

Maurice Zeffert Home (Inc)

# Application Pack





## Maurice Zeffert Home (Inc)

- David, Gita and Michael Hoffman Nursing Home • Toby and Maurice Zeffert Special Care Centre
- Carl and Sadie Cohen Hostel • Sir Zelman and Lady Cowan Retirement Village
- Sydney Crownson-Cohen Home Units

119 Cresswell Road, Dianella WA 6059  
Phone 9375 4600 Fax 9276 1250 Email [mzh@mzh.org.au](mailto:mzh@mzh.org.au)  
[www.mzh.org.au](http://www.mzh.org.au)

# APPLICATION FORM

Nursing Home / Hostel / Special Care Centre / Village  
(please circle required area)

### SECTION 1

PREFERRED NAME .....

SURNAME ..... GIVEN NAMES.....

HEBREW NAME ..... DATE OF BIRTH.....

ADDRESS ..... EMAIL: .....

DO YOU:      OWN       RENT       BOARD       OTHER       PHONE.....

COUNTRY OF BIRTH ..... DATE OF ARRIVAL IN AUSTRALIA .....

NATURALISED? YES       NO

NATIONALITY ..... RELIGION: JEWISH - ORTHODOX       LIBERAL       OTHER .....

MARITAL STATUS .....

FATHER'S GIVEN AND SURNAME .....

FATHER'S HEBREW NAME .....

MOTHER'S GIVEN AND MAIDEN NAME .....

### SECTION 2

**PENSION/MEDICAL INSURANCE DETAILS**      FULL       PART

CENTERLINK No..... MEDICARE No.....EXPIRY DATE.....

VETERANS AFFAIRS No..... CARD TYPE -      GOLD       WHITE       EXPIRY DATE.....

PHARMACY SAFETY NET ENTITLEMENT CARD No .....

PHARMACY SAFETY NET CONCESSION CARD No .....

REPATRIATION FILE No .....

HEALTH INSURANCE FUND (NAME) .....

MEMBERSHIP No..... EXPIRY DATE.....

AMBULANCE SUBSCRIPTION No ..... EXPIRY DATE.....

**SECTION 3**

**POWER OF ATTORNEY**

DOES SOME PERSON HAVE YOUR POWER OF ATTORNEY: YES  NO

ENDURING POWER OF ATTORNEY: YES  NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS

NAME OF PERSON HOLDING POWER OF ATTORNEY .....

ADDRESS .....

TELEPHONE No ..... MOBILE No.....

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**SECTION 4 FUNERAL**

**ARRANGEMENTS**

HAS APPLICANT MADE FUNERAL ARRANGEMENTS YES  NO WHO WITH?.....

IN THE EVENT OF DEATH OF THE APPLICANT WHILST A RESIDENT OF THE HOME, I/WE AGREE TO MAKE THE NECESSARY ARRANGEMENTS AND GUARANTEE TO PAY ALL EXPENSES ATTACHED TO SUCH ARRANGEMENTS

SIGNED ..... RELATIONSHIP to APPLICANT.....

ADDRESS .....

TELEPHONE No ..... DATE.....

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**SECTION 5**

**NEXT-OF-KIN (SPOUSE, CHILDREN OR NEAR RELATIVES)**

(State full name, address, relationship, telephone numbers)

1. NAME ..... RELATIONSHIP.....

ADDRESS ..... EMAIL:.....

PHONE AH ..... PHONE BH ..... MOBILE No .....

2. NAME ..... RELATIONSHIP.....

ADDRESS ..... EMAIL:.....

PHONE AH ..... PHONE BH ..... MOBILE No .....

3. NAME ..... RELATIONSHIP.....

ADDRESS ..... EMAIL:.....

PHONE AH ..... PHONE BH ..... MOBILE No .....

NAME AND TELEPHONE NUMBER OF PERSON TO BE ADVISED IN THE EVENT OF SERIOUS ILLNESS OF DEATH

(This person will accept responsibility for informing other relatives)

NAME .....

PHONE AH ..... PHONE BH ..... MOBILE No .....

