



# SIR MOSES MONTEFIORE JEWISH HOME

## APPLICATION FOR ADMISSION

PLEASE COMPLETE ALL QUESTIONS IN THIS FORM

IF THE ANSWER IS UNKNOWN EITHER WRITE "UNKNOWN" OR "NOT APPLICABLE" IN THE SPACE PROVIDED

### PERSONAL DETAILS

Title:  Mr  Mrs  Ms  Other (please specify):

Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Applicant's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_ Father's Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male  Female

Country of Birth: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

If born overseas, date arrived in Australia: \_\_\_\_\_ Are you an Australian Citizen? Yes  No

Marital Status:  Single  Widowed  Unknown  
 Married  Separated  
 De facto  Divorced

Religion: \_\_\_\_\_ Former Occupation: \_\_\_\_\_

Are you a current member of the Sir Moses Montefiore Jewish Home? Yes  No

How many years have you been a member? \_\_\_\_\_ years

If not, would you like to apply for membership? Yes  No

Do you hold Synagogue Membership? Yes  No  If Yes which congregation? \_\_\_\_\_

Residential address: \_\_\_\_\_  
*Street No: Street Name*

\_\_\_\_\_ *Suburb State Postcode*

Telephone number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Income Status:  Self-Funded  Full aged pension  Workers' Compensation  
 Part aged pension  Third Party  
 DVA (type) \_\_\_\_\_  
 Other: (specify) \_\_\_\_\_

Pension Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Pharmaceutical Benefits Number: \_\_\_\_\_

PBS Safety Net number: \_\_\_\_\_

Health Fund: \_\_\_\_\_ *Name Membership Number & Scale*

## APPLICATION FOR ADMISSION (Continued)

### PERSON RESPONSIBLE & FAMILY DETAILS

#### PERSON RESPONSIBLE

Where a resident is at any stage unable to give directions or necessary consents to medical and other care, the Home may obtain such directions and consents from the 'person responsible' for the resident. A 'person responsible' is not necessarily the resident's next of kin. A 'person responsible' is either:

- a guardian who has the function of consenting to medical, dental and health care treatments or, if there is no guardian;
- a spouse or de facto spouse with whom the person has a close, continuing relationship or, if there is no spouse or de facto spouse;
- an unpaid carer who is now providing support to the person or provided this support before the person entered residential care or, if there is no carer;
- a relative or friend who has a close personal relationship with the person

#### Who would be your 'person responsible'?:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Will the person responsible pay your accounts?  Yes  No If No, Please provide details below:

#### IN THE EVENT OF EMERGENCY PLEASE CONTACT

(an emergency is a **significant** change in the resident's medical condition)

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Do you wish this person to be contacted at any hour of the day or night? Yes  No

If no, between what hours do you wish to be contacted? Am \_\_\_\_\_ Pm \_\_\_\_\_

#### POWER OF ATTORNEY

A person can appoint another person by Power of Attorney to execute documents and conduct financial and property matters on their behalf.

Have you signed a Power of Attorney? Yes  No

Name of person appointed under the Power Of Attorney: \_\_\_\_\_ Phone \_\_\_\_\_

Copy of Power of Attorney attached: Yes  No

By signing this form you undertake to advise the Home of any changes to any Power of Attorney.

#### GUARDIAN AND/OR FINANCIAL MANAGER

A person can appoint an Enduring Guardian to make decisions in relation to accommodation and medical and other care should that person become unable to do so. Alternatively, a Guardian can be appointed by the Guardianship Tribunal. The Tribunal can also appoint a Financial Manager.

Have you appointed an Enduring Guardian or has a Guardian and/or Financial Manager been appointed?

Yes  No

If yes, copy of Appointment of Guardian or Guardianship and/or Financial Management Order attached:

Yes  No

If Guardianship or Financial Management Order made, date for review of order: \_\_\_\_\_

By signing this form you undertake to advise the Home of any changes to any Guardianship.

