

**James Brown Memorial Trust**



*Kalyra Belair Aged Care  
Kalyra McLaren Vale Aged Care  
Kalyra Woodcroft Aged Care  
Kalyra Heights Village  
James and Jessie Brown Cottages*

April 2012

ABN 15 447 235 771

In response to your enquiry regarding permanent Residential Care, please complete and sign the enclosed forms and return to me as soon as possible.

- Aged Care Client Record (ACCR) – full copy
- New Resident Application Information
- Health Summary from GP
- Personal Information Consent Form
- Centrelink/DVA Assets Assessment
- Copy of Enduring Power of Attorney/Guardian

When the above forms are completed, signed and returned, we will register the name of the person/s requiring care on our active waiting list.

**Unless contact is made every month, it will be assumed accommodation has been found elsewhere and your application will be withdrawn.**

If your circumstances change or you have other queries, please do not hesitate to contact me on 8322 4099.

Terry Wilby  
**Director of Care**  
**Kalyra Woodcroft Aged Care**

54 Woodcroft Drive  
Morphett Vale  
South Australia 5162

Telephone (08) 8322 4099  
Facsimile (08) 8322 3576  
website: [www.jamesbrown.org.au](http://www.jamesbrown.org.au)  
email: [kalyrawoodcroft@jamesbrown.org.au](mailto:kalyrawoodcroft@jamesbrown.org.au)

Fully Accredited by the Aged Care Standards and Accreditation Agency and the Australian Retirement Village Scheme

James Brown Memorial Trust



**NEW RESIDENT APPLICATION INFORMATION**

**PLEASE ATTACH COPY OF ACAT ASSESSMENT, MEDICARE AND PENSION CARDS**

First name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: Male  Female  Primary Language \_\_\_\_\_ Country of birth \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Medicare card Holder No. \_\_\_  Copy Attached

Name on Medicare Card: \_\_\_\_\_ Medicare Expiry Date: \_\_\_\_\_

Pensioner Status: Full Pensioner  Part Pensioner  Non Pensioner

Centrelink Number: \_\_\_\_\_ or DVA Number: \_\_\_\_\_  Copy Attached

Name of Private Health Fund: \_\_\_\_\_ Full cover  Extras only

Membership Number: \_\_\_\_\_

Transport – Access Cab Number : \_\_\_\_\_

Ambulance No: \_\_\_\_\_

Diabetic Association Number: \_\_\_\_\_

Nominated Hospital: \_\_\_\_\_

Next of Kin: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address 1 : \_\_\_\_\_

Address 2: \_\_\_\_\_

Suburb: \_\_\_\_\_ State/post code \_\_\_\_\_ Country \_\_\_\_\_

Next of Kin Telephone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile Contact: \_\_\_\_\_

Next of Kin relationship: \_\_\_\_\_

Next of Kin email address: \_\_\_\_\_

Enduring Power of Attorney Name: \_\_\_\_\_

Enduring Power of Attorney phone number: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Phone Number: Home \_\_\_\_\_ Work: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Secondary Contact relationship: \_\_\_\_\_

Funeral Arrangements: \_\_\_\_\_ Funeral Director: \_\_\_\_\_

Allergies: \_\_\_\_\_ Diet: \_\_\_\_\_

General Practitioner: \_\_\_\_\_

General Practitioner Surgery Telephone Number: \_\_\_\_\_ After hours \_\_\_\_\_

TYPE OF ACCOMMODATION REQUIRED

MEMORY SUPPORT UNIT

NON MEMORY SUPPORT UNIT

ASSESSMENT

AMBULATION

No assistance

Help of one person

Walking stick

Help of two people

Walking frame

Immobile

SHOWERING/GROOMING

No Assistance

Supervision/Some assistance

Full Assistance

DRESSING

No assistance

Full assistance

Supervision/Some assistance

EATING

No assistance

Some assistance

Supervision

Full assistance

Special Diet: Specify .....

BLADDER

No incontinence

Occasional incontinence

day  night

Frequent incontinence

Catheter

BOWEL

No incontinence

Occasional incontinence

Frequent incontinence

MENTAL FUNCTION

Complete orientation

Short term memory loss

Marked confusion

Unable to comprehend present life situation

**BEHAVIOURAL PROBLEMS**

[ ] No [ ] yes

Specify .....

