

*A guide for families and
carers to the 'how, when,
what and where' of*

RESIDENTIAL CARE



*A guide for families and
carers to the 'how, when,
what and where' of*

RESIDENTIAL CARE

Pilot edition:

North Western Health Aged Care Program
Editors: Olwyn Backhouse and Marie Vaughan
Project Management: Victorian Government
Department of Human Services
Published 1999

This edition:

Published by the Rural and Regional Health and
Aged Care Services Division, Victorian
Government Department of Human Services,
Melbourne, Victoria

June 2002
(0310602)

Design and Art Direction:

Actual Size

ISBN 0 7311 6126 2

Also published on the Rural and Regional Health
and Aged Care Services Division Website at
<http://www.dhs.vic.gov.au/acmh/aged>

© Copyright State of Victoria 2001

Contents

Introduction	2
1. Can this booklet help you?	4
2. How people feel about considering residential care	5
Are my feelings normal?	6
The guilt factor!	6
Facts	6
Helpful hints	7
How can I explain the move?	7
3. When to start looking for residential care	8
When is the right time to look for residential care?	8
What do I need to do before looking for care?	9
What is an Aged Care Assessment Service (ACAS)?	9
4. Where to go for help	10
Who can help?	10
5. Dementia	11
6. What you need to know	12
What is residential care?	12
Residential care: what are the differences?	14
What is good residential care?	18
What should I look for in a good facility? Checklist	18
How do I know that the facility will be able to provide the right care?	21
7. How to look for residential care	22
What is available?	22
How long will I have to wait for a vacancy in an aged care residential facility?	22
Can I use respite care before deciding on permanent care?	23
How do I find the right aged care residential facility?	23
How does a waiting list work?	24
How many facility waiting lists should we go on?	24
How do I go about placing someone on a waiting list for an aged care residential facility?	26
What happens if there are no vacancies at the facility I prefer?	26
What happens when a vacancy at an aged care residential facility occurs?	26
8. Residents' rights	28
9. Useful contacts and publications	31
10. Aged care residential facility application forms	34
Application for admission	
Financial details	

Introduction

More information to read! Do not be alarmed – you do not need to read this booklet from cover to cover. It is designed so that you can identify the areas where you need information and read what you need to know in easy point form.

The writers of this booklet would like to draw your attention to issues in looking for residential care. Looking for care can be a stressful time for all concerned. Time, effort and more than a little physical and emotional stamina are required. The emphasis of this booklet is on strategies to help you obtain the best advice and support in order for you to find good care.

The residential aged care “system” can be complex and unfamiliar. There is no perfectly simple step-by-step set of procedures to follow. However, this booklet aims to provide straight-forward information that will empower you to ask questions in order to gain knowledge, and thereby make informed choices.

In the process of your journey through the “system” you may encounter seemingly complex and contradictory issues. This booklet attempts to draw together the common threads of access to residential care.

In the process of writing this booklet the authors have tried to keep the information concise, but recognise that verbal information, guidance and support are also necessary to achieve a positive outcome. Always remember that people are your greatest resources. They can help you and the person you are caring for through this particular stage of life. Therefore, we hope that this booklet will assist you to find the right people and services to guide you through this time in a positive and sensitive manner.

1

Can this booklet help you?

If you want to know any or all of the following aspects about looking for residential care for a person then this booklet can help you.

How people feel about lifestyle changes

When to start looking for residential care

Where to get help

What you need to know about residential care

How to look for suitable residential care

2

How people feel about considering residential care

Considering long term residential care for someone can be a distressing and confusing time. Understanding what needs to be done, where to go for help and knowing who can help you can make all the difference.

It is not easy to make changes. The person requiring residential care may not recognise the need for care or your need to be involved in decision making. They may disagree, be angry or even suspicious and accuse you of trying to “put them in a home”.

Not everyone in your family or amongst your friends may agree about the need for residential care or the type and location of care.

No matter how difficult caring may have become you may also feel some impending losses and changes such as the loss of the person you once knew, the loss of companionship, and changes in your role, routine and lifestyle.

The person for whom you are caring may have dementia. There will be changes in the relationship between you and the person with dementia. You may see changes in the person’s ability to carry out daily tasks that the person with dementia is unable to see.

Learning to accept these changes and making the most of the person’s remaining abilities take time and lots of patience.

Are my feelings normal?

Different people respond differently to changed circumstances – this is normal.

A multitude of emotions may be experienced over a shorter or longer period of time.

There is no formula to prescribe how and when you should experience these emotions. At times you may feel a sense of relief and hope, and at other times you may feel sad, angry, fearful or regretful.

There may be a sense of loss and frustration because it may not be possible for the person you are caring for to accept or understand the reasons for change.

The guilt factor!

Guilt is a normal reaction when you do not feel that you have been able to meet your perceived obligations. Reasons why people may feel guilty vary, but some reasons may be:

- ▶ the inability to keep a “promise” to always care at home for a family member or friend
- ▶ fear that care provided by others may not be as good
- ▶ fear that the person being cared for may feel abandoned
- ▶ consciousness of cultural and family attitudes and expectations about letting a person go into care.

Facts

Guilt will not necessarily disappear, but the following realities will help to put the situation into perspective:

- ▶ Promises are made with the best of intentions, but circumstances change which sometimes make it impossible to care for someone at home, no matter how well-intentioned you are.
- ▶ Care provided in a facility will not be exactly the same as the care provided at home, but a good facility will try to provide for all of the person’s needs. Remember that care in a facility is shared – at home one person can become exhausted from providing full-time care.
- ▶ When a person needs the extra support of a care facility cultural and family attitudes and expectations sometimes place unnecessary pressures on families. The welfare of both the carer and the person being cared for must be equally considered.
- ▶ For people with dementia, recognise that dementia is an individual condition and affects people in different ways. People with dementia often cannot control their behaviour.

Helpful hints

Find someone with whom you can share your concerns. This may be an understanding family member or friend, or your local doctor. A hospital social worker, Aged Person's Mental Health Service Worker, a community case manager or an Aged Care Assessment Service worker may already be involved and can assist you. Older persons and/or carer associations may also be able to help you and your family (see "Useful contacts and publications" for contact details).

Acknowledge your feelings. They are there for a reason. See your doctor if you feel you need further help.

Focus on the positives! If the person you are caring for goes into a safe and caring environment this will allow you to make adjustments in your own life. It can give you the time and energy to support him or her in different ways.

