

Ridleyton Greek Home for the Aged (Reg)

Registered Address:

ABN: 91 927 549 135 - 002

89 Hawker Street
Brompton SA 5007

Telephone : 8340 1155
Fax : 8346 3112

Beginning Your Application

To enable processing of your application, the following forms must be lodged with us.

(please tick these off as you go):

- A completed **Application for Respite Care or Permanent Entry to an Aged Care Home**.
- A completed **RGHA Consumer Reference Data Sheet**.
- A full copy of your **Aged Care Client Record (ACCR)** or **Support Plan**.
- An **RGHA Medical Certificate** completed by your doctor.
- A copy of **Enduring Power of Attorney, Power of Guardianship or Medical Power of Attorney** if you have such a directive in place.
- Copy of **SA Ambulance, Medicare and Pension Cards**.

You must also ensure that you have lodged the following as applicable:

- If you are in receipt of an Income Support Payment and a property owner:**
 - please complete the **Residential Aged Care Property Details** form (SA485) and lodge with either Department of Human Services or Department of Veterans' Affairs (as appropriate).
- If you are a Non Pensioner:**
 - please complete the **Residential Aged Care Calculation of your cost of care** form (SA457) and lodge with Department of Human Services or Department of Veterans' Affairs (as appropriate).
- If you are not a property owner:**
 - please call Centrelink on 1800-227-475 or DVA on 1800-555-254 and request a pre commencement fee letter.

Following this a **Residential Aged Care Fees Letter** will be sent to you. This is an important document and RGHA will need a copy of it prior to the applicant's name being placed on our Waiting List.

To keep your information current, you will be required to notify RGHA of any change in your need for accommodation, change of address, or if accommodation is no longer required.

Also, a **Doctor** needs to be nominated to visit the applicant when they are admitted to Ridleyton Greek Home for the Aged. If the applicant's current GP is unable to continue services please contact the facility for the names of Doctors who visit the home and have identified their willingness to take on new Consumers.

Due to COVID-19 restrictions all visitors must provide evidence of current season flu vaccination.

Signature of Applicant/Agent _____ Date _____

Note: If this form has been signed by someone other than the applicant, the following needs to be completed:

Name of Agent: _____

Proprietor:



GREEK ORTHODOX COMMUNITY
OF SOUTH AUSTRALIA INCORPORATED
ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΗ ΚΟΙΝΟΤΗΤΑ ΝΟΤΙΑΣ ΑΥΣΤΡΑΛΙΑΣ

ABN: 91 927 549 135

OFFICE USE ONLY:
Residential Aged Care Fee
Letter provided
Yes/No