.....

[ ] Wanders

**COMMUNICATION**

Eyesight .....

Hearing .....

Speech .....

Comprehension .....

**BRIEF HISTORY OF ANY RECENT ILLNESS**

.....

.....

**KNOWN MEDICAL CONDITIONS**

.....

.....

**SOCIAL HABITS**

No smoking is permitted.

Drinking - average amount per day .....

Signed ..... Date .....



## FINANCIAL INFORMATION

Under the Aged Care Act of 1997, residents entering high or low care are required to pay 2 types of payments if they are otherwise eligible.

### Accommodation payments

- Accommodation bond (for low care)
- Accommodation charge (for high care)

### Fees

- Basic care fee (for high and low care)
- Income tested fee (for high and low care)

## A ACCOMMODATION BOND – LOW CARE RESIDENTS

An accommodation bond is an amount payable for entry to low care where a resident has assets valued at over the minimum assets amount, currently \$40,500 single or \$81,000 for a couple (effective 20/3/12). It is in addition to the daily care fee and income tested fee that may apply (refer sections C and D).

James Brown Memorial Trust's maximum accommodation bond is currently \$425,000. The actual accommodation bond payable is calculated by deducting the minimum assets amount from the resident's total assets value. If that net value is:

- Less than \$425,000, then the accommodation bond is the calculated value.
- Greater than \$425,000, then the accommodation bond is \$425,000, unless paying a higher bond is financially beneficial to the resident and the resident has received independent financial advice

Residents who do not meet the asset requirement are classified as supported residents and will not be asked to pay an accommodation bond.

Prospective residents are required to provide an asset assessment (please refer Section G) to enable James Brown Memorial Trust to determine their eligibility to pay and the amount of the accommodation bond.

A resident's house is excluded from the asset calculation in the following circumstances:

- If the resident's partner or dependent child is living in it
- If a carer of the resident has been living there continuously for the past 2 years and is eligible to receive an income support payment at the time the resident enters the facility
- If a close relation has been living there continuously for the past 5 years and is eligible to receive an income support payment at the time the resident enters the facility

For married couples, the value of the resident's assets is half the value of the couple's combined assets, irrespective of which partner's name the assets are listed in.

### Accommodation Bond Retention Amounts

Retention amounts are deducted from an accommodation bond balance for each month or part of a month for the period that the resident is in a facility, for a maximum of 5 years.

At the end of the 5 year period, no further retention is deducted from the balance of the accommodation bond but this amount remains with the provider and is refunded to the resident upon departure or to the estate (providing probate had been granted).

For residents who enter a facility from 1/7/11 and enter into an accommodation bond agreement, the maximum monthly retention amount is calculated as follows:

- \$159.00 per month is the maximum monthly retention amount for accommodation bonds of up to \$19,080.
- The maximum monthly retention amount for accommodation bonds above \$19,080 but not more than \$38,160 is calculated by taking 10% of the bond amount, then dividing the result by 12.
- \$318.00 per month is the maximum monthly retention amount for accommodation bonds of more than \$38,160.

#### Payment Options for Accommodation Bonds

There are 3 methods by which residents can pay an accommodation bond:

- Lump sum payment
- Periodic payment
- Combination of lump sum and periodic payment

Accommodation bonds not paid on admission date attract interest at the maximum permissible interest rate advised by the government and is charged from date of admission up to the date of receipt of payment by James Brown Memorial Trust.

#### Refund of Accommodation Bonds

The accommodation bond balance must be refunded if the care recipient dies or leaves the facility, other than on approved leave.

If the care recipient is moving to another residential care facility, the accommodation bond balance must be refunded on the day the care recipient leaves the facility, provided that the care recipient or their representative notified the provider of the move at least 14 days before their departure.

If the care recipient is moving to another residential care facility, and did not notify the provider of the move at least 14 days before their departure, the accommodation bond balance must be refunded within 14 days of notification.

If the care recipient dies, the accommodation bond balance must be refunded within 14 days after being shown Probate or Letters of Administration. Please note this applies to accommodation bonds both in low care and where the accommodation bond has been transferred to high care.

If a care recipient leaves the facility to return home, the Accommodation Bond must be refunded within 14 days after the care recipient leaves.