Actively working through the process of looking for residential care can help some people to resolve issues they have in this regard.

This may include being present at the Aged Care Assessment Service (ACAS) visit (see page 9), looking at residential care facilities, reading about residential care, and other tasks.

Whilst seeking residential care is often very difficult, remember that this is a time of change, and that over time things will generally get easier.

How can I explain the move?

There are no rules when telling a person for whom you are caring that they need to go into care. You know the person best. However, as much as possible:

- ▶ be brief
- ▶ be positive
- ▶ be timely.

Avoid:

- ▶ listing the person's problems
- ▶ accentuating your stress
- ▶ worrying and confusing the person with unnecessary detail which he/she may forget anyway.

For people with dementia, understanding and acknowledging how they see the world will help you to choose the best way to tell them.

In this case, being completely truthful may not always help the situation. Remember, no-one wants to leave their home. It may be less stressful and kinder for all concerned to perhaps tell someone:

- ▶ that the stay will be only as long as it needs to be
- ▶ that the doctor has organised the stay
- ▶ that you just need a rest.

There are no rules or perfect answers – you will find your own individual way of dealing with this situation, one that works both for you and the person going into care.

Remember that most people particularly those with dementia take 6-8 weeks to settle into a new environment.

3

When to start looking for residential care

When is the right time to look for residential care?

The time to look for residential care will be different for different people. Some people will know instinctively when the time is right to look for residential care. Others, because of circumstances beyond their control, will have no choice in the matter. Others will agonise over what to do. And others will avoid making a decision at all.

You will need to consider the following factors before making any decisions:

- ▶ the amount of family, social and community supports available
- ▶ the health and welfare of the primary carer
- ▶ the safety of the person being cared for
- ▶ the “right” time for the person to move into care
- ▶ the financial implications.

When the health, welfare or safety of the person being cared for or the primary carer is compromised, this is usually the time to think seriously about looking for residential care – even if the person is well supported by family, friends and community services.

You may like to talk to your family and friends, your local doctor and people providing community supports about your situation.

What do I need to do before looking for care?

An assessment and approval for residential care from an Aged Care Assessment Service (ACAS) is required before the search for care begins – you need to know what type of care you should be looking for. A referral can be made by ringing the ACAS for your area (see “Useful contacts and publications” for ACAS listings). Either you, your doctor or another person can make the referral. The ACAS assessor will provide you with the required approval and talk to you about other options where applicable.

If you decide that you are going to look for residential care the ACAS worker will provide you with a list of appropriate care facilities.

The Aged Care Application and Approval Form (2624) will state the type and level of care for which the person is eligible:

- ▶ High level of care means nursing home type care (see pages 12–17)
- ▶ Low level of care means hostel type care (see pages 12–17).

The ACAS assessor will explain why the person has been approved for a particular level of care. A general rule of thumb is that most people who are assessed as requiring nursing home care cannot be adequately cared for in a low care facility because they need 24 hour nursing care. The person’s ability to walk, take him/herself to the toilet and understand what is going on around them will influence whether a low care or high care facility is the best choice. Some low care facilities provide ‘Ageing in Place’ which means that they continue to care for people as their care needs increase. Sometimes a residential facility specialises in dementia care.

Everyone who goes into a low or high care facility needs an Aged Care Application and Approval Form (2624). This entitles facilities to claim Commonwealth Government subsidies for providing care.

NB It is not necessary to have a 2624 form for care in Supported Residential Services (SRS).

What is an Aged Care Assessment Service (ACAS)?

Aged Care Assessment Services (ACAS) are teams of professionals, such as doctors, nurses, physiotherapists, occupational therapists and social workers (see “Useful contacts and publications” for ACAS listings).

- ▶ ACAS approve a person’s application for government funded residential care, respite care or may recommend community care options.
- ▶ ACAS consider the needs of the individual and their families and carers at social, medical and psychological levels.
- ▶ ACAS team members can provide an expert diagnosis of dementia, help to assess the level of care the person will need, and provide information about services such as residential care.
- ▶ ACAS visits are free of charge as the service is Government funded.
- ▶ ACAS members will guide you to look for the most appropriate facilities and provide relevant residential care lists.
- ▶ ACAS do not endorse or rate facilities. Information about individual facilities is on the internet at <http://www.accreditation.aust.com/>

4 *Where to go for help*

Who can help?

A number of people may be able to assist you to find care. However, if you are looking for the best advice and outcome, look for the following attributes in these people. People who:

- ▶ have a good knowledge of the aged care system and of residential care
- ▶ listen to what you are saying
- ▶ take the time to understand your particular situation
- ▶ make sense to you
- ▶ are willing to discuss alternative options with you
- ▶ may be recommended by others.

If the person for whom you are caring is in hospital awaiting transfer to an aged care residential facility then there will usually be a social worker allocated to assist you with the process. This does not mean to say that you cannot seek the advice of others.

Some people have established their own businesses to provide you with assistance, for a fee. If you want to use their service you need to feel confident that they have access to all the relevant and up to date information about what your options are. Always check with your social worker or ACAS worker, who is likely to be able to provide you with all the information you need. Information about individual facilities is on the internet at <http://www.accreditation.aust.com/>

5 Dementia

‘Dementia’ is a name given to a collection of symptoms which indicates that something has happened to a person’s brain. It affects the person’s ability to think, reason, remember and learn. The person’s ability to function in their normal day to day activities is affected.

Symptoms may include:

- ▶ problems with memory and learning
- ▶ inability to plan
- ▶ confusion or disorientation
- ▶ word-finding or other speech problems
- ▶ mood changes and/or inability to concentrate
- ▶ inability to ‘hear’ and interpret the spoken word.

Not everyone will have the same symptoms. Symptoms may also vary in severity from person to person.

Many dementing conditions are progressive. This means that more changes will occur in the brain over time. They occur at a different rate for each person affected.

People experiencing dementia often cannot control their behaviour. For example, they may have no control over fluctuations in their mood and subsequent behaviour; they may be resistive to showering and dressing and other daily care tasks.

For more information about dementia you can speak to your local doctor, the Aged Care Assessment Service (ACAS) in your area or the Alzheimer’s Association (see “Useful contacts and publications” for Alzheimer’s Association and ACAS listings).

(This information has been taken from the 1998 edition of Dementia and Community Support with the permission of The Aged-care Rights Service Inc.)

6 *What you need to know*

What is residential care?