NAME AND ADDRESS OF PERSON THIS ACCOUNT WILL BE SENT TO

NAME .....

ADDRESS .....

APPLICANT'S SIGNATURE .....DATE.....



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## MEDICAL EVALUATION FORM

Application form and medical form should be returned together. Every application is assessed on this report and by interview. Please fill in the details as comprehensively as possible. Lack of information may cause delay in assessment.

APPLICANT'S SURNAME ..... FIRST NAMES.....

CURRENT ADDRESS .....

.....

PHONE..... DATE OF BIRTH .....

NAME AND ADDRESS OF DOCTOR COMPLETING FORM .....

..... PHONE.....

LENGTH OF TIME HE/SHE HAS KNOWN APPLICANT .....

REASON FOR SEEKING ADMISSION .....

.....

.....

.....

MAJOR CURRENT MEDICAL PROBLEMS .....

.....

.....

.....

.....

.....

MAJOR OTHER DIAGNOSED PROBLEMS .....

.....

.....

.....

.....

### HOSPITALISATION

Hospital..... Consultant.....

Condition Treated ..... Date.....

1. ....

2. ....

3. ....

IS APPLICANT CURRENTLY ATTENDING OUTPATIENTS CLINICS OR SPECIALISTS? YES  NO

IF YES, WHICH ONES?.....

HAS APPLICANT BEEN ASSESSED BY AN AGED CARE ASSESSMENT TEAM (ACAT) YES  NO

IF YES, WHICH ONE?.....

(Please attach photocopies of Discharge Summaries/Letters/Assessments)

# SYSTEMS REVIEW

Please provide diagnosis and brief summaries of history

## RESPIRATORY

RELEVANT DETAILS .....  
.....  
.....

DATE OF LAST Chest X-Ray and FINDINGS .....

PAST SMOKER: YES  NO       STILL SMOKES: YES  NO   
HISTORY OF TB: YES  NO   
PNEUMOCOCCAL VACCINE GIVEN: YES  NO       YEAR:.....  
FLUVAX GIVEN: YES  NO       DATE.....

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## CARDIOVASCULAR

RELEVANT DETAILS .....  
.....  
.....

PULSE..... B.P. .... ANY POSTURAL CHANGE .....

PERIPHERAL PULSES .....

E.C.G. ....

PACEMAKER YES  NO       IF YES, BEING MONITORED BY.....

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## GASTROINTESTINAL

RELEVANT DETAILS .....  
.....  
.....

APERIENT USAGE..... FAECAL INCONTINENCE YES  NO

DENTITION .....

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## ENDOCRINE

RELEVANT DETAILS .....  
.....  
.....

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## HAEMOPOIETIC

RELEVANT DETAILS .....  
.....  
.....

**SKIN**

RELEVANT DETAILS .....  
.....  
.....

**GENITOURINARY**

RELEVANT DETAILS .....  
.....  
.....

INCONTINENCE                      YES                       NO                       CAUSE, IF KNOWN.....

**MUSCULOSKELETAL**

RELEVANT DETAILS .....  
.....

**NEUROLOGICAL**

RELEVANT DETAILS .....  
.....

HAS APPLICANT SUFFERED STROKE(S)?                      YES                       NO  .....

DETAILS (Copy of CT report would be helpful) .....

DESCRIBE DEGREE OF DISABILITY .....

DOES APPLICANT SUFFER FROM HEADACHES/FITS/FALLS/DIZZINESS/VERTIGO?                      YES                      NO

DETAILS .....

**VISION**

RELEVANT HISTORY/DIAGNOSIS .....  
.....

OPHTHALMOLOGIST/OPTOMETRIST NAME .....

DATE LAST SEEN (Approx) .....

SPECTACLES                      YES                       NO

**HEARING**

RELEVANT HISTORY/DIAGNOSIS .....  
.....

ENT SPECIALIST/AUDIOLOGIST NAME .....

DATE LAST SEEN (Approx) .....

HEARING AID?                      YES                       NO

**MENTAL STATE AND PSYCHIATRIC HISTORY**

PAST HISTORY OF PSYCHIATRIC ILLNESS      YES       NO

DETAILS .....

