

Moving into Residential Care



This information is for people over 65 years of age requiring long-term care in a rest home or hospital. It is intended to supplement information on residential care from Work and Income and Ministry of Health.

Contents

Where to Begin	3
Needs Assessment & Service Co-ordination	3
Levels of Residential Care	4
Choosing a Residential Care Facility	5
Viewing the Facility	6
Admission Agreement	8
Premium Room Fees	8
Residential Care Subsidy.....	9
Privately Paying Residents	10
Income and Asset Testing	11
Applying for a Residential Care Subsidy.....	12
Checklist for Moving into Residential Care	13
Services and who pays	13
Help for Partners Still at Home.....	15
Enduring Power of Attorney	16
Transferring to a Different Facility	17
Complaints	17
More Information.....	18

Seniorline is an information service for older people and their family / whanau. We can answer questions about rest homes and hospitals and services that should be provided and support to help you stay at home.

Where to Begin

Moving into residential care involves important decisions and a lot of different emotions for everyone. If you are thinking about residential care, deteriorating health will have brought a number of life changes already. You may still be learning to cope with these changes.

The decisions to be faced can be overwhelming. No one expects to look for a rest home / hospital for ourselves or family member. It is worth looking at what support services there are to help stay at home. A needs assessor can assist with this. If you find you need more help than is available, then at least you have considered all the options.

The decision to seek residential care can be especially difficult for caregivers or family members of a person with dementia. You are making a decision on behalf of that person, and they have little insight into their condition and the demands they place on others.

It can be a great relief for everyone when appropriate residential care is found. Carers can still choose to be involved as much or little as they wish. The person in care will receive assistance to keep as independent as possible, without the worry of house maintenance, bills or personal safety.

Needs Assessment & Service Coordination

If you need help at home or residential care, you should begin by having a Needs Assessment. This ensures that:

1. You know of support services that would help you to remain in your own home e.g. district nurses, home care.
2. You have access to rehabilitation and / or specialist medical advice which may improve your health.
3. You have help with making the critical decision. It is difficult to return home once you have moved into care.
4. You know the assessment criteria for public funding of Residential Care.

A Needs Assessor will visit you at home or in hospital and talk with you about:

- * Tasks you find difficult
- * Family / whanau or social support available to you
- * Services that could help you stay at home
- * Whether you meet the criteria for long term care

The Needs Assessor identifies the level of support you require and looks at whether these needs can be safely met at home. The final package may include a mix of publicly funded services, services you buy in yourself, as well as help from family and friends.

If it is not possible for you to stay safely at home, the assessor can authorise entry to residential care. The decision on residential care considers both clinical assessment (level of care) and needs assessment (InterRAI).

It is strongly recommended you have a needs assessment before making decisions about care. To access Residential Care Subsidy you must have an assessment recommending long-term care. The terms of the Aged Care contract (page 13) do not apply to residents who have not been needs assessed; this could mean that fees for care are not capped at 'maximum contribution' rates, see page 10. The rest home / hospital must advise you in writing of these risks.

To get an assessment you can phone Needs Assessment and Service Co-ordination Service (NASC), or your GP can refer. If you are in hospital, you can be seen in the ward.

NASC phone numbers:

Contact Seniorline for NASC phone numbers / contact details or ask your local District Health Board (DHB) / hospital.

Phone.....0800 725 463 or 09 375 4395

Emailinfo@seniorline.org.nz

Websitewww.seniorline.org.nz

Levels of Residential Care

Residential care is for people who can no longer manage safely at home. There are four types of care: rest home, dementia rest home, private hospital and specialist private hospital. All facilities must be certified by Ministry of Health.

Rest Homes

Rest homes allow some independence and privacy in home-like surroundings. The environment is geared toward people who have difficulty with mobility e.g. may need to use a walking frame. The majority of rest home residents are women aged 85 years or more and a significant number have memory loss. Rest homes employ a registered nurse some hours each week, there is at least one care staff on-duty at all times with another on-call. More staff members are on duty according to the number of residents.