Residential care is the broad definition for high care facilities (formerly known as nursing homes), low care facilities (formerly known as hostels) and Supported Residential Services (SRS) (see pages 14–17 for more detailed information).

High care and low care facilities receive Commonwealth Government subsidies to provide care for people who have been approved by an Aged Care Assessment Service (ACAS) for residential care. Therefore, they are required to meet certain standards* in regard to care, lifestyle, safety and buildings.

Supported Residential Services (SRS) are private enterprises and do not receive Government funding. Therefore, people do not need to be approved by an ACAS for care and accommodation in these facilities. However, ACAS can provide an assessment and a list of SRS for you to look at.

Residential care facilities vary in the type of buildings and in the quality of care which they provide. On pages 18–20 is a checklist for looking at facilities. At the back of this booklet are forms to help you apply for access to residential care.

* For information about standards you can obtain Quality Care for Older Australians – Aged and Community Care Information Sheets from the Commonwealth Department of Health and Ageing by ringing 1800 500 853.

Residential care: What are the differences?

	High Care Facilities	Low Care Facilities	Supported Residential Services (SRS)
Approval Requirements			
<i>Is special 'approval' needed to receive care at these facilities?</i>	<i>Yes, you need to have an ACAS assessment and an 'approval' for all high care facilities.</i>	<i>Yes, you need to have an ACAS assessment and an 'approval' for all low care facilities.</i>	<i>No, because SRS do not receive Government funding.</i>
Accommodation			
<i>Are there single rooms available?</i>	<i>Most new high care facilities have single or 2 bed rooms. Older high care facilities tend to have more shared rooms and fewer single rooms.</i>	<i>Most low care facilities have single or 2 bed rooms.</i>	<i>Most new SRS have single rooms. Older SRS tend to have more shared rooms and fewer single rooms.</i>
<i>What types of bathroom and toilet facilities are there?</i>	<i>Most new high care facilities have either private ensembles for each room or shared between 2 rooms. Older high care facilities tend to have more communal bathroom facilities.</i>	<i>Most low care facilities have either private ensembles for each room or shared between 2 rooms.</i>	<i>Most new SRS have private ensembles. Older SRS tend to have more communal bathroom facilities.</i>
<i>Are these facilities purpose-built?</i>	<i>New high care facilities are purpose-built in keeping with the latest trends in care. Older high care facilities were often purpose-built at the time of construction, and others are converted homes.</i>	<i>New low care facilities are purpose-built in keeping with the latest trends in care. Older low care facilities were often purpose-built at the time of construction.</i>	<i>New SRS are purpose-built in keeping with the latest trends in care. Older SRS were often purpose-built at the time of construction, and others are converted homes.</i>
<i>Do facilities need to achieve accreditation*?</i>	<i>All high care facilities must achieve accreditation* to receive Commonwealth Government subsidies. Accreditation* is granted for up to three years. The period of accreditation reflects how well a facility has met the standards. Reports are available at the facilities or on the internet at http://www.accreditation.aust.com/</i>	<i>All low care facilities must achieve accreditation* to receive Commonwealth Government subsidies. Accreditation* is granted for up to three years. The period of accreditation reflects how well a facility has met the standards. Reports are available at the facilities or on the internet at http://www.accreditation.aust.com/</i>	<i>Accreditation* is not applicable to SRS as they receive no Commonwealth Government funding or subsidies. However SRS are required to meet standards established under the Health Services Act.</i>
Ownership and Operation			
<i>Who owns and operates the facilities?</i>	<i>The majority of high care facilities are privately owned and operated, but a substantial number are not-for-profit facilities run by church and community groups, local government and the public sector.</i>	<i>The majority of low care facilities are not-for-profit facilities run by church and community groups, with a smaller number run by local government and the public sector. However, there is an increasing number that are privately owned and operated.</i>	<i>Generally SRS are privately owned and operated.</i>

* For information about accreditation, fees, bonds and charges refer to Quality Care for Older Australians – Aged and Community Care Information Sheets. These can be obtained from the Commonwealth Department of Health and Ageing by ringing 1800 500 853.

	High Care Facilities	Low Care Facilities	Supported Residential Services (SRS)
Costs			
<i>Do facilities receive Commonwealth Government subsidies?</i>	<i>All high care facilities that have achieved accreditation* receive Commonwealth Government subsidies, on behalf of eligible residents who are subject to an income test. Subsidies are based on the care services provided to residents.</i>	<i>All low care facilities that have achieved accreditation* receive Commonwealth Government subsidies, on behalf of eligible residents who are subject to an income test. Subsidies are based on the care services provided to residents.</i>	<i>No Government subsidies received.</i>
<i>What sorts of fees are charged?</i>	<i>Daily fees* (income-tested) and accommodation charges* (asset-tested) which are legislated by the Commonwealth Government. Accommodation charges cannot be levied in a high care facility if the building is not certified.</i>	<i>Daily fees* (income-tested) and accommodation bonds* (asset-tested) which are legislated by the Commonwealth Government. Accommodation bonds cannot be levied in a low care facility if the building is not certified.</i>	<i>Daily fees are charged, but are not legislated by Government and vary significantly.</i>
Level of Care			
<i>What level of care is provided?</i>	<i>High care facilities care for people who need 24 hour high level nursing care due to degree of frailty, complexity of care, and/or advanced dementia.</i>	<i>Low care facilities care for people who are generally mobile but frail and require assistance with daily tasks and personal care. Some low care facilities continue to care for current residents whose needs increase to a high level of care; this is known as 'Ageing in Place'. This will be negotiated between the facility, the resident and their family on an individual basis in the best interests of the resident.</i>	<i>SRS are designed to cater for older or disabled people who either wish to live in supported accommodation or who need some support to maintain a reasonable degree of personal care and independence. Generally hostel-type care is provided.</i>
<i>What types of staff are employed?</i>	<i>A Director of Nursing is usually in charge. Division 1 and 2 registered nursing staff are also employed, as well as personal care workers.</i>	<i>A supervisor or manager is in charge – some are registered nurses. Personal care workers are also employed.</i>	<i>A manager or the owner is in charge – some are registered nurses. Personal care workers are also employed.</i>
<i>Is anyone on duty at night?</i>	<i>All high care facilities have staff who are actively on duty at night.</i>	<i>Most low care facilities have staff who are actively on duty at night. Some have only sleep-over staff who can be called in an emergency.</i>	<i>Most SRS have sleep-over staff on the premises who can be called in an emergency.</i>

* For information about accreditation, fees, bonds and charges refer to Quality Care for Older Australians – Aged and Community Care Information Sheets. These can be obtained from the Commonwealth Department of Health and Ageing by ringing 1800 500 853.