A care recipient who leaves a residential care facility, other than on leave, may agree with the provider to delay refunding the accommodation bond balance, on the following conditions:

- If the care recipient seeks re-entry to the facility, the approved provider must allow the care recipient to enter the facility if there are any places vacant, and the care recipient is an approved care recipient; and
- An accommodation bond is not payable in respect of the second entry, that is, the recipient must not be charged another accommodation bond.

If the accommodation bond balance is carried over in this way, retention amounts must not be deducted for the period from the day when the recipient leaves and the day they re-enter the facility (inclusive), and this period does not count towards the five years for which retention amounts can be deducted.

## B ACCOMMODATION CHARGE – HIGH CARE RESIDENTS

An accommodation charge is a daily amount payable for entry to high care where a resident has assets valued at over the minimum permissible asset value, currently \$40,500. It is in addition to the daily care fee and income tested fee that may apply (refer sections C and D).

- For residents who enter aged care after 20/3/12, the maximum accommodation charge is \$32.58 per day. If an incoming resident has assets of between \$40,500 and \$108,266.40, a sliding scale applies. If an incoming resident has less than \$40,500, then no accommodation charge applies.
- For residents who first enter aged care between 1/7/04 and 19/3/08, the maximum accommodation charge is \$20.82 per day. If an incoming resident has assets of \$78,497, the maximum charge is payable. If an incoming resident has assets of between \$40,500 and \$78,497, a sliding scale applies. Residents who have assets below \$40,500 are classified as supported residents and will not be asked to pay an accommodation charge.
- For residents who first enter aged care before 1/7/04, the maximum accommodation charge is \$17.71 per day which will apply for a maximum of 5 years. If an incoming resident has assets of \$72,821, the maximum charge of \$17.71 per day is payable.

Prospective residents are required to provide an asset assessment (please refer Section H) to enable James Brown Memorial Trust to determine their eligibility to pay and the amount of the accommodation charge.

## C BASIC CARE FEE – HIGH AND LOW CARE RESIDENTS

The current maximum rates for residential care fees for residents who first enter aged care from 20/9/11 are:

Standard resident contribution	-	\$41.71 per day
Protected resident contribution	-	\$38.07 per day
Phased resident contribution	-	\$40.72 per day
Respite contribution	-	\$41.71 per day

These rates are indexed in line with pension increases usually in March and September.

## D INCOME TESTED FEE – HIGH AND LOW CARE RESIDENTS

Income tested fees may be payable by residents entering care after 1/3/98 based on an assessment of their income by Centrelink or the Department of Veterans' Affairs (DVA). Income tested fees apply from the resident's admission (including any pre-entry leave days).

The current maximum daily income tested fees are (effective 20/3/12):

Full Pensioners	Nil
Non Pensioners	up to \$67.04 per day

## E RESIDENTS MOVING FROM LOW CARE TO HIGH CARE

Residents moving from low care to high care will be asked to provide an asset assessment to enable the James Brown Memorial Trust to assess their eligibility to pay an accommodation charge at the time of admission to high care.

Where a resident is moving from low care to high care and has paid an accommodation bond in low care, the option of either refunding or rolling over an accommodation bond to high care shall be at the James Brown Memorial Trust's discretion.

## F RESIDENTIAL CARE SERVICE AGREEMENT

A Residential Care Service Agreement between the Trust and the resident is required to be signed by the resident or their representative, which details the amount of the accommodation bond or charge and when it is payable. The Aged Care Act requires the Trust to complete the Agreement within 3 weeks of date of entry.

## G ASSETS ASSESSMENT – LOW CARE RESIDENTS

Net Asset Value Assessed to be < \$425,000 (ie. \$384,500 less \$40,500)

Applicants whose net assets are assessed as being less than \$425,000 are required to submit a 'Request for an Assets Assessment' to either Centrelink or Department of Veteran's Affairs.

Net Asset Value Assessed to be > \$425,000 (ie. \$465,500 less \$40,500)

Applicants whose net assets are assessed as being more than \$425,000 and do not wish to disclose their assets, may sign a declaration form (available from James Brown Memorial Trust's Accountant) stating that they are able to pay the \$425,000 accommodation bond. Alternatively, applicants may complete the Centrelink/DVA assets assessment form.