Dementia Rest Home

A person with dementia does not necessarily require care in a dementia rest home. The assessor consults with others, e.g. a psycho-geriatrician, and recommends the most appropriate type of care facility. Residents of dementia rest homes are mobile and show confusion that requires specialist care in a secure environment.

Dementia rest homes are small - usually no more than 20 beds. They provide higher levels of staff trained in dementia care and have enclosed garden areas with access to the street restricted. Dementia rest homes employ a registered nurse some hours per week and have one staff member on duty at all times, with another readily available on-site.

Private Hospitals

These hospitals care for older people who need nursing due to illness and disability. Although they are called hospitals, long-stay hospitals are very different from public hospitals. They do not have doctors on duty 24 hours, or specialised rehabilitation. Hospital residents tend to be immobile and many of them are confused.

Private hospitals have two staff on duty at all times, one registered nurse and one caregiver, more staff according to numbers of residents.

Specialist Hospitals

Specialist hospitals are sometimes called 'psychogeriatric hospitals'. The residents have high dependency needs coupled with challenging or noisy behaviours. The behaviour may be due to dementia, or the combination of an age-related disability and a mental health condition. Staff members are trained to manage this type of behaviour.

Specialist hospitals have two staff on duty at all times, one registered nurse and one caregiver, more staff according to number of residents. For larger facilities with several units on one site, registered nursing cover can be shared between units for the hours 10pm to 7am.

Convalescent Care

There are no specialist convalescent facilities. Some people choose to stay in a rest home or private hospital for a short time. You generally have to pay your own fees, as there is no public funding for convalescent care.

Choosing a Residential Care Facility

Selecting a rest home or hospital is a very individual choice best decided by you and your family / whanau.

Many care providers have their own websites, so you can view before visiting. Independent website www.eldernet.co.nz has vacancy information for most District Health Boards (DHBs). It also allows you to search for particular features. Rest home audit information is listed on the Ministry of Health website see *rest home audits*.

Day care or short stays can provide a gradual transition to long-term care. This way you are not moving to a totally new environment and there is time to get to know staff and residents.

Often the need for residential care is urgent. If there is no vacancy at your first choice, you might have to consider another facility. This sometimes happens when you are in a public hospital and there is pressure for discharge. If you plan to transfer, it is best to make this clear from the beginning. Try to negotiate a shorter period of notice to avoid paying both facilities during the transfer process.

If you move into a facility and then decide it is not the right place, you can move again. Re-contact Needs Assessment to begin the transfer process. See page 17, 'Transferring to a Different Facility'.

Viewing the Facility

Making an appointment to view a facility ensures the manager is free to talk with you, or you may prefer to arrive unannounced. It is best to avoid first thing in the mornings and mealtimes, as these are the busiest times for staff.

Ask Questions About:

Ownership / Management

- * Who owns the facility? Do they belong to an association?
- * Who manages the facility? What experience do they have?
- * What is the level of staff turnover?
- * Is there a residents' committee?
- * Are there other levels of care on the same site?
- * Is the facility about to change owner or manager?

Additional Costs

- * Do you have to pay more than maximum contribution? If so, what for?
- * Is there an extra charge for an ensuite / premium room?
- * Do you need to provide a guarantor for payment?
- * Ask for a copy of the Admission Agreement and check for additional charges.

Meals

- * Ask the residents about the food.
- * What times are the meals - when is the main meal?
- * Are the meals cooked on site or delivered?
- * Are special / culturally appropriate diets available?

Care

- * How are family / whanau involved in writing the Care Plan (page 9) and reviews?
- * What is the ratio of staff to residents?
- * For rest homes, how many hours per week is a registered nurse on duty, and when?
- * Which doctor visits, how often, and is there a choice?
- * Can you have a shower every day?

Bedrooms

- * Can you bring your own furniture?
- * Is the bed a comfortable height?
- * Can people enter your room without permission?

Bathrooms

- * How close are the toilets to the bedrooms?
- * Is there an ensuite? Ensuite usually means your own private toilet. A communal shower is often acceptable, as most residents need help.
- * Is there a bath? Many facilities offer only a shower.

