

**Application for Admission
(Residential Care) 入住療養院申請**

Applicant's Last Name:

First Name:

申請人中文姓名:

FOR OFFICE USE

Date form received:

Ref No:

In order to help us to review your application and determine if our homes can meet your personal needs, please do the following steps:

- Complete this application form (RS6005);
- Complete Nomination of Authority & Contact Details form (RS6009) and
- submit both forms together with related supporting documents.

為了幫助我們審查您的申請,並確定我們的療養院服務能滿足您的個人需求,請按照以下步驟:

- 填寫此申請表格(RS6005)
- 填寫提名授權和聯繫方式表格(RS6009),
- 連同相關支持文件一起提交。

A guide to completing your application

完成申請的指南

How do I submit my application?

Please send your completed application to 60 Weldon Street, Burwood NSW 2134 or email to applications@anhf.org.au

What happens next?

We will contact you to acknowledge receipt of your application. Our team will call you to discuss your application. If the nursing home you selected is able to meet your needs but does not have an appropriate bed available, we will place your application on a waiting list. Please do not hesitate to contact us on (02) 9784 0863 if you have any questions.

如何提交申請？

- 完成申請表後，請交回 60 Weldon Street, Burwood NSW 2134 或發送電子郵件至 applications@anhf.org.au

接下來發生什麼？

- 我們將與您聯繫以確認收到您的申請。
- 我們的團隊會打電話給您討論您的申請。
- 如果您選擇的療養院能夠滿足您的需求，但該沒有合適的床位，您的申請將被列入候補名單。
- 如果您有任何問題，請隨時與我們聯繫: (02) 9784 0863 或發送電子郵件至 applications@anhf.org.au



Application Date:

申請日期：

Part A Which facilities are you interested in?

您對哪間療養院感興趣？

1. Bernard Chan Nursing Home 陳秉達療養院 (Burwood)

2. Chow Cho-Poon Nursing Home 周藻泮療養院(Earlwood)

3. Huang Ying Jung Nursing Home 黃應榮療養院(Gordon)

4. Lucy Chieng Aged Care Centre 錢梁秀容療養院(Hurstville)

5. ANHF Thornleigh Nursing Home(Thornleigh)

Please list all nursing homes in order of preference of your choice, e.g. 3,1, 2, 5, 4

請按您選擇的優先順序列出所有療養院，例如 3, 1, 2, 5, 4

Part B: About applicant: your personal information

關於申請人：您的個人信息

Mr 先生 Mrs 太太 Ms 女士

Gender 性別 Male 男 Female 女

Family Name
姓

First Names
名

Chinese Name
中文姓名

Date of Birth
出生日期

Religion
宗教

Place of Birth
出生地點

Language
語言

Address 地址

Suburb 地區

Postcode 郵區編碼

Home Phone 家居電話

Mobile Phone 手提電話

Email 電郵地址

Referred by 介紹人



| | |
|--|---|
| <p>Name of Person Responsible for Care 護理負責人</p> <p>Last Name:</p> <p>First Name:</p> <p>中文姓名:</p> | <p>Relationship of the Person Responsible for Care to the Applicant 護理負責人與申請人的關係</p> <p><input type="checkbox"/> Father 父親 <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Husband 丈夫 <input type="checkbox"/> Wife 妻子 <input type="checkbox"/> Daughter 女兒 <input type="checkbox"/> Son 兒子 <input type="checkbox"/> Relative 親戚 <input type="checkbox"/> Other: _____</p> |
| <p>Mobile Phone 手提電話</p> | <p>Preferred Contact Person 首選聯絡人:</p> <p><input type="checkbox"/> Applicant 申請人 <input type="checkbox"/> Person responsible for care 護理負責人</p> |
| <p>Respite Care 暫息護理 <input type="checkbox"/></p> <p>Respite Care Referral Code 暫息護理推薦碼</p> <hr/> <p>Please attach a copy of your assessment – ACCR assessment/Support Plan 請附上您的老年護理全面評估/支持計劃</p> | <p>Permanent Care 永久療養院護理 <input type="checkbox"/></p> <p>Permanent Residential Care referral code 永久療養院護理推薦碼</p> <hr/> <p>Please attach a copy of your assessment – ACCR assessment/Support Plan 請附上您的老年護理全面評估/支持計劃</p> |

Part C: Your aged care history 您的老年護理歷史

1. Have you ever been a permanent resident in an aged care facility?

您曾經是其他療養院的永久居民嗎?

