

ADMISSIONS DOCUMENTATION

Please complete all enclosed documentation and return
for admission to the wait list for residency



MAURICE ZEFFERT

Trusted Jewish Aged Care

MAURICE ZEFFERT HOME (INC)

119 Cresswell Road, Dianella Western Australia 6059

Telephone (08) 9375 4600 | Email info@mzh.org.au | Website mzh.org.au

ABN: 43 422 387 456



CHECK LIST

HAVE YOU COMPLETED:

- APPLICATION FORM
- MEDICAL EVALUATION FORM
- RESIDENT SOCIAL PROFILE
- PRIVACY CONSENT FORM
- ENDURING AUTHORITY TO PUBLISH
- DIRECT DEBIT REQUEST
- OPTION NOT TO PROVIDE

HAVE YOU INCLUDED:

- A copy of the Aged Care Client Record (ACCR) or My Aged Care Support Plan completed by the Aged Care Assessment Team
- A copy of Enduring Power of Attorney (POA)/ Power of Attorney (POA)
- A copy of Power of Guardianship
- A copy of Centrelink/Department of Veteran Affairs (DVA) Income & Asset Assessment Notice

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APPLICATION FORM

PERMANENT (FOR ADMISSION INTO RESIDENTIAL AGED CARE)

PLEASE TICK: HIGH CARE LOW CARE KEREN OR (DEMENTIA SPECIFIC)

SECTION 1

SURNAME:

PREFERRED NAME (TO BE CALLED BY):

LEGAL GIVEN NAMES:

HEBREW NAME:

DATE OF BIRTH:

ADDRESS:

DO YOU: OWN RENT BOARD OTHER

PHONE (HOME):

PHONE (MOBILE):

COUNTRY OF BIRTH:

AUSTRALIAN CITIZEN: YES NO

NATIONALITY:

RELIGION: JEWISH - ORTHODOX JEWISH-LIBERAL OTHER

FIRST LANGUAGE:

OTHER LANGUAGES SPOKEN:

MARITAL STATUS SINGLE DE FACTO DIVORCED MARRIED WIDOWED SEPARATED

FATHER'S GIVEN AND SURNAME:

FATHER'S HEBREW NAME:

MOTHER'S GIVEN AND MAIDEN NAME:

MOTHER'S HEBREW NAME:

SECTION 2

PENSION DETAILS FULL PART

CENTRELINK NO:

MEDICARE NO:

EXPIRY DATE:

VETERANS AFFAIRS NO:

CARD TYPE - GOLD WHITE

EXPIRY DATE:

PRIVATE HEALTH INSURANCE FUND (NAME):

MEMBERSHIP NO:

EXPIRY DATE:

AMBULANCE SUBSCRIPTION NO:

EXPIRY DATE:



Keren Or
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APPLICATION FORM

SECTION 3

POWER OF ATTORNEY

HAVE YOU APPOINTED A POWER OF ATTORNEY: YES NO

ENDURING POWER OF ATTORNEY: YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF PERSON 1 HOLDING POWER OF ATTORNEY:

ADDRESS:

TELEPHONE NO:

MOBILE NO:

EMAIL:

NAME OF PERSON 2 HOLDING POWER OF ATTORNEY:

ADDRESS:

TELEPHONE NO:

MOBILE NO:

EMAIL:

PLEASE PROVIDE A COPY OF THE POWER OF ATTORNEY DOCUMENTATION

SECTION 4

GUARDIANSHIP

HAVE YOU APPOINTED A GUARDIANSHIP AUTHORITY: YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF PERSON HOLDING GUARDIANSHIP AUTHORITY:

ADDRESS:

TELEPHONE NO:

MOBILE NO:

EMAIL:

PLEASE PROVIDE A COPY OF THE POWER OF GUARDIANSHIP DOCUMENTATION

SECTION 5

NEXT-OF-KIN (SPOUSE, CHILDREN OR NEAR RELATIVES) (WHO WILL BE CONTACTED UPON SERIOUS ILLNESS OR SUDDEN DEATH)

STATE FULL NAME, ADDRESS, RELATIONSHIP, TELEPHONE NUMBERS

1. NAME: RELATIONSHIP:

ADDRESS:

PHONE HOME:

PHONE WORK:

MOBILE NO:

EMAIL:

2. NAME: RELATIONSHIP:

ADDRESS:

PHONE HOME:

PHONE WORK:

MOBILE NO:

EMAIL:

NAME AND ADDRESS OF PERSON BILLING ACCOUNT WILL BE SENT TO

NAME:

ADDRESS:

PHONE HOME:

PHONE WORK:

MOBILE NO:

EMAIL:

APPLICANT OR POA SIGNATURE:

DATE:



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MEDICAL EVALUATION FORM

TO BE COMPLETED BY MEDICAL PHYSICIAN

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 BEEN A PATIENT: _____

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 ONES? _____

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



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MEDICAL EVALUATION FORM

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:

CARDIOVASCULAR

RELEVANT DETAILS:

PULSE: B.P.: ANY POSTURAL CHANGE:

PERIPHERAL PULSES:

E.C.G.