Other Services

- * Does a hairdresser call?
- * Does the facility do residents' hand-washing? What happens about items lost in the laundry?
- * Is transport available for appointments and activities? Can it carry wheelchairs? (see pages 13)
- * Is there a free private phone for resident use?

Grounds and Building

- * Would you prefer a small or a large facility? Small facilities offer a more homely, personal environment, a larger place may have more company and organised activities.
- * How many lounges are there? Is there a choice?
- * Is there a pleasant, sheltered outdoor area to sit?

Activities

- * How many hours per week does the activities person work?
- * Are outings arranged and how often can each resident go?
- * Is there extra cost for outings or activities?

Rules

- * What happens if you want to move?
- * Is there an area where residents can smoke?
- * Can residents drink alcohol?
- * Can you take your pet with you?

Fire Safety

- * Ask to see the Fire Certificate. An alarm system with both sprinklers and smoke alarms provides the best protection. Ask to see written proof of the last evacuation drill
- * Residents should only be moved outside in an extreme emergency. Are there safe areas within the complex?

Concerns

- * How does a family / whanau member raise a concern? See Complaints, page 17.
- * Is there an independent advocate? Who is it?

Admission Agreement

This legal document protects the resident and rest home / hospital by setting out responsibilities of both. Care Providers are required to have an Admission Agreement. Ask to take the agreement away with you and study it carefully. If there is anything you are not clear about, seek advice.

If you are not happy with the terms, try to negotiate a different arrangement and change the agreement to reflect this. You initial changes just as you would any other legal document. For example, you might negotiate a reduced period of notice, see page 17. There is no charge for providing an Agreement.

What should an Admission Agreement include?

This is covered in the Age Related Residential Care Services contract, section D13. View the full contract online at:

www.health.govt.nz and search for 'residential care contract'.

The Admission Agreement should specify any extra charges. By signing it you undertake to pay these costs if you use the services listed. Some facilities may ask you to supply a guarantor for payment.

The Admission Agreement is required to cover issues such as liability for damage or loss of residents' personal belongings, staffing, resident safety and security, transport policies, procedures, costs, complaint processes and information on when a resident may be required to leave a facility.

Your care provider cannot charge you for any services you receive that are already part of its contract with the District Health Board (DHB). These are known as *Contracted Care Services*, see page 13. Services generally include GP visits, medications and incontinence products.

Premium Room Fees

Premium room fees are common in residential care. Premium rooms have 'additional features of a permanent or fixed nature', such as an ensuite, big room or garden access. These fees differ from fees for extra services that can be turned off easily such as a newspaper, phone line in room or Sky TV subscription.

There is no public funding available for premium room fees or additional services. This means that even if you are on Residential Care Subsidy, you may still be required to pay premium room fees. It is important to be very clear about any extra costs prior to entering care.

In July 2014 a policy was introduced to clarify when premium room fees apply and to outline a process if you no longer wish to reside in a premium room. For example providers can only refuse admission to a person who wants a standard room if occupancy is greater than 90% and there are no standard rooms within a 10km radius. Contact Seniorline if you require information on premium room fees or visit www.centraltas.co.nz/health-of-older-people/premium-room-service-charges/

Care Plan

This is not part of the Admission Agreement but documents the care needs of an individual resident.

The Care Plan details how care is to be delivered to a resident. Ideally it should be written in consultation with the resident and family / whanau so you can make informed decisions about care. For example, if you have specific dietary requirements or if family want to be notified of falls, the care plan is where this information is recorded.

If you want to change some part of your care, the plan forms the base for discussion. Care plans should be reviewed every six months or when there is a change in health status.

Cost of Care

Once you have a needs assessment recommending long-term care in a rest home or hospital, you can apply for a financial means assessment. This will determine whether you qualify for public funding through the Residential Care Subsidy.

