

# RESIDENT'S CONTRACT

## CARMEL COURT SUPPORTED RESIDENTIAL FACILITY

**BETWEEN:** Carmel Court Rest Home, 39 Myall Avenue, Kensington Gardens 5068 SA  
**PROPRIETOR/MANAGER:** Dr. Ravi Jain & Dr. Seema Jain

**AND**

**RESIDENT:** .....

**OR**

**REPRESENTATIVE:** .....

**DATE OF ENTRY:** ..... **ROOM NUMBER:** .....

**ROOM TYPE: -           Single / Shared**

Resident / their representative has received and understood a copy of the:	
<b>PROSPECTUS</b>	<b>YES</b>
<b>SCHEDULE 3</b>	<b>YES</b>
<b>DRAFT OF THE SERVICE PLAN</b>	<b>YES</b>
<b>RULES AND POLICIES</b>	<b>YES</b>

A copy of these documents is attached to your resident contract. The resident understands and agrees to his/her rights and responsibilities including;

<b>Accommodation, as specified in the Schedule 3 statement.</b>	<b>YES</b>
<b>Services, as specified in the Schedule 3 statement.</b>	<b>YES</b>
<b>Fees, as specified in the Schedule 3 statement.</b>	<b>YES</b>
<b>Bed holding fee of 70% after an absence of 14 days</b>	<b>YES</b>

The ability to rescind this contract within 15 business days after the date of this agreement.

The requirement to rescind the contract in writing and to give it personally or post it to the Proprietor/Manager.

The ability of the Proprietor/Manager to terminate this resident contract by advising the Resident and/or his/her representative in writing either personally or by post at least 28 days before the proposed termination and include the grounds for the decision to terminate the contract and avenues for the resident to seek a review of the decision.

A fully executed copy of this contract will be kept in a secure place at Carmel Court, 39 Myall Avenue, Kensington Gardens and will be made available to the resident or his/her Representative between office hours or at other times by negotiation.

Signed: ..... Date: .....  
**Resident/Representative**

Signed: ..... Date: .....  
**Proprietor/Manager**

Resident or Representative have been provided with a copy of this contract.

## CARMEL COURT SUPPORTED RESIDENTIAL FACILITY

This statement is to be provided to a person before the execution of a resident's contract. You should seek independent legal advice if you are unsure about any aspect of this document, or of any document which you are required to sign or which is provided to you in relation to your residency at Carmel Court.

You have a period of fifteen (15) business days after;

- a) The date of any contract which you may sign: or
- b) The date of the supply of this statement, the rules and policies of the facility and an outline of a service plan.(whichever is the latter) **IN WHICH YOU MAY WITHDRAW FROM THE CONTRACT. YOU ARE ADVISED TO CAREFULLY CONSIDER ANY DOCUMENTS PROVIDED TO YOU.**

The following information is to in relation to the facility and services.

### 1. FACILITY

1.1

The facility is situated at 39 Myall Avenue, Kensington Gardens 5068 SA

1.2

Proprietors Name:	Dr Ravi and Seema Jain
Address:	39 Myall Avenue, Kensington Gardens SA 5068
Phone (Home):	8331 3623
Phone (Work):	0403 515541

### 2. ACCOMODATION

2.1

- The type of accommodation available to you is single and twin share with shared bathrooms.
- A layout of the accommodation is attached to this document.
- A bed holding fee will be involved after a period of 14 days absence.
- The bed folding fee will be 70% of the weekly fee.

### 3. SERVICES

3.1

Services provided or offered by the facility:

- Laundry - Washing and ironing
- Medication supervision and/or assistance
- Assistance with showering, shaving, dressing etc.
- Podiatrist visits every 6-8 weeks
- Hairdressers visiting every 6-8 weeks
- Arrangements of Doctors appointments (if necessary)

### 4. YOUR PAYMENT

4.1

You are required to pay the following amount on the commencement of the resident contract. Boarding of 2 weeks in advance is currently \$735.99

4.2

The following fees and charges are payable while you remain a resident of the facility:

- Board & Lodgings \$735.99 per fortnight.

- The fees are reviewed on a 6 monthly basis.
- Residents are given two week notice of any increase.

## **5. ROUTINES AND TIMES**

### 5.1

The following routines apply at the facility:

- Beds are made daily by staff if needed.
- Linen is changed weekly.
- Rooms cleaned weekly, but to be kept neat and tidy at all times.

### 5.2

You will be expected to observe the following time requirements while you are a resident at the facility.

Meals times are as follows:

#### **Weekdays**

Breakfast	8.00 AM
Morning tea	10:30 AM
Lunch	12.00 PM
Afternoon Tea	2.30 PM
Dinner	5.00 PM
Supper	7:30 PM

#### **Weekends/Public holidays**

Breakfast	8:30 AM
Morning tea	10:30 AM
Lunch	12.00 PM
Afternoon Tea	2.30 PM
Dinner	5.00 PM
Supper	7:30 PM

## **6. COMPLAINTS**

Any complaints or grievances can be discussed with management at any time or attended to as the Grievances Policy set out in the prospectus.

## **7. YOUR FUTURE POSITION**

You may be required to observe certain rules and policies as per the Prospectus and Grievance Dispute Policy. Please ensure that you read a copy of any rules and policies before you agree to sign any documents.

## **8. DEATH OR UNEXPLAINED ABSENCE**

Should a resident pass away whilst at the facility, the following procedures will be undertaken by the appropriate staff or management:

- Contact the resident's private physician or the locum doctor
- Inform the Police
- Inform next of kin/relatives/representatives
- Inform Public Trustee if necessary
- Contact Funeral Directors if required

Eastern Health Authority will be informed if any untoward medical event occurs including death of a resident.

## CARMEL COURT PERSONAL DETAILS REGISTER

Name: .....

Date Of Birth: .....

Last Address: .....

Date of Arrival: ..... Departure: .....

Death: .....

Pension No: ..... MEDICARE No: .....

Ambulance Cover: .....

Religious Beliefs: ..... Languages Spoken: .....

Funeral Arrangements: .....

Next of Kin (1): .....

Relationship: ..... Phone No: .....

Next of Kin (2): .....

Relationship: ..... Phone No: .....

Name of Friends (if any): .....

Doctor: ..... Phone No: .....

Address: .....

Dentist: ..... Phone No: .....

Referring Agency: .....

Phone No: .....

Any Other Significant Information: .....