Yes 是 Name of previous provider 之前療養院名稱 _____

No 否

2. Are you currently living in another aged care facility?

您目前在另一間療養院住嗎? Yes 是 No 否

Name of provider 療養院名稱 _____

Date of admission 入住日期 _____

3. You currently live with 您目前是和誰一起住?

spouse/partner 配偶 dependent child 受撫養子女 family 家人

friends 朋友 by yourself 獨居

4. What is your current type of accommodation 您目前的住宿類型?

Full owned private accommodation 全部擁有的私人住宿

Partly owned private accommodation 部分擁有的私人住宿

Private accommodation owned by family/friend/other

家人/朋友/其他人擁有的私人住所

Rented property 租屋

Retirement village 安老社區

Hospital 醫院

Others 其他 _____



5. Are you currently receiving home care services?

您目前正在接受家居護理服務嗎? No 否 Yes 是

If Yes, is it provided by ANHF Home Care Service

如果是, 是否由澳華養老提供嗎? No 否 Yes 是

If your service is not provided by ANHF, please list the provider's name: 如您的服務不是由澳華養老提供, 請列出提供者的名稱: _____

Please tick the services you are receiving 請勾選您正在接受的家居護理服務

Home Care Package 家居護理配套服務

Commonwealth Home Support Program (e.g. Seniors Wellness Centres or Domestic Assistance) 聯邦家居支援服務 (如: 長者活動中心, 家居支援)

6. Is your Spouse/Partner Applying at the same time 您的配偶/伴侶是否同時申請?
(a separate application form is required for each individual) 每個人都需要單獨申請

No 否 Yes 是

Spouse/Partner Name 配偶/伴侶姓名: _____

Please provide his/her Reference Code if known 如果知道請提供他/她的參考代碼

For example 如: XX/XX (M) _____

7. Does your spouse/partner already reside in our aged care facility?

您的配偶/伴侶是否已經居住在我們的療養院? No 否 Yes 是

(Please state the facility name 請提供療養院的名稱: _____)

Part D: Financial Details 財政資料

Financial Status 財政狀況

Full Pensioner 全福利金領受者 Part Pensioner 半福利金領受者

Self-funded Retiree (non-Pensioner) 自費退休人士(非福利金領受者)

If you are a full /part pensioner, please tick below: 如是全/半福利金領受者, 請在下面勾選:

Centrelink – Services Australia 澳大利亞民政部

DVA (non-means tested) 非入息審查

DVA (means tested) 入息審查

Overseas 外國福利金

Please provide a copy of your [Income and Assets Determination letter from Service Australia](#) that is issued within 3 months before admission to assist us working out your accommodation costs and fee. 請您提供一份在入院前 3 個月內由澳大利亞民政部簽發的收入和資產確定函的副本, 以便我們幫助您計算住宿費用。

If you are a self-funded retiree (non-pensioner), please indicate if you will undertake the [Means-test assessment with Services Australia](#): 如果您是自費退休人士(非福利金領受者), 請說明您是否願意接受澳大利亞民政部的經濟狀況調查評估。

Yes 是

No 否

If you won't, you will be required to complete a means-non-disclosed statement. 如果您不這樣做, 您將需要填寫一份將不會披露經濟狀況的聲明。

Please refer to Services Australia website for details: 詳情請參閱澳大利亞民政部網站 <https://www.servicesaustralia.gov.au/residential-aged-care-means-assessment?context=23391>



| | |
|----------------------|----------------------|
| Pension number 福利金號碼 | DVA number 退伍軍人福利金號碼 |
| Card expiry date 到期日 | Card expiry date 到期日 |

Part E: Medical Details 醫療資料

| | |
|-------------------------------|------------|
| Current GP's Name 現任家庭醫生名字 | Phone 電話號碼 |
|-------------------------------|------------|

Dementia Diagnosis 腦退化症的確證 Yes 是 No 否

| | | | | |
|--------------|--|---------|-----------------|--|
| Medicare no. | | Ref no. | Expiry Date 過期日 | |
|--------------|--|---------|-----------------|--|