Residential Care Subsidy

Eligibility

To qualify for Residential Care Subsidy you need to:

1. Be a NZ citizen or resident, 65 years or older, some people aged 50-64 may also qualify.
2. Have a needs assessment that confirms you need care in a rest home or hospital indefinitely.
3. Meet the Ministry of Health eligibility criteria for publicly funded services. This is a complex area. As a general rule you are eligible if you are a NZ resident and receive a NZ Work and Income benefit.
4. Meet the financial criteria of the income and asset test administered by Work and Income on behalf of Ministry of Health, see page 11.
5. Receive services provided by a certified rest home or hospital with a District Health Board (DHB) contract.

Residential Care Subsidy is not available for convalescent care or Accident Compensation Corporation clients. It may be possible to claim subsidy into a retirement village, see page 12.

The Work and Income Residential Subsidy Unit at Whangarei process financial means assessments for residential care for all New Zealand. You can phone them on 0800 999 727 or look at information on the website: www.workandincome.govt.nz

Residents receiving Residential Care Subsidy:

People in receipt of Residential Care Subsidy are required to pay NZ Super towards the cost of their care. They may also have to pay an income contribution such as interest from assets or 50% of private super payments. Any agreed additional costs e.g. ensuite, are not publicly funded.

Privately Paying Residents / Maximum contribution

These are people who do not meet the asset threshold for Residential Care Subsidy. They pay their own fees which are limited to the *Maximum Contribution* for contracted care services. This applies to all levels of care; rest home, hospital and dementia. Private payers continue to receive NZ Super.

Maximum Contribution is GST inclusive and rates vary according to land value. New rates are set on the first day of July each year. View rates on the Ministry of Health website www.health.govt.nz and search for 'maximum contribution'.

Where the District Health Board (DHB) contract rate is greater than maximum contribution i.e. for hospital or dementia level care, the difference is covered by Top-Up subsidy. All residents needs assessed as requiring dementia or hospital care receive Top-Up. There is no application process, it is organised by the Needs Assessor.

Care facilities cannot charge for services included in the DHB contract. This applies to residents receiving Residential Care Subsidy and privately paying residents. Extra can be charged for additional services and / or premium rooms, by negotiation. Charges must be specified in the admission agreement.

Income and Asset Testing

Asset Testing

From 1 July 2016, asset thresholds for Residential Care Subsidy are as follows:

- * \$219,889 for a single or widowed person in care
- * \$219,889 for a couple with both partners in care
- * \$120,416 for a couple with one partner in care (house and car remain exempt). Couples can choose to be tested under the \$219,889 threshold, but the house and car will not be exempt.

Asset thresholds increase by the rate of increase in the Consumer Price Index each year. Visit the Ministry of Health site: www.health.govt.nz and search on 'income and asset testing', or ask Seniorline to send information.

Income Testing

A person receiving Residential Care Subsidy is required to contribute income toward the cost of care. This includes NZ Super, pensions and other sources of income. A small amount of income from assets is exempt. Earnings of a partner in paid employment, War Disablement pension and 50% of private super schemes are not counted as income.

Trusts

You are required to complete a declaration of assets sold or gifted and you will need to provide trust documents if you have set up a trust. In some cases, assets you have transferred to a trust can still be counted as yours. Work and Income will require more information if you or your spouse/partner have ever: transferred or sold assets to a trust, been the settlor, trustee or beneficiary of a trust.

Pre-paid Funeral Trusts

Pre-paid funeral expenses up to \$10,000 for each partner are not counted as assets by Work and Income.

Gifting

The rules relating to gifting for someone who applies for Residential Care Subsidy are quite different to those used by Inland Revenue. Discuss with Work and Income 0800 999 727.

Your Home

Your home counts as an asset for single people or couples where both are in long term residential care. If you are not financially eligible for Residential Care Subsidy, have cash assets of \$15,000 (per person) or less and do not want to sell your home, you can apply for an interest-free loan.

Loans

You arrange a loan by completing a financial means assessment in the usual way then answering additional questions specific to the loan. If you qualify, Ministry of Social Development (through Work and Income) will ask you to sign a legal contract called the 'Residential Care Loan Agreement'. The loan is usually secured over your home by a caveat registered against the title. The loan is repaid when your home is sold, or from your estate. In some cases repayment of the loan may be deferred.