Residential care: What are the differences?

	High Care Facilities	Low Care Facilities	Supported Residential Services (SRS)
Ethno-Specific Care			
<i>Are there facilities that care for people from particular cultural/linguistic backgrounds?</i>	<i>All high care facilities generally care for people from culturally and linguistically diverse backgrounds. However, a few facilities are culturally/linguistically specific and therefore cater for people from particular backgrounds.</i>	<i>All low care facilities generally care for people from culturally and linguistically diverse backgrounds. However, a few facilities are culturally/linguistically specific and therefore cater for people from particular backgrounds.</i>	<i>All SRS generally care for people from culturally and linguistically diverse backgrounds. However, a few facilities are culturally/linguistically specific and therefore cater for people from particular backgrounds.</i>
<i>How are these facilities different to general care facilities?</i>	<i>Particular attention is paid to culture, religion, language and food.</i>	<i>Particular attention is paid to culture, religion, language and food.</i>	<i>Particular attention is paid to culture, religion, language and food.</i>
Dementia Care			
<i>Do facilities provide care for people with dementia?</i>	<i>Almost all high care facilities care for people with dementia, but vary in the type of management and programs provided. Some cater for people who actively seek to wander from the premises.</i>	<i>Almost all low care facilities care for people with dementia, but vary in the type of management and programs provided. Some cater for people who actively seek to wander from the premises.</i>	<i>A number of SRS care for people with dementia, but vary in the type of management and programs provided. Not many cater for people who actively seek to wander from the premises.</i>
Specialist Dementia Care			
<i>Are there such places as specialist dementia care facilities?</i>	<i>Yes – some high care facilities offer specialist dementia care in a separate unit for people who need a secure environment to prevent wandering from the premises. Specialist care to manage some challenging behaviours associated with dementia is also provided.</i>	<i>Yes – some low care facilities offer specialist dementia care in a separate unit for people who need a secure environment to prevent wandering from the premises. Specialist care to manage some challenging behaviours associated with dementia is also provided.</i>	<i>Although some SRS provide care for people with dementia, specialist dementia care such as that which is available at specialist dementia high care and low care facilities is not provided.</i>
	<i>NB Not all people with dementia require specialist dementia care.</i>	<i>NB Not all people with dementia require specialist dementia care.</i>	
<i>What types of trained staff are provided at these facilities?</i>	<i>Specialist dementia care units may have staff who are trained to care for people with dementia and who are actively on duty at night.</i>	<i>Specialist dementia care units may have staff who are trained to care for people with dementia and who are actively on duty at night.</i>	<i>Not applicable to SRS.</i>
<i>How long can people be cared for at these facilities?</i>	<i>People are usually cared for in specialist dementia care units until specialist care is no longer required.</i>	<i>People are usually cared for in specialist dementia care units until specialist care is no longer required.</i>	<i>Not applicable to SRS.</i>
<i>Is special 'approval' needed to receive care at these facilities?</i>	<i>An ACAS assessment and 'approval' for high level of care with a recommendation for specialist dementia care are required.</i>	<i>An ACAS assessment and 'approval' for low level of care with a recommendation for specialist dementia care are required.</i>	<i>Not applicable to SRS.</i>

	High Care Facilities	Low Care facilities	Supported Residential Services (SRS)
Specialist Psychogeriatric Care			
<i>Are there such places as specialist psychogeriatric care facilities?</i>	<i>Yes – a few high care facilities specialise in psychogeriatric care for people who need a secure environment to prevent wandering from the premises. They also provide specialist care to manage the more challenging behaviours associated with dementia, as well as for older people with psychiatric disabilities who need specialist psychogeriatric care.</i>	<i>Yes – a few low care facilities specialise in psychogeriatric care for people who need a secure environment to prevent wandering from the premises. They also provide specialist care to manage the more challenging behaviours associated with dementia, as well as for older people with psychiatric disabilities who need specialist psychogeriatric care.</i>	<i>Although some SRS provide care for people with dementia and psychiatric disabilities, specialist psychogeriatric care such as that which is available at psychogeriatric high care and low care facilities is not provided.</i>
<i>What types of trained staff are provided at these facilities?</i>	<i>Specialist psychogeriatric high care facilities have staff who are trained to care for people with a psychiatric disability and the more difficult behaviours associated with dementia. Staff are actively on duty at night.</i>	<i>Specialist psychogeriatric low care facilities have staff who are trained to care for people with a psychiatric disability and the more difficult behaviours associated with dementia. Staff are actively on duty at night.</i>	<i>Not applicable to SRS.</i>
<i>How long can people be cared for at these facilities?</i>	<i>People are cared for at specialist psychogeriatric facilities until specialist care is no longer required.</i>	<i>People are cared for at specialist psychogeriatric facilities until specialist care is no longer required.</i>	<i>Not applicable to SRS.</i>
<i>Is special ‘approval’ needed to receive care at these facilities?</i>	<i>An ACAS assessment and ‘approval’ for high level of care are required, but an Aged Persons Mental Health Service assessment and ‘approval’ are also necessary to access these facilities.</i>	<i>An ACAS assessment and ‘approval’ for low level of care are required, but an Aged Persons Mental Health Service assessment and ‘approval’ are also necessary to access these facilities.</i>	<i>Not applicable to SRS.</i>

Extra Service Facilities

There are a small number of high care and low care facilities which are approved by the Commonwealth Government to offer an extra service – this is not to be confused with extra care as standards of care are prescribed by the Commonwealth Government for all people in aged residential care. Extra Service Facilities offer a higher standard of accommodation, food and services at a higher charge.

For further information about Extra Service Facilities refer to Quality Care for Older Australians – Aged and Community Care Information Sheets. These can be obtained from the Commonwealth Department of Health and Ageing by ringing 1800 500 853.

What is good residential care?

Good residential care:

- ▶ provides for the person's needs
- ▶ respects the person's individuality
- ▶ promotes the person's independence
- ▶ provides a supportive environment for the person and their family and friends
- ▶ invites input from residents, their families and where appropriate their friends regarding the care and services they receive
- ▶ uses current care practices to support residents
- ▶ has an ongoing education program for its staff.