IS APPLICANT FULLY ALERT AND WELL ORIENTED?      YES       NO

POSSIBLE OR DEFINITE DEMENTIA PRESENT?      YES       NO

LIKELY CAUSE OF DEMENTIA: ALZHEIMER TYPE/MULTI-INFARCT/OTHER: (Specify).....

MEMORY/INTELLECTUAL DECLINE FIRST NOTED: Date.....

BEHAVIOURAL PROBLEMS OR WANDERING?      YES       NO       DETAILS:.....

DEMENTIA INVESTIGATED?      YES       NO

DESCRIBE DEGREE OF DISABILITY .....

DOES APPLICANT SUFFER FROM HEADACHES/FITS/FALLS/DIZZINESS/VERTIGO?      YES       NO

DETAILS (Please include CT and other investigations and results)

.....

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**CURRENT MEDICATION**

.....

DRUG SENSITIVITY/ADVERSE DRUG REACTIONS .....

.....

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**OTHER RECENT OR RELEVANT INVESTIGATIONS AND REPORTS**

(Photocopies of key results and reports would be appreciated)

.....

OTHER DETAILS ABOUT THE APPLICANT'S CONDITION WHICH YOU CONSIDER IMPORTANT  
(include infections with high risk of transmission in the health care setting)

.....

SIGNED ..... DATED.....



Maurice Zeffert Home (Inc)

**INFORMATION  
IN RELATION TO CHARGES  
FOR  
PROSPECTIVE RESIDENTS  
AS AT 1<sup>st</sup> JULY 2010**

**(DAILY FEES CHANGE ON THE 20<sup>TH</sup> MARCH AND  
20<sup>TH</sup> SEPTEMBER EVERY YEAR)**

# DAVID, GITA AND MICHAEL HOFFMAN NURSING HOME (HIGH CARE)

## Basic Daily Care Fees

All residents are asked to pay daily care fees as a contribution towards their cost of care and living expenses.

The basic daily care fee is determined by the Commonwealth Government and is set at a rate of 85% of the current full aged pension. This fee increases in line with changes to the Australian pension rates every March and September.

The current rate for basic daily care fees is as follows:

Full Pensioners and Part Pensioners with lower amounts of private income - **\$38.65 per day.**

Self Funded Retirees and part pensioners with private income amounts over a set threshold (currently \$218 per fortnight) - **\$35.29 per day.**

## Income-Tested Fees

Residents may also be asked to pay an "income tested fee", depending on their income.

Centrelink or the Department of Veterans' Affairs (DVA) will assess a resident's income on behalf of the Department of Health and Ageing, even if the resident does not receive a pension.

The Department of Health and Ageing advises Maurice Zeffert Home (Inc) of the appropriate fees and the resident is billed accordingly.

The maximum level of a resident's income tested fee will be equal to 41.67% (5/12) of any assessable income **in excess of** the maximum income of a full pensioner.

This income-tested fee is subject to a maximum daily rate, currently set at \$62.11 per day.

The maximum daily rate will be applied if the resident chooses not to have their income assessed by Centrelink or DVA.

## Accommodation Charge

Accommodation charges apply to residents who have assets in excess of \$37,500, which is 2.5 times the annual Australian pension.

The accommodation charge is payable for the term of the residents occupancy and is limited to a maximum daily rate of \$26.88 for self funded retirees and pensioners.

The Department of Health and Ageing advises Maurice Zeffert Home (Inc) of the appropriate charge and the resident is billed accordingly.

The maximum daily rate will be applied if the resident chooses not to have their assets assessed by Centrelink or DVA.