## APPLICATION FOR ADMISSION (Continued)

### DETAILS OF NEXT OF KIN (a person's closest living blood relative or relative by marriage / family). (If insufficient space, please attach separate list)

**Spouse** (if same as 'person responsible' write "as above")

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Business: \_\_\_\_\_

#### Children

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

### OTHER DETAILS:

#### CURRENT RESIDENTIAL AGED CARE FACILITY

Are you currently residing in another Aged Care Facility? Yes  No

If yes, name of Facility: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

#### DOCTORS:

**General Practitioner** \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### FUNERAL ARRANGEMENTS

#### IT IS VERY IMPORTANT TO COMPLETE THESE DETAILS AT THE TIME OF COMPLETING THIS FORM.

In the event of my death I require:

Burial with the Chevra Kadisha. Location: \_\_\_\_\_

Family will be Sitting Shivah Yes  No

Alternative funeral arrangements – provide details : \_\_\_\_\_

The Executor/s under my Will is/are:

(This is for the purpose of refunding accommodation bond and other financial arrangements) .

Name/s \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### NON-SMOKING POLICY:

The Sir Moses Montefiore Jewish Home is a "smoke free" environment. Therefore, no resident is permitted to smoke within the confines of the entire facility except in designated smoking areas outside the building.

## APPLICATION FOR ADMISSION (Continued)

### FINANCIAL INFORMATION:

Residential aged care fees and charges are strictly regulated by the Commonwealth Government and can vary depending on your financial circumstances. Information regarding your income and assets are required by the Admissions Department in order to determine the appropriate level of fees and charges to apply to your residency.

### INCOME and ASSETS

Total amount of pension received (include Australian & foreign pensions): \$ \_\_\_\_\_ per fortnight

If the pension noted above is a foreign pension please indicate which country: \_\_\_\_\_

Total amount of taxable income from all sources (excluding pension) \$ \_\_\_\_\_ per annum

Have you owned a home within the last two years? Yes  No

If you still own a home, what is its market value? \$ \_\_\_\_\_

Do any of the following live in your home? Spouse  Dependent Child  Carer  Close relative

Other \_\_\_\_\_

How long has this person/s been living in your home? \_\_\_\_\_

Does this person/s receive or is eligible to receive an income support payment? Yes  No

Estimated total value of assets (other than your home) owned or controlled by you directly or indirectly: \$ \_\_\_\_\_

### OTHER INFORMATION:

Please supply any other information you feel we should be aware of, or anything you consider would assist us in support of your application?

### PRIVACY CONSENT:

For the purposes of your residence (or proposed residence) at the Home and the services we provide to you, we will need to collect, record and use personal information about you (including medical and financial information).

We may also sometimes need to disclose some of that information to:

1. Appropriate organisations, such as government departments (in Australia and, for some residents, in other countries), hospitals and other homes or hostels to which you may seek to move, and/or
2. Medical practitioners, other health service providers, professional advisers and other appropriate persons, such as guardians or other persons responsible under the *Guardianship Act NSW (1987)*.

In considering any disclosure to be made, we will bear in mind the maintenance of your privacy as an important criterion, subject to our need to perform our obligations and services.

By signing this form below, you signify your consent to our collecting, recording, using and disclosing, as we consider appropriate from time to time, personal information in relation to yourself. If you wish to limit any disclosure we may make, would you please delete "Nil" below and specify the limitations you require. Absence of consent may not necessarily preclude the Home from collecting, recording, using or disclosing such information.

A copy of the Home's full Privacy Policy is available from our office.

**Limitations on Use or Disclosure** (subject to the Home's Privacy Policy)

Nil

### SIGNATURE AND DECLARATION

By signing this Application you declare that the information given in this form is true and complete, you give the undertaking set out above in relation to change to any Power of Attorney and/or appointment of Guardian or Financial Manager and you provide the privacy consent set out above.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

If this Application is being signed by an authorised signatory (e.g. guardian, attorney or person responsible), please insert name of signatory below and attach a copy of the relevant authorisation document.

\_\_\_\_\_  
Name of Authorised Signatory