PACEMAKER YES NO IF YES, BEING MONITORED BY:

GASTROINTESTINAL

RELEVANT DETAILS:

APERIENT USAGE: FAECAL INCONTINENCE YES NO

DENTITION:

ENDOCRINE

RELEVANT DETAILS:

HAEMOPOIETIC

RELEVANT DETAILS:

SKIN

RELEVANT DETAILS:



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SYSTEMS REVIEW PLEASE PROVIDE DIAGNOSIS AND BRIEF SUMMARIES OF HISTORY

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



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MEDICAL EVALUATION FORM

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):

DATE MEMORY/INTELLECTUAL DECLINE FIRST NOTED:

BEHAVIOURAL PROBLEMS OR WANDERING? YES NO

DETAILS:

DEMENTIA INVESTIGATED? YES NO

DETAILS (PLEASE INCLUDE CT AND OTHER INVESTIGATIONS AND RESULTS):

CURRENT MEDICATIONS

DRUG SENSITIVITY/ADVERSE DRUG REACTIONS:

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:



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RESIDENT SOCIAL PROFILE

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.

The information will be used to develop an individualised activity program and support to meet your needs.

RESIDENT NAME: _____

DATE: _____

ACTIVITY PREFERENCES (ON ENTRY TO THE HOME)

PLEASE IDENTIFY (✓) THOSE ACTIVITIES THAT WOULD OR HAVE BEEN OF INTEREST

<input type="checkbox"/> INDOOR BOWLS	<input type="checkbox"/> SYNAGOGUE
<input type="checkbox"/> COMMUNITY SINGING/CHOIR	<input type="checkbox"/> GROUP DISCUSSIONS
<input type="checkbox"/> NEWSPAPER READINGS	<input type="checkbox"/> OUTINGS
<input type="checkbox"/> EXERCISE TO MUSIC	<input type="checkbox"/> COOKING
<input type="checkbox"/> WORD GAMES/QUIZZES	<input type="checkbox"/> CONCERTS/PERFORMANCES
<input type="checkbox"/> CARDS	<input type="checkbox"/> VIDEO/FILMS
<input type="checkbox"/> FLORAL ART	<input type="checkbox"/> CRAFT
<input type="checkbox"/> PARLOUR GAMES	<input type="checkbox"/> JIGSAWS
<input type="checkbox"/> BINGO	<input type="checkbox"/> BEAUTY CARE
<input type="checkbox"/> ART	<input type="checkbox"/> HAPPY HOUR
<input type="checkbox"/> GARDENING	<input type="checkbox"/> CROSSWORDS
<input type="checkbox"/> GUIDED WALKS	<input type="checkbox"/> OTHER (PLEASE SPECIFY)

ARE YOU ON THE ELECTORAL ROLL? _____

YES NO

IF YES, CURRENT ELECTORATE: _____

DOES THE RESIDENT HAVE THE COGNITIVE CAPACITY TO REMAIN ON THE ELECTORAL ROLL? _____

YES NO

It is the responsibility of you or your carer to change the electoral district. To be removed from the electoral role, a letter is required from the medical practitioner.

SPIRITUAL AND CULTURAL DETAILS

DURING YOUR LIFE, HAVE YOU ATTENDED SYNAGOGUE REGULARLY? _____

YES NO

WOULD YOU LIKE TO ATTEND SYNAGOGUE AT MAURICE ZEFFERT HOME? _____

YES NO

ANY SPECIFIC CULTURAL PREFERENCES: _____

E.G. DIET: _____

FESTIVALS OBSERVED: _____

CULTURAL PREFERENCES/PRACTICES (EG CLOTHING/SOCIAL CONTACT/RITUALS): _____



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RESIDENT SOCIAL PROFILE

LIFE PROFILE

CHILDHOOD

LIVED AT:

EDUCATION:

ADULT YEARS

LIVED AT:

EDUCATION:

WORK:

LEISURE INTERESTS:

RETIREMENT

LIVED AT:

LEISURE INTERESTS:

LIST ANY SIGNIFICANT LIFE EXPERIENCES (E.G. AWARDS, DISASTERS, ACHIEVEMENTS):

TRAVEL EXPERIENCE:

HOLOCAUST AND WARTIME EXPERIENCES

SIGNIFICANT EVENTS AND DATES

WEDDING ANNIVERSARY:

CHILDREN'S BIRTHDAYS:

DEATH OF SIGNIFICANT OTHER:

OTHER:



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RESIDENT SOCIAL PROFILE

LIFE PROFILE

FAVOURITES AND FEARS

PREFERRED FOOD:

DRINK:

FLOWER(S):

COLOUR:

ANIMAL:

BOOKS/ MAGAZINES/MOVIES:

MILITARY ROMANTIC THRILLER COMEDY LIFESTYLE WESTERNS

CURRENT AFFAIRS GARDENING HOBBIES/CRAFT SPORT

OTHER (PLEASE SPECIFY):

MUSIC:

CLASSICAL COUNTRY ROCK 'N' ROLL JAZZ MUSICALS

"OLD TIME" OTHER (PLEASE SPECIFY):

RADIO PROGRAMS:

TELEVISION PROGRAMS:

SPORT:

FEARS/DISLIKES (EG DARK, HEIGHTS, ANIMALS, BEACH ETC):



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RESIDENT SOCIAL PROFILE

LIFE PROFILE

FAMILY AND SOCIAL NETWORK

FAMILY AND/OR FRIENDS LIKELY TO BE INVOLVED WITH YOU:

ASSOCIATIONS/VOLUNTARY ORGANISATIONS THAT YOU HAVE BEEN INVOLVED IN:

PETS:

NAME(S) OF SIBLINGS:

NAME(S) OF CHILDREN:

NAME(S) OF GRANDCHILDREN:



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PRIVACY CONSENT FORM

Maurice Zeffert Home (Inc) requires your authorisation in order to collect your personal information. Maurice Zeffert Home (Inc) Privacy Statement and Policy explains the circumstances and conditions of your consent. Further information and explanation is available on request.

I _____ RESIDENT / POA

HEREBY AUTHORISE THE COLLECTION OF PERSONAL INFORMATION ABOUT _____

_____ RESIDENT / POA

- I have received the Privacy Statement and Policy and have been given opportunity to ask questions.
- My questions have been answered to my satisfaction.
- I understand that I can ask further questions at any time.

RESIDENT OR POWER OF ATTORNEY SIGNATURE:

DATE:

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PRIVACY STATEMENT

Maurice Zeffert Home acknowledges and respects the privacy of individuals. We support and are committed to complying with the Privacy Act 1988, Australian Privacy Principles and Guidelines and the Privacy Amendment (Notifiable Data Breaches) Act 2017 as endorsed by the Office of the Australian Information Commissioner.

Any personal information we collect about you will only be used for the purposes we have collected it or as allowed under the law.

Types of Information

When we refer to personal information, this can broadly be defined as information that identifies your person. This can include demographic information such as full name, date of birth and address. It can also include sensitive information that may refer to matters relating to health (such as health history, health practitioners, social circumstances, next of kin details; or matters relating to finances (Centrelink or DVA assessments, direct debit details).

Government Related Identifiers

If we collect government identifiers, such as your tax file number or Medicare number, we do not use or disclose this information other than authorised by law.

Why We Collect Your Personal Information

We collect personal information for the purposes of:

- Providing quality health or aged care services to you;
- Administering and managing those services;
- Managing our relationship as an approved provider with you as a consumer;
- Assisting your treating health professionals or carers in providing care to you at our facilities or in the community;
- Internal administrative requirements, including information required by our insurers, legal representatives, and bodies related to accreditation; and
- Developing our services through quality review such as clinical audit, planning and evaluation.

We do not collect your personal information for the purposes of direct marketing and will not offer you other products and services outside the scope of our purpose as an approved provider of residential care, day therapy, or retirement living.

How Do We Collect Your Personal Information?

Wherever possible and practicable we will collect personal information directly from you and your family/responsible person. This may happen before admission to our services; at admission; and ongoing while you receive residential care, day therapy, or retirement living provided by us.

We may also collect personal information from health professionals, government departments and agencies, or your family/responsible person. We may also collect information from bona fide third parties who provide services to you.

