

**On Luck Chinese Nursing Home 安樂華人護理院**  
**Application form for Permanent Residential Aged Care Services**  
**長者護理永久住宿服務申請表**

Date of Application 申請日期: _____	For Office Use Only 本欄由院方填寫 Reference No. 參考編號
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**Care Recipient personal details 服務使用者個人資料:**

Surname 使用者姓: _____	First name 使用者名: _____
Chinese Name 中文姓名: _____	Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Date of Birth 出生日期: ____/____/____ <small>DD日 MM月 YYYY年</small>	Country of Birth 出生地: _____
Address 住址: _____	Language spoken 語言: _____

Residency Status 居留身份:    Citizen 澳洲公民    Permanent Resident 澳洲居民  
 Other 其他: \_\_\_\_\_

1<sup>st</sup> contact person 首聯絡人姓名: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

Contact Number 電話號碼: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_

2<sup>nd</sup> contact person 次聯絡人姓名: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

Contact Number 電話號碼: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_

**Moving From 從何處搬離入住本院**

<input type="checkbox"/> Home 住所	Address 住址: _____
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<input type="checkbox"/> Facility 機構	Facility Name 機構名稱: _____
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e.g. Residential Aged Care Facility, Hospital, Transition Care 例如: 住宿院舍、醫院、過渡期護理等	Address 機構地址: _____
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Contact Person 機構聯絡人: _____	No 電話號碼: _____
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Date of admission 入院日期: \_\_\_\_\_

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**Legal and Financial Management details 法律及財務管理資料:**

**Enduring Power of attorney (EPA) 已申請持久授權書:**     Yes 是     No 否

Medical 醫療

Finance 財務

Guardianship 監護

Name 委託人名稱: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_

Contact Number 聯絡電話: \_\_\_\_\_

No EPA appointed, authorized Nominee to be responsible for **PAYING ACCOUNTS** and receive correspondence from the Aged Care Home / Government Department

如未能安排持久授權委託書，請填寫負責交費及代收由護理院或政府部門信件的授權人資料:

Name 授權人名稱: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Correspondence Address 通訊地址: \_\_\_\_\_

Billing Address 帳單地址: \_\_\_\_\_

Contact Number 聯絡電話: \_\_\_\_\_

**Finance Guarantor appointed 已委託財務擔保人?:**     Yes 是     No 否

Name 擔保人姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_

Contact Number 聯絡電話: \_\_\_\_\_ Driver's License 駕駛執照: \_\_\_\_\_

**Care Recipient has made a Will 服務使用者是否已立遺囑?**     Yes 是     No 否

Details of person / organization holding the Will 請填寫遺囑擁有人或機構資料:

Name 姓名/機構名稱: \_\_\_\_\_ Contact Number 聯絡電話: \_\_\_\_\_

Address 地址: \_\_\_\_\_

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**Pension and benefit details 養老金及社會福利資料:**

\*There is no obligation to declare the following information. However, persons who do not will be charged the maximum Accommodation costs as per government guidelines.

可選擇不填寫以下資料。但如不填寫，院方可按政府收費的指引，而向申請人收取最高住院費。

**Do you receive any form of income support payment 有否申請或收取任何形式的收入補助金?**

Yes 是     No 否

Full Aged Pension 全額養老金

Part Aged Pension 半額養老金

DVA Disability Pension  
退伍軍人事務部殘障福利金

War Window(er)s Pension 戰後遺孀福利金

Superannuation 退休金

Overseas Pension 海外養老金

Other 其他: \_\_\_\_\_

Type of Concession Card 優惠卡類別:

Centrelink 福利部

Department of Veterans' Affairs  
退伍軍人事務部

Others 其他 \_\_\_\_\_

Pension Concession Card Number

養老金領取者優惠卡號碼: \_\_\_\_\_

Expiry Date 到期日: \_\_\_\_\_

Medicare Card Number 國民保健卡號碼: \_\_\_\_\_ Expiry Date 到期日: \_\_\_\_\_

Private Health Insurer 私家醫療保險公司名稱: \_\_\_\_\_

Membership Number 會員卡號碼: \_\_\_\_\_

Ambulance Membership Card Number 救傷車會會員號碼: \_\_\_\_\_

**Proceeded Combined Assets & Income assessment for Permanent Care 已向福利部申請入息及資產綜合評估:**

Yes 是

with report 完成報告

Mean tested fee 與收入相關護理費:

Accommodation payment 住宿費:

required  
要繳交

not required  
無須繳交

Unsure  
不清楚

report will be available 等候報告

No 否     Understand On Luck will not give priority of access to applicant who will not go through the Combined Assets & Income Assessment by Australian Government, therefore prepare to do so. 本人明白安樂護理院不會優先處理沒有向福利部提交「入息及資產綜合評估」的申請，本人承諾會儘快進行申請手續。

Remark 備注:

**On Luck Chinese Nursing Home 安樂華人護理院**  
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**Medical & Personal Care needs 藥物及個人護理:**

**Information regarding Medical Diagnosis & Medications 提交病歷及服用藥物資料:**

As per ACCR / My Support Plan 夾附養老評估服務報告  
 As per medical referral letter 夾附醫生介紹信

Major medical conditions 健康狀況: \_\_\_\_\_

Major medications 主要服用藥物: \_\_\_\_\_

Medication times 每日服藥時間: \_\_\_\_\_

GP visits 醫生探訪:  Own GP Dr \_\_\_\_\_ agreed to come to On Luck  
 已得家庭醫生 \_\_\_\_\_ 同意到安樂診証

Requires facility arrangement 由院方建議

Specialized nursing care needs e.g. BP, Blood glucose level, catheter care, wound care  
 註明專業護理需要, 如量血壓, 量血糖, 導管或傷口處理: \_\_\_\_\_

**Details of Activities of Daily Living needs 下列那一項日常生活需要協助, 請打勾(✓)或列明**

Eating & Drinking 飲食協助	Mobility 行動協助	Personal Hygiene 個人衛生協助	Toileting 如廁協助	Continenence Aids 失禁用品	Others 其他協助

**Details of Behaviour / Social needs 行為/社交需要協助請打勾(✓) 或列明:**

Dementia Specific unit 要求失智症單位	Wandering 遊蕩行為	Verbal disruption 言語滋擾他人	Physical disruption 行動滋擾他人	Others 其他滋擾行為

**Special Request 特別要求:**  Dietary 膳食  Religious 宗教  Social 社交  
 Other 其他 \_\_\_\_\_

**Readiness to move in 準備入住情況:**

If placement is offered, readiness to be admitted 如有宿位可否立即入住:

Immediately 可立即入住  Preparation time required 何時可準備入住: \_\_\_\_\_

Put into waiting list only and will be advised by family 保留於輪候名單內並等待家屬通知

Remark 備註: \_\_\_\_\_

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**I understand On Luck Chinese Nursing Home has security system including Security doors and Key pads, and I consent to the using of such security system with my confirmation of the application. 本人明白安樂華人護理院內已安裝保安系統如保安門及密碼門鎖，申請時本人已同意使用該保安系統。**

**Complete the following either by Care Recipient or Authorised Representative**  
**以下由服務使用者或授權人填寫及簽署**

Care recipient / name 服務使用者姓名: \_\_\_\_\_

Care recipient Signature 服務使用者簽署: \_\_\_\_\_

Authorized representative Name 授權人姓名: \_\_\_\_\_

Authorized representative Signature 授權人簽署: \_\_\_\_\_

Relationship to care recipient 與服務使用者的關係: \_\_\_\_\_

Witness Name 見證人姓名: \_\_\_\_\_

Witness Signature 見證人簽署: \_\_\_\_\_

Date 日期: \_\_\_\_\_

For office use only 本欄由院方填寫:

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

Result:  Waiting list -Priority       Waiting list -Normal       Unsuitable application

Admission date: \_\_\_\_\_ Room No: \_\_\_\_\_

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**APPLICATION PROCESS 申請程序**

**If you express interest to apply for Permanent Care, our Admin Office will provide you the following:**  
 如閣下 有意申請本院長者護理住宿服務，可向行政部拿取以下文件:

- On Luck Permanent Care Information Brochure & Accommodation Costs explained Brochure  
本院「永久住宿服務資料」及「住宿服務收費說明」單章
- On Luck 'Application form for Permanent Residential Aged Care Services'  
本院「長者護理永久住宿服務」的申請表
- On Luck APP Privacy Policy Clients Consent Statement  
本院的「APP 私隱條文服務使用者同意書」
- Take control – A kit for making Powers of attorney and guardianship (Government form)  
「採取控制」— 製作委託書和監護權力的資料小冊子(政府表格)
- Residential Aged Care Appointment of a Nominee form (Government form)  
入住長者住宿後委託人授權書(政府表格)
- Request for a Combined Assets and Income Assessment form (Government form)  
「申請入息及資產綜合評估」表格(政府表格)

**CHECKLIST 遞交申請表須知**

**If you confirm the application for Permanent Residential Aged Care Services, you are required to return the following documents mentioned in (A)&(B) to our Admin office:**

