surname:

#### **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 Deposits and Accommodation Bonds for the previous financial year of when you enter into a Resident Agreement.

If your Accommodation Payment or Accommodation Contribution includes payment by Refundable Deposit, then in addition to the above, we will also provide you with a copy of your entry in the refundable deposit register made in accordance with the *Aged Care Act 1997* (Cth).

If you become a permanent resident of our facilities this information outlined above, will be provided to you on an annual basis as in accordance with the Fees and Payments Principles 2014 (No 2).

Any overpaid accommodation payments or contributions will be refunded in accordance with the Fees and Payments Principles 2014 (No 2).

The refundable accommodation deposit will be refunded within the timeframes prescribed under the Aged Care Act.

### Step 5 – Statutory Declaration I ......do solemnly and sincerely declare that the information I have included in this application is true and correct and I acknowledge that: I have received a copy of the Resident Agreement, the Privacy Policy and information about the maximum (a) amount the Service can charge me for a room or part of a room. (b) I have read the information in this application, the Privacy Policy and all information provided to me by the Approved Provider in relation to costs of living at the Service. (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 the Service will need to charge me the maximum fees and charges permitted under the Act; and the Maximum Accommodation Price that is payable for a room or part of a room is the amount as set out in the information available on the website for the Service, 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 in the Service and I have had an opportunity to do so. I have been given the opportunity to inspect the Service. (e) (f) If I have executed the Choice of Accommodation Payment Method Form, I have done so freely and voluntarily and without any influence from the Approved Provider. I have not received or relied upon any representations or promises that are not set out in the Agreement (g) 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 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 Declarations Act 1959 (Cth), and I believe that the statements in this declaration are true in every particular.

#### 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, or 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 in this list

Judge of a court

Justice of the Peace

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  $\it Marriage Act 1961$ 

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

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the  $\it Marriage Act 1961$ 

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 Australian 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 that Act

Permanent employee of:

- the Commonwealth or a 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  $% \left( 1\right) =\left( 1\right) \left( 1\right) \left($ 

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

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

- the Commonwealth or a Commonwealth authority; or
- a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed full-time at a school or tertiary institution

**ROOM DESCRIPTIONS / KEY FEATURES STATEMENTS** 

All our residents benefit from Alzheimer's Queensland distinctive knowledge, skills, and expertise in

dementia care. Our staff undergo ongoing and regular training in dementia care to ensure that their skills

are maintained and that their care reflects our underlying philosophy based on the value and individual

choices of our residents.

We are a leading provider in all aspects of dementia care, and we provide specialized dementia training to

services providers throughout Queensland.

Through our wellness and re-enablement approach we offer access to a range of professionals including

physiotherapist, speech pathologist, occupational therapist, podiatrist, and exercise physiologist.

Everyday familiar activities are incorporated in the lifestyle program. Further to this, our unique lifestyle

program offers a range of group and individual activities for residents including cooking, music programs,

art appreciation, art classes, and flexibility and fitness sessions. These are provided in addition to regular

shopping and dining trips, pet therapy and happy hours.

Continuing with the Association's philosophy of care, all meals are prepared on site and the home cooking

allows the smells and activity to create an environment reminiscent of everyday home life and can act as a

sensory cue to enhance appetite.

All rooms are equipped with a nurse call system that allows residents to call staff if needed at all times

ensuring an efficient response to resident needs.

As expert dementia care specialists we understand the importance of a familiar environment for residents

to enhance feelings of safety and well-being. Therefore we encourage residents to tailor their rooms with

precious and treasured keepsakes ensuring memories and experiences are maximised.

The interior design and choice of colours, lighting, textures, and furnishings have been chosen with

reference to the latest in dementia design studies. The design choices utilised in our common areas follow

our organisations philosophy to promote choice, minimize confusion and maximise independence. These

choices promote a sense of well-being and calmness and assists new residents to settle in well. Our small

familiar environment mirrors the rhythms and routines of home life.

<u>Palm Court</u> offer a small, home like environment providing secure dementia care.

All are single rooms with shared bathroom facilities

The rooms are within a recently refurbished cottage that has a classic timeless interior style reflecting a

boutique hotel. Residents are comforted by the elegant surrounds and familiar objects d'art. Rooms have

large windows allowing in natural light and ventilation, and also views of the surrounding gardens.

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The common areas have been specifically designed to enhance quality of life and maximize health outcomes and wellbeing. The open plan of our home allows ease of physical and visual access to promote positive clinical outcomes.

Residents are encouraged and supported to continue in everyday activities such as using the home style kitchen which has been designed specifically to support people with dementia and/or reduced mobility. The open plan communal areas have been designed to optimize everyday living experiences, promoting independence and mirroring home life.

As an organization we value the identity and independence of our residents and the common areas, choice of artworks and furnishings reflect the generation and previous experience of our residents. Given the different experiences of our residents, the sitting areas have been subtly divided into warm and inviting zones that can be used as quiet areas for intimate family gatherings or for larger social activities.

There is a large sun-protected outdoor entertainment area for enjoyment of the outdoors and welcoming visitors. The contemporary gardens are designed for interaction by residents and comprise vegetable, flower, mobile gardens, as well as a chicken coop and bird aviary.

<u>Florence and Elizabeth Court</u> offer single ensuite rooms with a kitchenette. Our spacious rooms are redecorated to a high standard. This enables independent and private living, but also the size and standard of the rooms facilitates delivery of high care to meet the varying needs of our residents. All rooms are accessed via the main corridors and have access to the balcony or verandah direct from the room. Rooms have large windows allowing natural light and ventilation and views of the surrounding gardens and community. Ensuites have walk-in showers and easy access toilets to enhance independent living.

Residents of these rooms have access to communal areas including a family style lounge and dining rooms. Furniture is traditional, lightweight and evokes the everyday feel and comfort of home. The lounge area have been subtly divided into warm and inviting zones that can be used as quiet areas for intimate family gatherings or for larger social activities. Located in the lounge area is a computer hub and library.

The dining area has been designed to enhance the social and physical aspects of dining. Residents are served by the kitchen, which is adjoining to the dining room. Residents are offered a choice of meals which can encompass traditional and multi-cultural tastes. We encourage dining as a valued and social part of everyday life; however, we offer in-room dining for those who choose or need this option.

There is a large sun-protected outdoor entertainment area for enjoyment of the outdoors and welcoming visitors. There are also extensive gardens that residents are invited and encouraged to enjoy. This is supported as part of our lifestyle program.