Why Maurice Zeffert Home May Disclose Your Personal Information

For sole purpose of providing quality services to you, there will be times when we will need to disclose your personal information to third parties. These third parties may include:

- Health professionals;
- Our service contractors where such information is essential for provision of care and services;
- State and Commonwealth departments; and
- Your representatives including family, responsible persons, guardians or administrators.

Before any disclosure of personal information to another person or organisation, Maurice Zeffert Home will take all reasonable steps to satisfy our needs that:

- The other person or organisation has a commitment to protecting your personal information which is a minimum is equal to our policy; or
- You have consented to us making the disclosure.

All information that we have stored is on our IT server and offsite and not stored outside Australia.

Marketing

We will not provide your information to third parties for direct marketing. However, we may use your information to provide you with current information about our services (including new services being offered by us), changes to our organisation, or any benefits that we are made aware of that in good faith we believe may be a benefit to you as a person.

If you do not wish to receive such information, you may at anytime decline to receive such by telephoning us on (08) 9375 4600, by emailing us at info@mzh.org.au, or by writing to us at 119 Cresswell Road Dianella WA 6059.

We are committed to take all reasonable steps to meet your request at the earliest possible opportunity.

Updating Your Personal Information

It is important that any personal information we hold about you is accurate and up to date. During our relationship of providing services or accommodation, we may ask you to inform us if any of your personal information has changed. We may ask you to inform us of any errors relating to personal information and to keep us informed of any changes relating to personal information.

You may contact us at any time if you wish to make changes to your personal information, as we may rely on you to ensure the information we hold is accurate and/or complete.

Access to Personal Information

We are committed to providing you with access to personal information we hold about you at any time and we will take all reasonable steps to respond within five working days. We aim to respond immediately where we can, however we may need to contact other people or organisations to properly respond to your request.

Please note that we are not required to provide you with access to your personal information in certain circumstances. These include where the information relates to existing or reasonably anticipated legal proceedings or if such request is vexatious. If access is denied, you will be informed why that has occurred.

Correction of Personal Information

If any of the personal information we hold about you is incorrect, inaccurate or out of date you should request that we correct the information. Where possible, we will correct the personal information immediately, although we may require five working days where we need to consult other people or organisations to properly respond to your request.

If for any reason we refuse to correct personal information, you will be informed as to our reasons for not correcting the information.

Safety and Security of Personal Information Held

We may store your personal information in paper and electronic form. Maurice Zeffert Home takes reasonable steps to protect your personal information by storing it in a secure environment. We also ensure we take reasonable steps to protect any personal information from misuse, loss and unauthorised access, modification or disclosure.

We have an obligation to promptly notify you if your personal information is involved in a data breach that is likely to result in serious harm. We must make recommendations to you on the steps you should take in response to the breach and also provide the Office of Australian Information Commissioner with details of the breach using the OAIC's Notifiable Data Breach form.

Further information on Notifiable Data Breaches can be found at www.oaic.gov.au.

Complaints and Feedback

All service users have a right to complain about the service they are receiving without fear of retribution, and can expect complaints to be dealt with fairly, promptly and confidentially by Management.

If you are dissatisfied with how we have dealt with your personal information, you may contact our Executive Management Team on 9375 4600, by emailing info@mzh.org.au or by writing to us at: 119 Cresswell Road Dianella WA 6059.

Maurice Zeffert Home will acknowledge your complaint within seven days and provide a decision or feedback on your complaint within 30 days.

If you are dissatisfied with our internal response, you may make a complaint to the Privacy Commissioner who can be contacted via the Office of the Australian Information Commissioner website (www.oaic.gov.au) or on 1300 363 992.

Further Information

You may request further information about the way we manage your personal information by contacting us.

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ENDURING AUTHORITY TO PUBLISH

I _____ RESIDENT / POA

GIVE MY PERMISSION FOR PHOTOS OF _____

_____ RESIDENT / POA

attending activities at the Maurice Zeffert Home (Inc) and information and photos in the resident profiles to be used for MZH internal documents, the Maccabean, other Jewish publications and on the Home's website. If there are any changes to be made to this enduring authority, I will notify the Executive Management Team.