**Having an assets assessment is not compulsory.**

**However, it is a requirement of entry to Maurice Zeffert Home (Inc) that either a Centrelink or DVA Asset Assessment or the Maurice Zeffert Home (Inc) "Option Not to Provide" is provided at the time of application.**

**By electing to complete the Maurice Zeffert Home (Inc) "Option Not to Provide" you are confirming that you have sufficient assets (in excess of 2.5 times the annual single rate pension) to be charged the maximum accommodation bond or charges.**

**FOR CLARIFICATION OF ANY ASPECT OF THE FINANCIAL ARRANGEMENTS PLEASE CONTACT: VIOLET LONCAR, FINANCE ADMINISTRATION MANAGER**

**All discussion and information on an individual's financial situation is held in the strictest confidence and confined to the CEO and the Finance Administration Manager.**

## CARL AND SADIE COHEN HOSTEL (LOW CARE)

### TOBY AND MAURICE ZEFFERT SPECIAL CARE CENTRE (LOW CARE)

#### Basic Daily Care Fees

The basic daily care fee is determined by the Commonwealth Government and is set at a rate of 85% of the current full aged pension. This fee increases in line with changes to the Australian pension rates every March and September.

The current rate for basic daily care fees is as follows:

Full Pensioners and Part Pensioners with lower amounts of private income - **\$38.65 per day.**

Self Funded Retirees and part pensioners with private income amounts over a set threshold - **\$35.29 per day.**

#### Income-Tested Fees

Residents may also be asked to pay an "income tested fee", depending on their income.

Centrelink or the Department of Veterans' Affairs (DVA) will assess a resident's income on behalf of the Department of Health and Ageing, even if the resident does not receive a pension.

The Department of Health and Ageing advises Maurice Zeffert Home (Inc) and the resident is charged accordingly.

The maximum level of a resident's income tested fee will be equal to 41.67% (5/12) of any assessable income **in excess of** the maximum income of a full pensioner.

This income-tested fee is subject to a maximum daily rate of \$62.11 per day.

The maximum daily rate will be applied if the resident chooses not to have their income assessed by Centrelink or DVA.

#### Accommodation Bond

The Aged Care Act (1997) permits aged care facilities to charge an accommodation bond for Hostel accommodation providing an individual is left with a minimum of two and one half times the annual Australian aged pension.

The amount they are to be left with is currently \$37,500.

Maurice Zeffert Home (Inc.) has set the accommodation bond for the majority of rooms at up to \$450,000.

The amount of Bond payable is determined by the Asset Assessment received from Centrelink or DVA or the Maurice Zeffert Home "Option Not to Provide".

For example, a resident provides an Asset Assessment showing assets of \$350,000.

- The Bond charged would be \$312,500 (\$350,000 less: \$37,500)

A resident completing the Maurice Zeffert Home "Option Not to Provide"

-The bond charged would be \$450,000.

Resident's can choose to pay an accommodation bond as a lump sum, a regular periodic payment, or a combination of both.

### **Lump Sum**

Payment by lump sum is due within six months of the date of entry. However, interest will be charged on the outstanding bond balance at the rate determined by the Commonwealth Government (currently 8.80%pa) after a grace period of 14 days.

The lump sum will be invested by Maurice Zeffert Home (Inc) who will retain any income earned.

An amount of \$18,450 is retained by Maurice Zeffert Home (inc) at a rate of \$307.50 per month (\$3,690 per annum) for a period of five years.

The bond less the allowable retention will be refunded to the resident or the resident's estate when they leave.

### **Periodic Payment**

If the resident chooses to pay the bond by periodic payments interest will be charged at the Maximum Accommodation Bond Interest Rate (rate current at entry date) on the amount of the bond although the resident will not have given us the lump sum. In addition, the resident will pay up to a further \$3,607.50 per annum retention monies for five years.

For example, on a bond of \$450,000 payable by periodic payments at 8.80% rate of interest the following is payable:

Interest per annum of	\$39,600.00
Plus retention amount of	\$ 3,690.00
	-----
Total per annum of	\$43,290.00
	=====

which equates to \$3,607.50 on a monthly basis.

After five years the retention amount falls away and the monthly amount reduces to \$3,300 per month.

### **Part Lump Sum / Part Periodic Payment**

This option allows for an individual to pay part of the \$450,000 as a lump sum and part on a periodic payment basis.

## **Accommodation Bond Agreement**

Maurice Zeffert Home (Inc) is fully compliant with the prudential arrangements set or approved of by the Commonwealth Government in relation to accommodation bonds.

