



# *Ridleyton Greek Home for the Aged (Reg)*

## **AGREEMENT ON THE MAXIMUM ACCOMMODATION PAYMENT**

I, ..... (resident's representative), acknowledge that Ridleyton Greek Home for the Aged has given me an accommodation agreement in respect to the admission of ..... as a permanent resident of the Ridleyton Greek Home for the Aged. I further acknowledge ....., a member of the approved provider's staff, has explained the terms of the agreement to my satisfaction. Section 52F-1(1)(a) of the Aged Care Act 1997 provides that I must receive all appropriate payment information prior to resident admission.

Under Section 52F-1(1)(b) of the Aged Care Act, I understand that, dependent on the Means Tested Amount determination provided by Centrelink / Department of Veterans' Affairs (DVA) (as appropriate), an accommodation payment or accommodation contribution will be payable to the approved provider by the resident for their occupancy of an approved place in the service and agree that the maximum accommodation payment amount is \$..... (this means the actual accommodation payment amount cannot exceed \$.....). This amount is relative to the room the resident will be admitted to and based on the terms of the Resident Agreement and the Fees and Payments Principles 2014 (No. 2). The actual accommodation payment amount is to be agreed by the resident or their representative and the approved provider prior to or on the resident's day of admission to the service (in the aforementioned Resident / Accommodation Agreement).

I understand the resident or their representative is to inform the approved provider in writing of the accommodation payment (or accommodation contribution) method of payment within 28 days of admission. The method of payment may be a:

- refundable deposit, which if the maximum accommodation payment was paid in full by refundable deposit would be \$.....; or
- daily payment, which if the maximum accommodation payment was paid in full by daily payment would be \$.....; or
- combination of a refundable deposit and daily payment, for instance a refundable deposit of \$..... and a daily payment of \$.....

I understand that the price negotiated and the prices above are mutually exclusive and serve as the Home's placement of monetary value on the room.

I understand that until the resident informs the approved provider of their chosen payment method the method of payment will be a daily payment. Also, that if a Refundable Accommodation Deposit (RAD) is subsequently chosen (in full or in a combination), the daily payment will continue to be payable until RGHA is in receipt of the RAD negotiated.

I understand that in the absence of a determination letter, interim fees will apply. Until all parties are in receipt of this determination it is not possible to set the exact fees payable. As such, I understand that interim fees are payable in full (all outstanding fees must be payable 42 days in excess of terms of our accounts, or the resident's accommodation at the facility may come into jeopardy), and that any payments made in excess of the eventual assessment by Centrelink / DVA will be refundable, and any additional fees will be payable by the resident. It IS Important that you provide us with the DVA / Department of Human Services (DHS, who process the Centrelink assessment) Income and Asset assessment determination letter as failure to do so will result in the resident continuing to pay the Maximum Accommodation Payment (as per the room prices listed above) and the maximum Means Tested Care Fee.

I understand that the refundable / payable interim fee outcome is from date of permanent admission as per the initial permanent Resident and Accommodation Agreement, and that the amounts as per any possible Refundable Accommodation Deposit / Daily Accommodation Payment acknowledged via the above, plus any other fees as determined by Centrelink / DVA, are the final amount owable, dating back to that date of permanent admission.



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I understand that the schedule of interim fees are as follows:

1. Basic Daily Care Fee (85% of the Full Single Aged Pension): \_\_\_\_\_ per day
2. Means Tested Care Fee: \$10 per day for pensioners / \$140 per day for self funded retirees.
3. Accommodation Payment: Equivalent to the full Daily Accommodation Payment listed above.

Signed: .....

Resident

.....

Resident's name

Signed: .....

Resident's representative

.....

Representative's name

.....

Representative's address

.....

Signed: .....

Staff member

.....

Name of staff member

.....

Position/title

.....

Approved Provider

.....

Residential Aged Care Service

Date: .....

Price Agreement Day