SIGNED: _____ DATE: _____

RELATIONSHIP TO RESIDENT: _____

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DIRECT DEBIT REQUEST

REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY **MAURICE ZEFFERT HOME (INC)**

Request and Authority to debit	Your Surname or company name <hr/> Your Given names or ABN/ARBN “you” <hr/> request and authorise MAURICE ZEFFERT HOME (INC) User ID: 483570 to arrange, through its own financial institution, a debit to your nominated account any amount MAURICE ZEFFERT HOME (INC) has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.
Insert the name and address of financial institution at which account is held	Financial institution name <hr/> Address <hr/> <hr/>
Insert details of account to be debited	Name/s on account <hr/> BSB number (Must be 6 Digits) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Acknowledgment	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and MAURICE ZEFFERT HOME (INC) as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address	This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.
Request and Authority to debit	Signature <hr/> (If signing for a company, sign and print full name and capacity for signing eg. director) Address <hr/> <hr/> Date / / <hr/>
Second account signatory (if required)	Signature <hr/> (If signing for a company, sign and print full name and capacity for signing eg. director) Address <hr/> <hr/> Date / / <hr/>

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DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is your Direct Debit Service Agreement with MAURICE ZEFFERT HOME (INC), User ID:483570, ABN: 43 422 387 456. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

<p>Definitions</p>	<p>account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.</p> <p>agreement means this Direct Debit Request Service Agreement between <i>you</i> and <i>us</i>.</p> <p>banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p>debit day means the day that payment by <i>you</i> to <i>us</i> is due.</p> <p>debit payment means a particular transaction where a debit is made.</p> <p>direct debit request means the Direct Debit Request between <i>us</i> and <i>you</i>.</p> <p>us or we means MAURICE ZEFFERT HOME (INC), (the Debit User) you have authorised by requesting a Direct Debit Request.</p> <p>you means the customer who has signed or authorised by other means the Direct Debit Request.</p> <p>your financial institution means the financial institution nominated by <i>you</i> on the DDR at which the account is maintained.</p>
<p>1. Debiting your account</p>	<p>1.1 By signing a Direct Debit Request or by providing <i>us</i> with a valid instruction, <i>you</i> have authorised <i>us</i> to arrange for funds to be debited from <i>your</i> account. <i>You</i> should refer to the Direct Debit Request and this agreement for the terms of the arrangement between <i>us</i> and <i>you</i>.</p> <p>1.2 We will only arrange for funds to be debited from <i>your</i> account as authorised in the Direct Debit Request.</p> <p>or</p> <p>We will only arrange for funds to be debited from <i>your</i> account if we have sent to the address nominated by <i>you</i> in the Direct Debit Request, a billing advice which specifies the amount payable by <i>you</i> to <i>us</i> and when it is due.</p> <p>1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit <i>your</i> account on the following banking day. If <i>you</i> are unsure about which day <i>your</i> account has or will be debited <i>you</i> should ask <i>your</i> financial institution.</p>
<p>2. Amendments by us</p>	<p>2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.</p>
<p>3. Amendments by you</p>	<p>3.1 <i>You</i> may change*, stop or defer a debit payment, or terminate this agreement by providing <i>us</i> with at least fourteen (14) days notification by writing to:</p> <p>MAURICE ZEFFERT HOME (INC) ACCOUNTS DEPARTMENT 119 CRESSWELL ROAD, DIANELLA WA 6059</p> <p>or</p> <p>by emailing <i>us</i> at accounts@mzh.org.au</p> <p>or</p> <p>by telephoning <i>us</i> on (08) 9375 4600 during business hours;</p> <p>or</p> <p>arranging it through <i>your</i> own financial institution, which is required to act promptly on <i>your</i> instructions.</p> <p>*Note: in relation to the above reference to 'change', <i>your</i> financial institution may 'change' <i>your</i> debit payment only to the extent of advising <i>us</i> MAURICE ZEFFERT HOME (INC) <i>your</i> new account details.</p>