如閣下 決定申請本院「長者護理永久住宿服務」，請填妥下列(A)及(B)欄文件，並依(C)欄指示交回行政部:

**(A) MANDATORY 必須提交:**

- Current ACCR (Aged Care Client Report) / My Support Plan completed by ACAT (Aged Care Assessment Team)  
由「養老評估服務」小組發出的「養老服務客戶記錄或「我的健康評估書」
- On Luck 'Application form for Permanent Residential Aged Care Services'  
本院「長者護理永久住宿服務」的申請表
- On Luck 'APP Privacy Policy Clients Consent Statement' 本院的「APP 私隱條文服務使用者同意書」
- Letter/ report for a Combined Assets and Income Assessment from Department of Human Services.  
民政部」按「申請入息及資產綜合評估」申請及審查後發出的信件/報告。
- Health Summary - Please visit the clinic with applicant in person to get the report from GP.  
最新的病歷到副本 - 申請人須親身到診所向醫生拿取病歷報告

**(B) IF APPLICABLE 如適用者:**

- Copy of Enduring Power of Attorney Finance / Medical / Guardianship 財務 / 醫療 / 監護 授權書副本
- Copy of Pensioner Concession Card from Centralink / DVA / Others 養老金領取者優惠卡 / 其他優惠卡影印本
- Copy of Medicare Card 國民保健卡影印本
- Copy of Private Health Insurance Card 私家醫療保險卡影印本
- Copy of Ambulance Membership Card 救護車會會員卡影印本

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**Proceed the following applications to Government Departments if applicable and return report to Admin ASAP 向所屬政府部門提交以下適用的申請表格，並把報告儘快交回行政部**

- Take control – A kit for making Powers of attorney and guardianship (Government form). Complete and return the signed form.  
 「採取控制」— 製作委託書和監護權力的資料小冊子(政府表格)。填妥及提交已簽署的內附表格

**(C) Documents sent to 提交文件至**

Mail 郵寄: On Luck Chinese Nursing Home  
 PO Box 349, Doncaster East, VIC 3109

Fax 傳真至: 03 9844 2808

scanned document to e-mail 或把掃描文件電郵至: [admin.onluck@ccssci.org.au](mailto:admin.onluck@ccssci.org.au)

Hand delivery to Reception 或親自交到本院接待處 177-179 Tindals Road, Donvale VIC 3111

**If your application is successful after assessment by On Luck, Our DON or Coordinators Admin Staff will contact you to discuss the following:**

申請經過本院院長或護理主任審批後並獲安排入住，行政部職員將會就下列事宜聯絡閣下:

- Progression of the applications to Government departments e.g. means-tested care fee, appointment of Enduring Power of Attorney / Nominee 有關閣下 向各政府部府遞交申請如「申請入息及資產綜合評估」及「委託書」的進展情況
- Accommodation costs and room allocation 住宿費及房間编排說明
- Daily Basic Fees as set by Department of Social Services \_\_\_\_/day, Means tested Care \_\_\_\_/day, Refundable Accommodation Deposit (RAD) \_\_\_\_\_, and / or Daily Accommodation Payment (DAP) \_\_\_\_\_  
 「民政部」訂定的每日基本生活費\_\_\_\_\_, 與入息相關護理費\_\_\_\_\_, 可退還住宿訂金\_\_\_\_\_及(或)每日住宿費\_\_\_\_\_等等
- A copy of the Resident Agreement 安排拿取住宿服務合約
- Resident Agreement (2 copies) & Special Conditions additional to the Resident Agreement fact sheet for you to consult professional advises prior signing 說明住宿服務合約一式二份及其有關附帶條件，以方便閣下可於簽署前向律師諮詢
- Medical, Nursing and personal care needs of Care recipient 有關閣下 的藥物及護理需要
- Copy of Medication Chart to be completed by your own GP 拿取由家庭醫生填寫的「藥物治療表」

**Prior admission, you would understand and agree to**

在閣下 入院前必須明白及同意

- Return signed Resident Agreement (2 copies) 須要交回已簽署的住宿服務合約一式二份
- Inform On Luck whether or not your own doctor will come to On Luck for medical treatment 通知本院閣下的家庭醫生診証事宜
- Return completed Medication chart by your own doctor if applicable. 遞交已由閣下 的家庭醫生填妥的「藥物治療表」
- Appointment of visiting GP arranged by On Luck 由本院為閣下安排的診治醫生
- Consent \_\_\_\_\_Pharmacy to pack medications for you. 入住後接受由\_\_\_\_\_藥房向閣下提供藥物

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