What should I look for in a good facility? **Checklist**

First impressions count – rely on your intuition and commonsense.

Facility 1

General comments:

Facility 2

General comments:

Facility 3

General comments:

Facility 4

General comments:

Facility 5

General comments:

Facility	1	2	3	4	5
1. What are your first impressions?	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
2. Are people welcoming and friendly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are your questions received positively?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do staff appear to treat residents and their visitors with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do meals appear to be varied and nutritious?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is family involvement such as sharing of meals, celebrations and so on encouraged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there areas for families to get together?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are there activities offered regularly that are of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do staffing arrangements, especially in late afternoon and night times, seem appropriate to residents' needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are nursing services available and is there access to health care professionals, such as GP, physiotherapist, dietician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the facility have a policy of information and support for the family/carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are assistance and support provided to carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is there a Residents or Relatives Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

How do I know that the facility will be able to provide the right care?

Take advice from a number of people including the Aged Care Assessment Service (ACAS). The service will assist you to match the person's care needs with particular aged care residential facilities, but cannot say that one place is better than another – it is your decision.

- ▶ Look up information about aged care residential facilities in books, journals, magazines in the library or see what's on the internet. If you do not have access to the internet yourself ask ACAS, your local library, a family member or friend to assist. Refer to "Useful contacts and publications" for websites.
- ▶ Ask to see brochures, annual reports and accreditation reports – these are available from the facility, from ACAS and on the internet <http://www.accreditation.aust.com/>
- ▶ Ask the person in charge of the facility how the particular care needs of the person you are caring for would be managed. Ask about programs or activities to promote continence, mobility and emotional and spiritual well-being.
- ▶ Check on the internet to see if there have been any audit reports <http://www.accreditation.aust.com/>
- ▶ Check on the internet to see if Commonwealth Government sanctions have been imposed <http://www.health.gov.au/acc/rescare/sanction.htm>
- ▶ Ask the person in charge if the facility has a policy to address safety issues which optimise the person's freedom. A certain amount of risk is inevitable to enhance a person's quality of life and freedom to express and enjoy him/herself.
- ▶ Ask if the facility has a policy about drug use and pain management. If so, will it meet the person's requirements? Is the facility, in consultation with the doctor, allowed to increase or change the person's medication without permission from the carer?
- ▶ What strategies are used to prevent falls? Is there a range of strategies to suit different needs?
- ▶ What strategies are used to manage people who may be exhibiting difficult behaviour? Do they try a range of behavioural, management and diversional strategies before medication, or are restraints such as bedrails or lapbelts used?
- ▶ Do they have expertise in managing people with communication difficulties?
- ▶ Do they take into consideration the person's past history?

7 *How to look for residential care*

What is available?

Most aged care residential facilities have waiting lists. The length of waiting lists varies, and some facilities may have current vacancies with no waiting lists – if the latter is the case you may wish to ask why this is so. The special needs of the person and their family usually determine their position on the waiting list.

Aged care residential facilities which offer good quality care in new purpose-built facilities are always in demand and generally have waiting lists.

The number of pension-level Supported Residential Services (SRS) is decreasing, thus making vacancies for this form of accommodation increasingly difficult to access.

How long will I have to wait for a vacancy in an aged care residential facility?

It is impossible to answer this question accurately unless a current vacancy exists at a facility. However, in most cases several months waiting time is not uncommon.

Vacancies occur when a resident moves to another facility or in the event of death.

The rate of vacancies varies. Facilities may have one or several vacancies within a week, or, alternatively, there may be no vacancies for 6 months or more.

Can I use respite care before deciding on permanent care?

The answer is yes.

Respite care:

- ▶ is a good way of getting to know the facility before accepting permanent care
- ▶ is available at most Supported Residential Services, most low care facilities and some high care facilities. However, special care needs must be taken into account when selecting a facility for a person with dementia who may wander from the premises
- ▶ needs approval from an Aged Care Assessment Service (ACAS) (see page 14 for details) for high care facility and low care facility respite care
- ▶ is limited to 63 days per financial year at Commonwealth funded facilities.

Information can be obtained from the Carer Resource Centre – national toll free information number 1800 242 636. Contact numbers for carer respite centres can also be obtained on this number. The National Dementia Behaviour Advisory Service provides telephone assistance to carers and workers caring for people with dementia and behavioural issues, accessing respite care – ring 1300 366 448 for the cost of a local call.

How do I find the right aged care residential facility?

- ▶ The Aged Care Assessment Service (ACAS) will identify whether high level, low level or Supported Residential Service care and accommodation is best for someone.
- ▶ Discuss with the Aged Care Assessment Service or the hospital social worker which are the most appropriate aged care residential facilities you should consider.
- ▶ Seek advice from others, such as your local doctor, family, friends and others who have experience with people currently living in residential care facilities.
- ▶ Visit a range of facilities.
- ▶ Consider factors such as location, access for your family and friends, public transport, culture, language, fees, and so on, as well as the standard and type of care provided at the facility.
- ▶ Look at accreditation reports. These are available at facilities, ACAS and on the internet on <http://www.accreditation.aust.com/>
- ▶ Where possible, choose a facility that you and your family feel confident will provide the best care.

How does a waiting list work?

A waiting list is a list of names of people who have requested that they be considered for a vacancy at the facility.

Waiting lists for aged care residential facilities generally do not operate on a “first in, first served” basis.

People are offered a vacancy on the basis of:

- ▶ need
- ▶ care requirements
- ▶ length of time on the waiting list
- ▶ suitability for that particular vacancy.

All high care and low care facilities maintain their own waiting lists. Some Aged Care Assessment Services (ACAS) assist facilities by maintaining a centralised managed waiting list for the aged care residential facilities in their region. Check with ACAS and ask what the procedures are for facilities in their region (see ACAS listings in “Useful contacts and publications”).

It is recommended that people’s names should not go on a waiting list unless they are prepared to accept a vacancy when one becomes available.

How many facility waiting lists should we go on?

How many facilities you choose will be influenced by particular circumstances such as:

- ▶ where the person is currently being cared for
- ▶ how urgent the situation is
- ▶ whether the person needs specialist care
- ▶ how far family and friends are able to travel to visit.

