RESET FORM

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Burwood NSW 2134
(02) 8741 0218 T
(02) 9747 1637 F
info@anhf.org.au E
www.anhf.org.au

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:

Please check that all of the following documents have been submitted with the application form (RS6005) before the application process can be activated.

- ☐ ACNA (Aged Care Needs Assessment) completed by My Aged Care Call 1800 200 422
- ☐ Permanent Residential Care referral code/ Respite Care reference code.

請確認以下所有文件均已與本申請表（RS6005）一并提交，以便啓動申請程序。

- ☐ 老年護理全面評估/支持計劃，可致電 1800 200 422 咨詢
- ☐ 永久療養院護理推薦碼/暫息護理推薦碼

Please sent your completed application together with all required supporting documents to 60 Weldon Street, Burwood NSW 2134 or email to applications@anhf.org.au. Please do not hesitate to contact us on (02) 9784 0863 or email to applications@anhf.org.au if you have any questions.

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 如果您有任何問題，請隨時與我們聯絡：（02）9784 0863 或發送電子郵件至 applications@anhf.org.au 。

Important Notes regarding Your Application
有關申請的重要須知事項

What happens next?

Application process will only commence when all required documents are submitted. We will then acknowledge receipt of your application and provide you with a reference number.

Follow up actions by applicant:

If you intended to receive subsidised care, you should get an income and assets assessment from Services Australia.

You can elect to have a "means not disclosed" status by completing the form at: http://www.servicesaustralia.gov.au/sa457 . That means, you will pay the maximum applicable care fees and room prices without government accommodation support.

If you are a self-nominated applicant, it is important to assess your decision-making capacity and consider appointing a guardian if necessary.

Before Admission, you also need to complete the Nomination of Authority & Contact Details form (RS6009).

Please refer to our website for the waitlist management policy.

接下來會怎樣?

申請程序只會在所有所需文件提交後才會啓動。我們會確認收到您的申請並提供參考編號。

申請人需跟進的事項:

如果您打算接受政府資助的護理服務，您必須向 Services Australia 澳洲民政部申請收入和財產的經濟狀況評估。

如果您不打算被評估，您將需要在 http://www.servicesaustralia.gov.au/sa457 表格填寫，這意味你會繳付最高適用的護理費和住房費用，且不享有任何政府住宿補貼。

如果您是自行提名的申請人，評估您的決策能力並在必要時考慮指定監護人是很重要的。

在正式入住養老院之前，你亦需要填寫表格療養院入住推薦表 RS6009。

請在本機構網頁查詢輪候管理政策。

Part A Which facilities are you interested in? **您對哪間療養院感興趣？**
Bernard Chan Nursing Home 陳秉達療養院 (Burwood 1) ☐
Chow Cho-Poon Nursing Home 周藻泮療養院(Earlwood 2) ☐
Huang Ying Jung Nursing Home 黃應榮療養院(Gordon 3) ☐
Lucy Chieng Aged Care Centre 錢梁秀容療養院(Hurstville 4) ☐
ANHF Thornleigh Nursing Home 芳寧療養院(Thornleigh 5) ☐
Please list the number of nursing homes in order of preference of your choice 請按您選擇的優先順序列出所有療養院編號，首選 1st : _____ 次選 2nd : _____ 第三 3rd ： _____ 第四 4th _____ 第五 5th _____
願意入住的房間類型 Room type you are willing to accept: 單人房 Single room ☐ 共用洗手間單人房 single room with shared bathroom ☐ 非單人房 Shared Room ☐

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	
My Aged Care ID Number (if known) 我的高齡服務身份代碼（如已知） _____		
Respite Care 暫息護理 ☐ Respite Care Referral Code 暫息護理推薦碼：_____	Permanent Care 永久療養院護理 ☐ Permanent Residential Care referral code 永久療養院護理推薦碼:_____	
Referred by 介紹人		

Preferred Contact Person 首選聯絡人:

☐ Applicant 申請人本人

☐ Person responsible for this application 代理申請者

Relationship of the Person Responsible for this application
代理申請者與申請人的關係

☐ Father 父親 ☐ Mother 母親 ☐ Husband 丈夫 ☐ Wife 妻子

☐ Daughter 女兒 ☐ Son 兒子 ☐ Relative 親戚

☐ Registered Supporter 註冊支援者 ☐ Other 其他:_____

Contact Person Contact Details 首選聯絡人:

First Name 名:_____ Last Name 姓：_____

Home Phone 家居電話：_____

Mobile Phone 手提電話：_____

Email 電郵地址：_____

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 ☐ Other _____

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 community care services?
您目前正在接受家居護理服務嗎? ☐ Yes 是 ☐ No 否
If Yes, is it provided by ANHF?
如果是，是否由澳華養老提供? ☐ Yes 是 ☐ No 否
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居家支援服務
☐ Support at Home Program 居家支援計劃
☐ Commonwealth Home Support Program (e.g. Seniors Wellness Centres or Domestic Assistance) 聯邦居家支援服務 (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
☐ Yes 是 ☐ No 否
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: RAC XXX-XXXX _____

7.Does your spouse/partner already reside in our nursing home?
您的配偶/伴侶是否已經居住在我們的療養院? ☐ Yes 是 ☐ No 否
(Please state the nursing home 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
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：
☐ 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

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

If you are a self-funded retiree (non-pensioner), please indicate if you have already undertaken the income and assets assessment with Services Australia:
如果您是自費退休人士（非福利金領受者），請説明您是否已接受澳大利亞民政部的收入財產狀況調查評估。
☐ Yes 是
☐ No 否

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 腦退化症是否確診？ ☐Yes 是 ☐No 否
Year of diagnosis (if known)
確診年份（如已知）_____

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
Private Health Fund Name 私人健康保險公司名稱: _____
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: 如果您認爲您有任何理由出於經濟、社會、醫療或任何其他理由認爲要優先錄取， 請在下面提供詳細資訊：

Part G Applicant or Person responsible Signature 申請人或代理申請者簽名

Signature 簽名	Date 日期

Part H ANHF Privacy Policy 澳華養老私隱政策

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/.

本機構尊重及保障員工、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。

我們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。

我們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我們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。若要進一步了解我們如何收集、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養老職員外，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）