It may be financially beneficial to the applicant to pay an accommodation bond in excess of \$425,000. Paying a higher accommodation bond may assist with receiving Centrelink benefits, because bonds are exempt from Centrelink income and assets tests. Therefore, a resident may maintain eligibility or become eligible for a part or full pension upon paying a higher accommodation bond. Additionally, if an income tested fee is payable, this may be reduced or eliminated.

If an incoming resident's net assets are assessed as being more than \$425,000, they will be contacted by James Brown Memorial Trust staff to discuss the possibility of paying a higher accommodation bond. A higher accommodation bond will only be received by the Trust when it is financially beneficial to the resident and the resident has received independent financial advice.

Centrelink or DVA assets assessment forms are available from Aged Care Assessment Teams, Aged and Community Care Information line (phone 1800 500 853) and the Department of Health & Ageing website.

## H ASSETS ASSESSMENT – HIGH CARE RESIDENTS

For residents who first enter aged care after 20/3/12:

Net Asset Value Assessed to be < \$67,766 (ie \$108,266 less \$40,500)

Applicants whose net assets are assessed as being less than \$67,766 are required to submit a 'Request for an Assets Assessment' to either Centrelink or Department of Veteran's Affairs.

Net Asset Value Assessed to be > \$67,766 (ie \$108,266 less \$40,500)

Applicants whose net assets are assessed as being more than \$67,766 and do not wish to disclose their assets, may sign a declaration form (available from James Brown Memorial Trust's Accountant) stating that they are able to pay the maximum accommodation charge. Alternatively, applicants may complete the Centrelink/DVA assets assessment form.

Centrelink or DVA assets assessment forms are available from Aged Care Assessment Teams, Aged and Community Care Information line (phone 1800 500 853) and the Department of Health & Ageing website.

## FURTHER INFORMATION

For further information, please refer to the Aged Care Act 1997 and James Brown Memorial Trust's Residential Care Services Agreement.

For enquiries regarding

- general admission
- admissions for high and low care
- high and low care waiting lists
- low care respite

Please contact       Natasha Forward, Director of Care, Kalyra Belair Aged Care, Belair  
Adele Tilley DOC, Kalyra McLaren Vale Aged Care, McLaren Vale  
Terry Wilby DOC, Kalyra Woodcroft Aged Care, Morphett Vale

For enquiries regarding

- Independent retirement village living at Kalyra Heights Village

Please contact Village Manager, Kalyra Heights Village, Belair

For enquiries regarding

- Financial arrangements for new and transferring residents
- Payments/refunds of accommodation bonds and charges
- Residential Care Service Agreements
- Assets Declaration form
- Fortnightly care fees
- Income tested fees

Please contact       Alan Mousley, Senior Accountant

For queries regarding

- Resident trust accounts

Please contact       Accounts Payable Officer, Kalyra Belair Aged Care, Belair  
Receptionist, Kalyra McLaren Vale Aged Care, McLaren Vale  
Finance Officer at Kalyra Belair for Kalyra Woodcroft, Morphett Vale

Please note that fees and charges change in line with legislation and the bond amounts are reviewed regularly by James Brown Memorial Trust and may change without further notice. The prevailing accommodation bond/charge amount at the time of admission will apply to the resident.



## **PRIVACY STATEMENT**

The James Brown Memorial Trust (“the Trust”) values your privacy. This privacy statement is a summary of the way in which the Trust handles information about individuals.

The Trust is an entity that adheres to the National Privacy Principles contained in the Privacy Act, 1988 that became effective on December 21, 2001. A copy of the National Privacy Principles is available for viewing from the Trust at its Belair offices and from the Office of the Federal Privacy Commissioner.

In order that we may properly attend to your needs we will need to request information from you that may be of a personal nature. The Trust understands and respects your right to privacy and this document has been prepared to advise you of how we deal with information that we collect about you. If you want to know more, please contact our Privacy Officer, Mr Dennis Chamberlain, CEO, on (08) 8 278 5444.