Private Health Fund (if have) 私人健康保險 (如有) : Yes 是 No 否

Membership no. 會員號碼

Part F: Request for Priority Admission 優先錄取請求

If you feel you have any reason for priority admission on financial, social, medical or any other grounds, please give details below: 如果您認為您有任何理由出於經濟、社會、醫療或任何其他理由認為要優先錄取，請在下面提供詳細資訊：

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |



Part G ANHF Privacy Policy 澳華療養院基金私隱政策

We respect and maintain the privacy and confidentiality of our staff, volunteers, applicants, care recipients and tenants. This includes privacy and confidentiality of their personal and sensitive information, of their person and of their environment and belongings.

We also maintain the privacy and confidentiality of carers, authorised representatives, and visitors to our organisation and service sites.

We comply with all privacy related laws, regulations and the Australian Privacy Principles (APPs). We will take all reasonable steps to protect the personal information we hold from misuse and loss, and from unauthorised access, modification or disclosure.

We will only collect information directly from you with your consent. Your personal information will be managed authorised staff and personnel of ANHF. Your information is stored in a password protected database and will not be provided to any 3rd parties other than health services providers consent by you. If you would like to learn more on how we collect, keep and safeguard your information, please contact us in writing.

We would like to remind you to avoid sharing your personal information on the phone or by email, unless you are certain that the person contacting you is an ANHF staff with genuine and legitimate intention. When in doubt, please contact us for verification.

The Australian Competition and Consumer Commission provides useful information on how to protect yourself against scams on their SCAMwatch site <https://www.scamwatch.gov.au/>.

基金尊重及保障員工、義工、申請人士、護理對象及租客之私隱及保密權利，包括個人敏感資料、個人情況、個人環境及個人財物。

基金亦保障機構範圍及服務地點內之照顧者、獲授權人士及訪客之私隱及保密權利。

基金依循所有與私隱有關之法例、規章及「澳洲私隱綱領」（Australian Privacy Principles）之法則，亦採取所有合理步驟保障基金儲存之個人資料不被濫用或遺失，也不在未經授權下被取得、修改或透露。

本機構只在你同意下才會收集你的個人資料，所有資料由獲授權職員或人士處理，並儲存於必須經密碼開啓之數據庫內，絕不向第三者透露。若需透露予醫護人員，亦須經你事先同意。若要進一步了解基金如何收集、儲存及保障你的個人資料，請書面知會本機構。

謹提醒各位：除肯定與你接觸之人士為有真確及合法意向之澳華療養院基金職員外，應避免使用電話或電郵發送個人資料。若有任何懷疑，請聯絡本機構查證。

請參看「澳洲商業競爭及消費者專署」（Australian Competition and Consumer Commission）網址 SCAMwatch 網址 <https://www.scamwatch.gov.au/>

（中文僅供參考）



| Part H Applicant Signature 申請人簽名 | |
|--|---|
| Signature 簽名 | Date 日期 |
| Or 或 | |
| <p>If the applicant is unable to sign, the signature that appears below must be the same person who was listed as the person responsible for care on form RS6009 Nomination of Authority & Contact Details. A copy of such authorisation must be provided.</p> <p>如果申請人無法簽名，護理負責人（即為表格[RS6009 委托及授權人聯絡資料]列為護理負責人的同一人）可以代簽, 同時必須提供授權副本。</p> | |
| Name (Authorised Person): 姓名（授權人）： | Relationship/Authority 關係/權限 <input type="checkbox"/> Enduring Guardian / NSW Public Trustee & Guardian / NSW Civil and Administrative Tribunal Authorised Substitute Decision Maker *持久監護人 / 新州公共信託人及監護人專署 / 新州民事和行政法庭授權決策替代者* *please supply a copy of Enduring Guardianship documentation *請提供一份持久監護人委託文件 <input type="checkbox"/> Spouse or De facto Spouse 配偶或同居伴侶 <input type="checkbox"/> Unpaid Carer 無薪照顧者 <input type="checkbox"/> Relative – please specify relationship 親屬 – 請註明關係 _____ <input type="checkbox"/> Friend 朋友 |
| Signature (Authorised Person): 簽名（授權人）： | Date: 日期: |

