



UPA CENTRAL WEST

Residential Aged Care Application for Respite Care or Permanent Entry

at

Ascott Gardens – Orange

or

Prunus Lodge – Molong

UPA MISSION

“Our Mission is to offer care of the highest possible standard consistent with UPA’s Christian commitment and the expectations of society.”

UPA VALUES

Compassion
Respect
Kindness
Integrity
Inclusiveness

Application for Residency

Where are you seeking accommodation? (please tick appropriate box):

Ascott Gardens, 83 Spring Street, Orange Prunus Lodge, Bells Lane, Molong

How did you hear about Ascott Gardens/Prunus Lodge

ACAT Service Reference Numbers: Permanent Care: 1- _____

Respite Care: 1- _____

Type of Admission: Permanent Respite Dementia specific

Personal Details

Title (Mr/Mrs/Miss/Ms etc) _____

Last Name _____

First Name (s) _____

Preferred Name _____

Gender Male Female Religious Denomination (optional) _____

Date of birth ____ / ____ / ____ Marital Status _____

Present Address _____

_____ Postcode _____

Phone Number _____

Name of Doctor: _____

Doctor's Phone Number: _____

Do you receive a full or part pension (or other income support payment) from Department of Human Services or the Department of Veterans' Affairs?

Yes, full pension Yes, part pension None

If yes, please provide card number _____

Where is your card is from: Dpt of Human Services Dpt of Veterans' Affairs?

Medicare Card No _____

Have you completed the Combined Assets and Income Assessment Form?

Yes Not yet Will not complete one

NB: Please note that our RAD (Refundable Accommodation Deposit) is Assets based and without the Aged Care Fee letter generated from this Assessment, you may be required to pay the full RAD at your chosen facility.

Dated: 18/08/2020

Legal Information

Nominated Representative

If you would like UPA to contact a representative about this application, please provide their details below.

Title (Mr/Mrs/Miss/Ms etc) _____

Last Name _____

First Name (s) _____

Email _____

Address _____

_____ Postcode _____

Phone Number _____

Type of authority (eg *Power of Attorney*) _____

(Please attach a copy of the authority)

Do you wish to be responsible for receiving correspondence from UPA including accounts once you have accepted a place?

Yes

No, I would like my correspondence to go to:

Title (Mr/Mrs/Miss/Ms etc) _____

Last Name _____

First Name (s) _____

Email _____

Address _____

_____ Postcode _____

Phone Number _____

Name and address of your Solicitor

Dated: 18/08/2020

Family Information

Spouse/Partner Information

Spouse/partner's Last Name _____

First Name (s) _____

Address _____

_____ Postcode _____

Phone Number _____

Details of all living children. If no children, name and addresses of nearest relatives or friends:

Name: _____

Address: _____

Email Address: _____

Phone No: _____ Relationship: _____

Name: _____

Address: _____

Email Address: _____

Phone No: _____ Relationship: _____

Name: _____

Address: _____

Email Address: _____

Phone No: _____ Relationship: _____

Name: _____

Address: _____

Email Address: _____

Phone No: _____ Relationship: _____

Existing/Previous Resident of an Aged Care Facility

If you currently receive or have received permanent care in a residential aged care home, please complete the following details:

Name and address of the residential aged care home:

Is there anything else you would like us to know about your application?

Please attach a copy of your current Aged Care Assessment approval. If an authorised representative is signing this application form on your behalf, please attach a copy of the authority (Power of Attorney).

Signature	Date

Please return completed form to:

**The Admissions Coordinator
UPA Central West
68 Nile Street
PO Box 8090
ORANGE NSW 2800
Phone: 02 6362 7820
Fax: 02 6362 9148**

UPA Central West Region

REGIONAL ADMINISTRATION OFFICE
68 Nile Street, Orange

Phone:	6362 7820
Fax:	6362 9148
Email:	upacw@centralwest.upa.org.au
Postal Address:	PO Box 8090, Orange NSW 2800
Regional Manager:	Christine Sullivan
Retirement Village and Admission Coordinator:	Amanda Berrington
Accountant:	Geoffrey Redman
Administration:	Nicola James
Accounts:	Mandy McLean
Payroll:	Lizy Barclay
PRESIDENT Central West	Mr Anthony Short Ph: 6360 2235

Central West Region U.P.A. Services

MOLONG

Molong Lodge Retirement Village

Bells Lane & Hill Street Molong 22 Self-Care Units
RV Coordinator: Amanda Berrington Phone (02) 63627820

Prunus Lodge Bells Lane Molong 28 Bed Aged Care Service
Care Manager: Rebecca Fraser Phone (02) 6366 8097
Admissions Coordinator: Amanda Berrington Phone (02) 63627820

Activity Centre: 36 Hill Street Molong Phone (02) 6362 7820

ORANGE

Ascott Gardens 83 Spring Street Orange 78 Bed Aged Care Service Facility
Manager: Mary Elliott Phone (02) 6362 2201
Admissions Coordinator: Amanda Berrington Phone (02) 63627820

Community Aged Care Services (CACs and STRC):
211 March Street, Orange Phone (02) 6361 3322
Manager: Hayley Jenkins

Retirement Villages:

Regional Office - 68 Nile Street, Orange Phone (02) 63627820
RV Coordinator: Amanda Berrington

Kooronga Lodge 35–39 Kooronga Avenue Orange 10 Self-Care Units

Sunset Vista Village 64 Nile Street Orange 13 Self-Care Units

Astill Court 102-110 Autumn Street Orange 28 Self-Care Units
75 Nile Street Orange 6 Self-Care Units

Buena Vista Opportunity Shop:

195 Peisley Street Orange Phone: (02) 6361 7884
Manager: Mrs Irene Dwight
Assist. Manager Michelle Bravenboer

The Gallard Centre (Residents Community Centre)
79 Nile Street Orange Phone (02) 63627820