The following table provides general information about how many facilities you will be advised to choose:

The person's current care location	Choosing facilities	Considerations
Public Hospital	<ul style="list-style-type: none"> ▶ you may be asked to list a certain number of facilities within a particular period ▶ ask the social worker or the nurse unit manager what the hospital's policy is. <p><i>NB A person must be medically stable and no longer in need of acute care in order to be discharged to a facility.</i></p>	<ul style="list-style-type: none"> ▶ you may be required to accept the first vacancy that arises ▶ in some cases you may be asked to look at facilities that have existing vacancies.
Private Hospital	<ul style="list-style-type: none"> ▶ you may be asked to list a certain number of facilities within a particular period ▶ ask the social worker or the nurse unit manager what the hospital's policy is in this regard. <p><i>NB A person must be medically stable and no longer in need of acute care in order to be discharged to a facility.</i></p>	<ul style="list-style-type: none"> ▶ the number of facilities you are required to choose will depend on the particular hospital, arrangements with the hospital and entitlements from your health insurance.
Home	<ul style="list-style-type: none"> ▶ you are free to choose as many or as few facilities as you wish. 	<ul style="list-style-type: none"> ▶ you will need to consider how long the person can manage or be cared for at home and how long it may be before a vacancy becomes available at a facility.
Facility which asks the resident to leave.	<ul style="list-style-type: none"> ▶ you have the right to seek alternative accommodation that suits the resident's needs. 	<ul style="list-style-type: none"> ▶ the resident does not have to leave before suitable alternative accommodation is available that meets the assessed long-term needs and is affordable. The residential agreement (see page 28) with a Commonwealth funded facility will outline the responsibilities of both parties concerning relocation.
Facility which can cater for the resident's needs – but you would like to transfer the resident to another facility.	<ul style="list-style-type: none"> ▶ you are free to choose as many or as few facilities as you wish. 	<ul style="list-style-type: none"> ▶ how soon you wish the transfer to take place, access to other facilities, and the type of care they provide will influence your choice of facilities.

If the situation is **urgent**:

- ▶ you may need to consider temporary or interim residential care at a facility that has a vacancy or a short waiting list
- ▶ you may need to consider respite care
- ▶ ask your doctor or Aged Care Assessment Service if a hospital admission is advisable
- ▶ you may want to request consideration for a vacancy at a number of facilities – however, listing for many facilities that have long waiting lists may not hasten the availability of a vacancy.

If the person needs **specialist care**:

- ▶ you will need to find the particular facilities that can provide the required specialist care
- ▶ do not wait list for facilities that cannot provide the required care.

If family and friends who visit **cannot travel far** from home:

- ▶ you will need to list for facilities within travelling distance.

NB You should visit a range of facilities in order to choose the best of these.

How do I go about placing someone on a waiting list for an aged care residential facility?

- ▶ Make an appointment to have a look at a number of aged care residential facilities.
- ▶ After visiting these facilities choose the ones that are acceptable to you and your family.
- ▶ Let the facilities know of your intention to be placed on their waiting lists.
- ▶ Let your Aged Care Assessment Service or hospital social worker know of your request for consideration of a vacancy at particular facilities.

- ▶ Ensure that you return the required Application Forms and Statutory Declaration to the facilities – otherwise you may not be considered for a vacancy.
- ▶ Keep in regular contact with the places you have chosen.

Supported Residential Services generally do not keep waiting lists and do not have all of the aforementioned requirements. However, it is advisable to make appointments and visit a number of facilities before choosing.

26

What happens if there are no vacancies at the facility I prefer?

Sometimes circumstances occur where you may accept a vacancy at an aged care residential facility which is not one of your preferred choices.

Your family member or friend can remain on other facility waiting lists.

Keep in regular contact with the preferred facilities to ensure that they are aware that you are still interested in admission to their facility.

Be aware that once a person accepts a place in a facility their priority on the waiting list of their first choice may be diminished.

What happens when a vacancy at an aged care residential facility occurs?

The person in charge at the aged care residential facility will either ring you directly, or may choose to ring the relevant hospital worker if the person is in hospital. You may be asked to make a decision within hours as it is necessary that facilities keep full occupancy.

You or the relevant hospital worker will then be asked to arrange for the person to be transferred to the facility as soon as possible.

8

Residents' rights

28

All residents of Commonwealth Government funded facilities must be offered a residential agreement. This agreement should describe fees, conditions of tenure, the care and services residents are entitled to, and comments and complaints mechanisms. You do not have to sign the agreement. If you do not sign it, you are still protected by the provisions within it, and entitled to the services it describes.

All residents of Commonwealth Government funded facilities have rights in relation to their care, security and a homelike environment, privacy, dignity, respect, choice, individuality, participation and information. These rights are explained in the Charter of Residents' Rights and Responsibilities which should be displayed at facilities, is in the residential agreement, and can also be obtained in a book, "It's Your Right", from Residential Care Rights – a consumer advocacy organisation (see "Useful contacts and publications").

All Commonwealth Government funded facilities have standards with which they must comply in order to receive Commonwealth Government subsidies. The standards concern management, staffing and development, health and personal care, lifestyle, physical environment and safety. Copies of accreditation reports are available on the internet <http://www.accreditation.aust.com/> or alternatively through the ACAS and the aged care residential facilities.

Quality of life and care is a priority issue for residents of aged care services, the aged care industry and the Government. For the aged care industry to achieve continuous improvement it relies upon comments and complaints from residents and their representatives.

Residents have a right to complain without fear of reprisal. If, after moving into a facility you have concerns:

- ▶ firstly, try to resolve the issues with the person in charge or the facility management
- ▶ if there are ongoing issues you can contact Residential Care Rights and/or Complaints Resolution in regard to aged care residential facilities (see "Useful contacts and publications").

Residents in Supported Residential Services (SRS) also have a right to complain. If the issues cannot be resolved with the manager you can contact the SRS Advisor in your region (see "Useful contacts and publications").

9 Useful contacts and publications

Contacts

These details are correct at time of printing, but may change from time to time.

Contact details are also in:

- ▶ The “Age Page” in Telstra White Pages A–K and
- ▶ Aged and Community Care Information Sheet 23 “Useful Contact Numbers” from the Commonwealth Department of Health and Ageing on 1800 500 853.

Aged Care Assessment Service (ACAS)

Professional experts in aged care who assess people for care needs, support at home or residential care.

