

Aged and Home Care

Residential Services

Public Hospital Monthly Return

129 S5



Refer to the Agency Information Management System Manual for instructions on completing this form.

Agency:	Aged Care Facility:	
Output:	Period:	Year:

Part A: High And Low Care Services

HIGH CARE SERVICES (Exclude Complex Care) Resident Classification Scale	Residents (at end of month)	Resident Days (during the month)
1 RCS 1		
2 RCS 2		
3 RCS 3 (Exclude Respite Care)		
4 RCS 4		
5 RCS 5		
6 RCS 6		
7 RCS 7		
8 RCS 8		
9 New Permanent Residents		
10 Respite Care (RCS 3)		
11 TOTAL (= 1 to 10)		
Supplementary Information (included in above totals)		
12 Concessional or Assisted Residents		

LOW CARE SERVICES Resident Classification Scale		
13 RCS 1		
14 RCS 2		
15 RCS 3		
16 RCS 4		
17 RCS 5		
18 RCS 6 (Exclude Respite Care)		
19 RCS 7		
20 RCS 8		
21 New Permanent Residents		
22 Respite Care (RCS 6)		
23 TOTAL (= 13 to 22)		
Supplementary Information (included in above totals)		
24 Concessional or Assisted Residents		

Part B: Complex Care Services

HIGH CARE SERVICES COMPLEX CARE Resident Classification Scale	Residents (at end of month)	Resident Days (during the month)
25 RCS 1		
26 RCS 2		
27 RCS 3		
28 RCS 4		
29 New Permanent Residents		
30 TOTAL (= 25 to 29)		
31 Concessional or Assisted Residents		

Part C: Transitional Supplements

TRANSITIONAL SUPPLEMENTS		Resident Days (during the month)
32 For Facilities with between 1–10 Places		
33 For Facilities with between 1–20 Places		
34 For Facilities with between 1–30 Places		

Note:

* This should equal the total number of resident days being reported for the facility for high care services

Part D: Resident's Indigenous Status

Australian Aboriginal or Torres Strait Islander Residents*

	High Care Services	Low Care Services	Complex Care Services
35 Aboriginal			
36 Torres Strait Islander			
37 Sub Total			
38 Total Australian Aboriginal or Torres Strait Islander Residents (end of month)			

* For Persons of both Australian Aboriginal and Torres Strait Islander origin, mark both boxes and count as one person in sub total.

Part E: Resident's Country Of Birth

	High Care Services	Low Care Services	Complex Care Services
39 Australia			
40 England			
41 New Zealand			
42 Italy			
43 Vietnam			
44 Scotland			
45 Greece			
46 Germany			
47 Philippines			
48 Netherlands			
49 Other (Please specify numbers)			
50 Sub Total (=39 to 49)			
51 Total Residents who WERE NOT born in Australia (end of month)			

Part F: Resident's Main Language Other Than English

(If more than one language, indicate the one that is spoken most often)

	High Care Services	Low Care Services	Complex Care Services
52 English			
53 Italian			
54 Greek			
55 Cantonese			
56 Mandarin			
57 Arabic			
58 German			
59 Spanish			
60 Vietnamese			
61 Other (Please specify numbers)			
62 Sub Total (=52 to 61)			
63 Total Residents whose main language IS NOT English (end of month)			
Signed (Chief Executive Officer):		Date:	