DIRECT DEBIT REQUEST SERVICE AGREEMENT

<p>4. Your obligations</p>	<p>4.1 It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a debit payment to be made in accordance with the Direct Debit Request.</p> <p>4.2 If there are insufficient clear funds in <i>your</i> account to meet a debit payment:</p> <ul style="list-style-type: none"> (a) <i>you</i> may be charged a fee and/or interest by <i>your</i> financial institution; (b) <i>you</i> may also incur fees or charges imposed or incurred by <i>us</i>; and (c) <i>you</i> must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in <i>your</i> account by an agreed time so that <i>we</i> can process the debit payment. <p>4.3 <i>You</i> should check <i>your</i> account statement to verify that the amounts debited from <i>your</i> account are correct</p>
<p>5. Dispute</p>	<p>5.1 If <i>you</i> believe that there has been an error in debiting <i>your</i> account, <i>you</i> should notify <i>us</i> directly on (08) 9375 4600 and confirm that notice in writing with <i>us</i> as soon as possible so that <i>we</i> can resolve <i>your</i> query more quickly. Alternatively <i>you</i> can take it up directly with <i>your</i> financial institution.</p> <p>5.2 If <i>we</i> conclude as a result of our investigations that <i>your</i> account has been incorrectly debited <i>we</i> will respond to <i>your</i> query by arranging for <i>your</i> financial institution to adjust <i>your</i> account (including interest and charges) accordingly. <i>We</i> will also notify <i>you</i> in writing of the amount by which <i>your</i> account has been adjusted.</p> <p>5.3 If <i>we</i> conclude as a result of our investigations that <i>your</i> account has not been incorrectly debited <i>we</i> will respond to <i>your</i> query by providing <i>you</i> with reasons and any evidence for this finding in writing.</p>
<p>6. Accounts</p>	<p><i>You</i> should check:</p> <ul style="list-style-type: none"> (a) with <i>your</i> financial institution whether direct debiting is available from <i>your</i> account as direct debiting is not available on all accounts offered by financial institutions. (b) <i>your</i> account details which <i>you</i> have provided to <i>us</i> are correct by checking them against a recent account statement; and (c) with <i>your</i> financial institution before completing the Direct Debit Request if <i>you</i> have any queries about how to complete the Direct Debit Request.
<p>7. Confidentiality</p>	<p>7.1 <i>We</i> will keep any information (including <i>your</i> account details) in <i>your</i> Direct Debit Request confidential. <i>We</i> will make reasonable efforts to keep any such information that <i>we</i> have about <i>you</i> secure and to ensure that any of our employees or agents who have access to information about <i>you</i> do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 <i>We</i> will only disclose information that <i>we</i> have about <i>you</i>:</p> <ul style="list-style-type: none"> (a) to the extent specifically required by law; or (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).
<p>8. Notice</p>	<p>8.1 If <i>you</i> wish to notify <i>us</i> in writing about anything relating to this agreement, <i>you</i> should write to ACCOUNTS DEPARTMENT MAURICE ZEFFERT HOME (INC) 119 CRESSWELL ROAD, DIANELLA WA 6059 Or Email to accounts@mzh.org.au</p> <p>8.2 <i>We</i> will notify <i>you</i> by sending a notice in the ordinary post to the address <i>you</i> have given <i>us</i> in the Direct Debit Request.</p> <p>8.3 Any notice will be deemed to have been received on the third banking day after posting.</p>



Keren Or
Carl and Sadie Cohen Hostel
David, Gita and Michael Hoffman Nursing Home
Sir Zelman and Lady Cowen Retirement Village

119 Cresswell Road, Dianella Western Australia 6059
Ph: (08) 9375 4600 | **Fax:** (08) 9276 1250
Email: info@mzh.org.au | **Website:** mzh.org.au
ABN: 43 422 387 456

OPTION NOT TO PROVIDE

CENTRELINK OR DEPARTMENT OF VETERANS' AFFAIRS (DVA) INCOME AND ASSET ASSESSMENT

The Aged Care Act (1997) permits aged care providers to charge accommodation payments up to the room price approved by the Pricing Commissioner.

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

Having an Income and Assets Assessment is not compulsory. However, it is a requirement of entry to Maurice Zeffert Home (Inc) that either a Centrelink or DVA Income and 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 funds to be charged the maximum Residential Fees including the maximum Accommodation Payment and Means Tested Care Fees.

I (FULL NAME):

CONFIRM THAT I DO NOT WISH TO PROVIDE AN INCOME AND ASSET ASSESSMENT FROM CENTRELINK OR DEPARTMENT OF VETERANS' AFFAIRS (DVA).

I understand that by choosing not to undertake an Income and Assets Assessment, I am not eligible to receive government assistance with accommodation costs and that I will pay the maximum rate of accommodation payments and means tested care fees.

APPLICANT OR *POA SIGNATURE:

DATE: / /

APPLICANT ADDRESS:

POST CODE:

* If signing under Power of Attorney please ensure a copy of Power Of Attorney or Enduring Power Of Attorney is provided.

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MAURICE ZEFFERT

Trusted Jewish Aged Care

MAURICE ZEFFERT HOME (INC)
www.mzh.org.au