### **What information about you do we collect?**

Prior to or at the time of your admission we will be asking questions about you to assist in the provision of our services to you. We collect personal information directly from individuals where possible. However, in some circumstances we may collect the information from organisations that refer individuals to us, from health service providers, or from relatives of the individual. We do this in order to have information to provide our services to you. The information may include, but is not necessarily limited to, the following:

- Your name and address details, date of birth and other contact details;
- Details of your medical practitioner(s) and other health care professionals;
- Information with respect to your current health and your medical history;
- Financial information including health insurance details;
- Details of family members including spouse, next of kin, relatives, guardians and persons we may need to contact in an emergency;
- Other applicable health information and personal information to provide service to you as residents.

The main purpose as to why we collect this information is to enable us to provide services to you. The information may also be used for internal business purposes such as quality assurance.

While you are receiving services from us we may also be recording information about you that is necessary for us to provide services to you.

### **What do we do with the information we collect?**

Any information that we may collect about you is placed on a file which is kept secure at all times. We endeavour to ensure that only people who need to provide services for you access your file. The information we collect is used to help us in providing a service to you.

## **Who has access to the information collected?**

Only those people who need to refer to your file will have access. This will include staff who attend on you. Staff and others who may from time to time need to refer to your file to assist in providing services to you. This may include some people who are not staff of our organisation but whom it is necessary for us to discuss your case in order to properly provide a service to you.

The Trust will only disclose personal information outside of its operations to other health service providers as part of the provision of health services; to relatives, guardian or attorneys unless you request us to not disclose information to them; to contractors or agents who we engage as part of our provision of services to you, or to organisations that provide services to us such as our legal advisers; to government agencies that provide funding, to other aged care service providers that provide or may provide services related to our residents.

## **How is information about me protected?**

All personal information held about you will be continually supervised and securely stored. Only authorised staff will have access to your records while we hold the information.

## **Can I access my records?**

You may at any time request access to information we hold about you and, under the National Privacy Principles, you have a right to access personal information held about you, and to contact or update the information if you can confirm that it is not correct. A request for access is required in writing. Please contact our Privacy Officer (refer contact details below) for the process to request information. We may require you to provide proof of identity before information is released and/or access under supervision may apply in some circumstances.

The Trust may refuse a request for release of or access to information, because if, in the opinion of the Privacy Officer, the request is vexatious or frivolous; or if the purpose is for obtaining information which may be used against the organisation in legal proceedings; or if the release of information is prevented by law or which is likely to prejudice lawful enquiries. Furthermore, information will not be released if the release of such information is likely to endanger the life, health or safety of any individual, including the person requesting the information and the person about whom release of the information is sought

## **What if I require further information?**

If you wish to know more about how we deal with Privacy Issues please speak to our Privacy Officer or refer to our Privacy & Confidentiality Policy. It is available for you to read at your request.

Our contact details are:

Privacy Officer: Mr Dennis Chamberlain, CEO  
James Brown Memorial Trust  
PO Box 196  
Blackwood SA 5051

Telephone: (08) 8278 5444  
Fax: (08) 8278 3944  
E-Mail: trust@jamesbrown.org.au

**PERSONAL INFORMATION CONSENT  
(RESIDENTIAL)**

FORM NUMBER	A 68
ISSUE NO	2
FIRST ADOPTED	January 2001
THIS REVIEW DATE	March 2010
NEXT REVIEW DUE	March 2012

I consent to James Brown Memorial Trust collecting Personal Information about me or about the person I am representing. I understand that the collection of this information is required for use in providing services to me or to the person I am representing.

I understand the organisation may use the information for purposes related to their services, and may disclose information to other persons such as specialist medical practitioners or organisations which require the information to provide services directly related to the services being received. I have no objection to this.

Specifically, I do not wish the following persons to have information disclosed to them:

.....  
.....  
.....

I consent to information about the organisation’s services, products, fund raising and other activities being sent to me.  Yes  No

I have signed this consent on the basis that:

- (a) I have read James Brown Memorial Trust’s Privacy Statement, which explains what information the organisation collects and how it uses and protects this information;
- (b) I am aware that I may ask to read the organisation’s Privacy and Confidentiality Policy at any time; and
- (c) I believe that I fully understand my rights to privacy in respect of information collected, used and disclosed about me (or about the person I am representing) and my rights of access to that information.

Signature of Resident or Representative: \_\_\_\_\_

Date:     /     /