Barwon South Western Regional Area

Barwon ACAS (Geelong)	5279 2246
Warrnambool ACAS	5561 9351

Eastern Metropolitan Area

Eastern Suburbs ACAS (Forest Hill)	9881 1875
St George’s Assessment and Community Care ACAS (Kew)	9268 0566

Gippsland Regional Area

Gippsland ACAS (Traralgon)	5171 1435
----------------------------	-----------

Grampians Regional Area

Grampians ACAS (Ballarat)	5320 3740
---------------------------	-----------

Hume Regional Area

Wangaratta ACAS	5721 4933
Goulburn Valley ACAS	5831 8601

Loddon Mallee Regional Area

Bendigo ACAS	5444 6366
Mildura ACAS	5023 7511

Northern Metropolitan Area

Bundoora ACAS	9261 3100
Heidelberg ACAS	9496 2489
North West ACAS (Parkville)	8387 2211

Southern Metropolitan Area

Caulfield ACAS	9276 6314
Kingston ACAS (Cheltenham)	8587 0101
Mount Eliza ACAS	9788 1276

Western Metropolitan Area

North West ACAS (Parkville)	8387 2211
Western ACAS (St. Albans)	8345 1246

Contacts (continued)

Migrant Resource Centres and Ethnic Community Councils

Darebin (Preston)	9230 4337
Eastern Region (Blackburn)	9877 6467
Eastern Region (Mitcham)	9873 1666
Inner Western Region (Footscray)	9689 2888
Inner Western Region (Hoppers Crossing)	9748 3066
North Eastern Region (Preston)	9484 7944
Northern Metropolitan (Glenroy)	9306 5611
North West Region (St. Albans)	9367 6044
South Central Region (Moorleigh)	9576 4038
South Central Region (Oakleigh)	9563 4130
South Central Region (Pahran)	9510 5877
South Eastern Region (Dandenong)	9706 8933
Westgate Region (North Altona)	9391 3355
Albury Wodonga	(02) 6021 1844
Ballarat	5339 9817
Geelong West	5221 6044
Gippsland	5133 7072
Loddon Campaspe (Bendigo)	5441 6644
Shepparton	5831 2395
Sunraysia (Mildura)	5022 1006

Internet sites

Commonwealth Department of Health and Ageing
<http://www.health.gov.au/>

Aged and Community Care Division,
Commonwealth Department of Health and Ageing
<http://www.health.gov.au/acc/>

Aged and Community Care Division,
Commonwealth Department of Health and
Ageing – sanctions imposed
<http://www.health.gov.au/acc/rescare/sanction.htm>

Aged Care Standards and Accreditation Agency
<http://www.accreditation.aust.com/>

Rural and Regional Health and Aged Care Services
Division,
Victorian Government Department of Human Services
<http://www.dhs.vic.gov.au/acmh/>

Residential Care Support Network
<http://www.ozemail.com.au> – type Residential Care
Network in “Search” box.

Publications

A Guide to Services for Senior Victorians
Victorian Department of Human Services, 2002.

Aged Care – make the choices that are right for you
Commonwealth Department of Health and Ageing
(formerly Health and Family Services), 2002

DPS Guide to Aged Care Facilities
DPS Publishing, South Australia.

*Quality Care for Older Australians – Aged Care
Fact Sheets* (Ring the Commonwealth Department
of Health and Ageing on 1800 500 853 to
obtain free copies)

The “Age Page” in Telstra White Pages A–K

10 *Aged care residential facility application forms*

Aged Care Residential Facility

APPLICATION FOR ADMISSION

Personal Details
of the person who is to be wait listed for residential care

Please forward copies of this application to each aged care facility where you wish to be wait listed

*This general application will be accepted by many facilities. Some facilities may ask you to complete a different form. Please use **block letters** and where indicated place a **tick** in the appropriate box. On completion, keep the original form and forward a photocopy to the chosen facility/facilities.*

Person to be wait listed:

Family name: _____ Given names: _____
 Current address: _____
 Postcode: _____ Telephone: _____

Person completing the application:

If this is the person to be wait listed please write: **as above**

Family name: _____ Given names: _____
 Address: _____
 Postcode: _____ Telephone: (work) _____
 Telephone: (home) _____
 Mobile: _____
 Email address: (if applicable) _____
 Relationship to the applicant: _____

Correspondence relating to this application to be forwarded to:

If this is the same person who is completing the application please write: **as above**

Family name: _____ Given names: _____
 Address: _____
 Postcode: _____ Telephone: (work) _____
 Telephone: (home) _____
 Mobile: _____
 Email address: (if applicable) _____
 Relationship to the applicant: _____

Medicare and Health Insurance details**9** What is your Medicare number?

Number:

10 Are you a member of a health benefit organisation such as HBA, Medibank, etc? Yes No

Name of fund:

Membership number/table number:

Legal and financial management details**11** Have any of the following people been appointed on your behalf? Guardian Administrator Power of Attorney (Financial) Enduring Power of Attorney (Financial) Enduring Power of Attorney (Medical Treatment)If **yes**, please provide the name and address of person/organisation appointed

Family name:

Given names:

Address:

Postcode:

Telephone:

Other relevant details:

12 Have you made a will? Yes NoIf **yes**, please provide the name and address of person/organisation holding the will

Name:

Address:

Postcode:

Telephone:

Funeral arrangements**13** Have you made funeral arrangements? Yes NoIf **yes**, please provide the name and address of the funeral director to be notified

Name:

Address:

Postcode:

Telephone:

Please indicate your wishes:

Cremation

 Yes No

Burial

 Yes No

Any other arrangements:

Aged Care Residential Facility

FINANCIAL DETAILS

OF THE PERSON WHO IS TO BE WAIT LISTED FOR RESIDENTIAL CARE

Please forward copies of this application to each aged care facility where you wish to be wait listed

*This Financial Details form will be accepted by many facilities. Some facilities may ask you to complete a different form. Please use **block letters** and where indicated place a **tick** in the appropriate box. On completion, keep the original form and forward a photocopy to the chosen facility/facilities.*

Person to be wait listed:

Family name: _____ Given names: _____
 Current address: _____
 Postcode: _____ Telephone: _____
 Marital status: Married Widowed DeFacto Divorced Single Separated

Person completing this form:

If this is the person to be wait listed please write: **as above**

Family name: _____ Given names: _____
 Address: _____
 Postcode: _____ Telephone: (work) _____
 Telephone: (home) _____
 Mobile: _____
 Email address: (if applicable) _____
 Relationship to the applicant: _____

Financial correspondence relating to this application to be forwarded to:

If this is the same person who is completing the application please write: **as above**

Family name: _____ Given names: _____
 Address: _____
 Postcode: _____ Telephone: (work) _____
 Telephone: (home) _____
 Mobile: _____
 Email address: (if applicable) _____
 Relationship to the applicant: _____

Financial details of the person who is to be wait listed for a high or low care facility

- 1 The information to be provided in the following pages will be used by the aged care residential facility to determine the financial status of the person who is to be wait listed, with particular reference to the assessment of:
 - 1.1 Whether the resident is a concessional or assisted resident according to Commonwealth guidelines.
 - 1.2 The amount of accommodation bond/accommodation charge to be paid by the resident.
- 2 Married/defacto applicants should answer all questions by including all assets owned by both partners. The aged care residential facility will then halve the couple's total assets to determine the applicant's assets. Assets include the net value of a person's property, including property outside Australia. If the person is a member of a couple, the value of the person's assets is half the value of the couple's combined assets. When a person owns an asset jointly with someone other than their spouse, only their share of the net asset is taken into account. In some cases the resident's home is exempt from the assets' test (see next page under Property Assets).
- NB In the case of **applications for couples** separate Financial Details and Statutory Declarations must be completed for each partner.
- 3 All information provided will be kept confidential by the aged care residential facility. Unless ordered by a court the facility will not disclose the information provided in this form to any other body to use for any other purpose.
- 4 Please read and complete the document in full. It is important that the information is both accurate and complete. If there is insufficient space in any section please provide additional information on an attached sheet.
- 5 Note that the completed Statutory Declaration must be witnessed by a Justice of the Peace or other lawfully qualified person. The provisions of an Act of the Parliament of Victoria render persons making a false declaration punishable for wilful and corrupt perjury.
- 6 The aged care residential facility reserves the right to require the applicant to provide evidence to support any matters contained in their Declaration.
- 7 On completion of the Financial Details and Statutory Declaration copies should be placed in a sealed envelope and hand delivered or posted to the nominated aged care residential facility/facilities. Keep the original which you will need to make available to the facility upon being offered care.

1 The value of a person’s home will be excluded as an asset if, when the person enters care:

- ▶ the person’s **spouse** or **dependent child** is living in it;
- ▶ a **carer** who is eligible for a pension or other income support payment has lived there for **two years**, or
- ▶ a **close relative** who is eligible for a pension or other income support payments has been living there for at least **five years**.

The following information is required to enable aged care residential facilities to determine whether the potential resident will be requested to pay an accommodation bond or charge.

a) Do you own or part own the house, unit or flat in which you normally live? Yes No

If **yes**, please provide the following information in regard to the property:

Address:

Share of the property owned by you (eg 100%, 50%): % Current market value of property: \$

b) Do you have a spouse or dependent child living in your home? Yes No

If **yes**, please indicate: Spouse Dependent child

c) Have you had a carer who is eligible for a pension or other support payment living in your home for at least the past two years? Yes No

d) Have you had a close relative who is eligible for a pension or other income support living in your home for at least five years? Yes No

2 Have you disposed of any property in which you were living in the past two years? Yes No

If **yes**, please state amount received and location/suburb of property: Amount \$

Location/suburb:

3 Do you own, or part own any other residential or commercial property? Yes No

If **yes**, please state details for each additional property: Location/suburb of property:

Share of the property owned by you (eg 100%, 50%): % Current market value of property: \$

Is the property mortgaged? Yes No

4 If you have money and/or investments please indicate balances at the date of this declaration.

Bank Account and Other Investments	Total Amounts
Rollover Funds	\$
Savings Bank Accounts	\$
Cheque Accounts	\$
Fixed or Term Deposits	\$
Shares	\$
Debenture Stock	\$
Friendly Society/Building Society/Credit Unions	\$
Government or Semi-Government Bonds	\$
Property Trusts	\$
Managed Trusts	\$
Loans	\$
Family Loans	\$
Coin/Art/Antique Assets/Stamp Collections, etc	\$
Other investments – please detail on an attached sheet	\$
Other Assets of Value not shown above including any assets or funds disposed of since August 1996	\$

5 Have you any loans to repay? Yes No

If **yes**, please state amount and give details: Amount \$

Details:

6 Have you paid an accommodation bond to another facility? Yes No

If **yes**, please provide the following details:

Name of facility: Amount of bond: \$

Date accommodation bond paid (where applicable): Length of time in facility:

7 Do you own a car, boat or caravan? Yes No

If **yes**, please state total value: \$

8 What is the estimated value of your other personal possessions, including household items (do not use replacement value)? Estimated value \$

9 Do you have a life insurance policy? Yes No

If **yes**, please state surrender value: \$

10 Do you have superannuation from which lump sum amounts can be withdrawn? Yes No

If **yes**, please state amount of lump sum allowed: \$

Applicant (ie. person to be wait listed)

Family name: _____ Given names: _____

I, Name: _____

of Address: _____

Postcode: _____ in the State of Victoria, _____ (Occupation)

sincerely declare that the answers to all the questions in regard to the Financial Details of myself, or on behalf of the applicant, that the information therein is to the best of my belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. I agree that to allow the accurate determination of my financial status, I will provide further information or proof upon request.

AND I make this solemn declaration conscientiously believing that same to be true and by virtue of an ACT of the Parliament of Victoria rendering persons making a false declaration punishable for wilful and corrupt perjury.

Signature of or on behalf of applicant: _____

Declared at _____ in the State of Victoria

this _____ day of _____ 19 _____

Before me: _____

(To be signed by a Justice of the Peace or such other person – as listed below – having power to take a declaration within Victoria)

Who can witness the statutory declaration?

- ▶ A pharmacist
- ▶ A legally qualified medical practitioner
- ▶ A dentist
- ▶ A member of the police force
- ▶ The Sheriff or a Deputy Sheriff
- ▶ A councillor of a municipality
- ▶ A town clerk or shire secretary
- ▶ A veterinary surgeon
- ▶ A principal in the teaching service
- ▶ The manager of a bank
- ▶ A minister of religion authorised to celebrate marriages
- ▶ A member of the Institute of Chartered Accountants in Australia/Australian Society of Accountants/National Institute of Accountants
- ▶ A member or former member of either House of the Parliament of Victoria or of the Commonwealth
- ▶ A current practitioner under the Legal Practice Act 1996
- ▶ A Justice of the Peace or Bail Justice