An audited Statement confirming our compliance and the resident's entry on the bond register is issued to the resident annually.

The accommodation bond agreement and a written guarantee are provided within seven days of the agreement being signed.

### **Use of Bond Money**

Maurice Zeffert Home (Inc.) will use the bond money to provide capital improvements to our residential accommodation and/or improve the quality and range of aged care services.

### **Refund Arrangements**

Maurice Zeffert Home (Inc) will guarantee to refund the bond less the retention amount within 14 days of departure or in the case of death, 14 days after being shown probate or letters of administration. Interest at rates determined by the Commonwealth is applied until the bond is refunded.

Amounts owed under an Accommodation Bond Agreement plus interest at Treasury Note Yield may be deducted from a lump sum before it is refunded.

The Commonwealth Government guarantees all bond balance entitlements, including any interest that has accrued on the unpaid bond balance in the event that a provider becomes bankrupt or insolvent.

**Having an assets assessment is not compulsory.**

**However, it is a requirement of entry to Maurice Zeffert Home (Inc) that either a Centrelink or DVA Asset Assessment or the Maurice Zeffert Home (Inc) "Option Not to Provide" is provided at the time of application.**

**By electing to complete the Maurice Zeffert Home (Inc) "Option Not to Provide" you are confirming that you have sufficient assets (in excess of 2.5 times the annual single rate pension) to be charged the maximum accommodation bond or charges.**

**FOR CLARIFICATION OF ANY ASPECT OF THE FINANCIAL ARRANGEMENTS PLEASE CONTACT: VIOLET LONCAR, FINANCE ADMINISTRATION MANAGER**

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## **OPTION NOT TO PROVIDE CENTRELINK OR DEPARTMENT OF VETERANS' AFFAIRS ASSETS ASSESSMENT**

The Aged Care Act (1997) permits aged care facilities to charge an accommodation bond (low care) or accommodation charges (high care) providing an individual is left with a minimum of 2.5 times the annual Australian aged pension.

Centrelink or the Department of Veterans' Affairs (DVA) will assess a resident's assets on behalf of the Department of Health and Ageing, even if the resident does not receive a pension.

Having an assets assessment is not compulsory. However, it is a requirement of entry to Maurice Zeffert Home (Inc) that either a Centrelink or DVA Assets Assessment or the "Option Not to Provide" is provided at the time of application.

By electing to complete the "Option Not to Provide" you are confirming that you have sufficient assets to be charged the maximum accommodation bond or charges.

I \_\_\_\_\_ (full name) confirm that I do not wish to provide an Assets Assessment from Centrelink or Department of Veterans' Affairs (DVA).

I understand that by choosing not to undertake an assets assessment I am not eligible to receive government assistance with accommodation costs and that I will pay the maximum rate of accommodation bond or accommodation charge.

I confirm that I have assets in excess of 2.5 times the annual single rate pension.

Applicant / \*POA signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_ PostCode \_\_\_\_\_

\* If signing under Power of Attorney please ensure a copy of POA or EPA is provided



## **ESSENTIAL DOCUMENTS FOR APPLICATION TO MAURICE ZEFFERT HOME (INC)**

**CARL AND SADIE COHEN HOSTEL (LOW CARE)  
TOBY AND MAURICE ZEFFERT SPECIAL CARE CENTRE (LOW CARE)  
DAVID, GITA AND MICHAEL HOFFMAN NURSING HOME (HIGH CARE)**

**The following documents MUST be fully completed and lodged with us in order for your application to be considered when a bed becomes available:**

- ❖ The Maurice Zeffert Home Application Form\*
- ❖ The Maurice Zeffert Home Medical Evaluation Form
- ❖ Aged Care Assessment from an Aged Care Assessment Team (ACAT)
- ❖ The Assessment of Assets for Permanent Residential Aged Care Statement from Centrelink or the Department of Veterans' Affairs OR \* the Maurice Zeffert Home Option Not to Provide form.

\* If signed under Power of Attorney please ensure a copy of the POA or EPA is provided.

For further information please refer to the Resident/Family Checklist for Residency and the Information in Relation to Charges for Prospective Residents.