Detail on eligibility for the Loan Scheme can be viewed on the Ministry of Health website www.health.govt.nz, search for 'Residential Care Loan Scheme'.

Applying for a Residential Care Subsidy

Application forms are provided as part of the needs assessment process. Work and Income require the Needs Assessment Certificate to be filled in before they process the form. It is a good idea to make copies of the application and any related documents. It is your responsibility to post to:

Work and Income, Private Bag 9032, Whangarei 0148

Payment can be backdated 90 days from the time application is received by Work and Income. You are responsible for the cost of care until subsidy payments begin. Discuss with care provider if this is a problem.

You can test your eligibility for Residential Care Subsidy at any time through Work and Income.

If you receive Residential Care Subsidy, most of your NZ Super is paid to the care facility. You can arrange an automatic payment from your bank account or ask Work and Income to pay it directly to the facility. The rest of your NZ Super will be paid to you as a fortnightly personal allowance. You also receive an annual clothing allowance paid in April each year.

It may be possible to claim subsidy into a retirement village Occupation Right Agreement unit certified for rest home or hospital level care. Eligibility criteria apply. Providers of this type of care must refund the accommodation portion (18%) of the District Health Board (DHB) contracted rate, Maximum Contribution. Please seek advice on how well this arrangement meets the needs of your family member.

Checklist for moving into Residential Care

1. Organise GP referral for a Needs Assessment
2. Needs Assessment by NASC (InterRai)
3. Level of residential care required
4. Discuss options and plan of action with NASC
5. Visit a number of rest homes / hospitals
6. Request a copy of the admission agreement and take it away to read
7. Choose a rest home / hospital
8. Negotiate and sign admission agreement
9. Apply for a Residential Care Subsidy or Loan if appropriate

Services and who pays

Contracted care services are those provided to needs assessed people in a rest home or hospital with a District Health Board (DHB) contract. The Maximum Contribution fee covers these services, see page 10. For more detail see the Age Related Residential Care Services Agreement, on Ministry of Health site www.health.govt.nz - search for 'residential care contract'.

Services provided by care facility

- * Accommodation, meals, cleaning and laundry
- * Nursing and other care
- * Doctor visit on admission, then once a month, or every 3 months at the doctor's discretion, plus emergency visits
- * All prescribed medication costs (Pharmac approved), plus packaging, e.g. blister packs
- * All dressings and supplies used in treatments
- * Continence products
- * Equipment and mobility aids for communal use
- * Activities that are part of the regular programme
- * Dietician advice, physiotherapy, speech therapy and podiatry if prescribed by a doctor
- * Temporary absences - in any one year subsidy continues to be paid if you are away for a short time: 2 x 2 weeks for a holiday, and 3 weeks if you are admitted to a public hospital
- * Transport for health reasons e.g. to and from local public hospital
- * Someone to accompany a resident to a health appointment if no family or friends are available

Services paid by resident / family

This is not a complete list - it includes items and services for which facilities often charge extra:

- * Premium rooms e.g. larger room or one with ensuite
- * Items such as vitamin supplements, unless prescribed by the doctor
- * Services of dentists, opticians, audiologists
- * Private specialists, x-rays
- * Private medical appointments you have made without the knowledge of the rest home / hospital
- * Personal items such as hairbrushes, razors, TV, radio, batteries, sweets and cigarettes. See Advance payment of benefit, page 15, for help with cost of hearing aids and glasses.
- * Personal clothing and dry-cleaning
- * Basic toiletries such as soap, shampoo, toothpaste, toothbrush, talcum powder
- * Hairdressing
- * Wheelchair for exclusive use of one resident
- * Insurance of personal belongings
- * Entrance fees to shows, concerts etc
- * Private telephone, toll calls, internet or Sky TV

To view the full contract, visit the Ministry of Health site www.health.govt.nz and search for 'residential care contract'.

Help for Partners Still at Home

National Superannuation

If you are at home and your partner in care receives Residential Care Subsidy, Work and Income will automatically increase your NZ Super to the single rate. If your partner pays their own fees, you can apply for the single rate.

Accommodation Supplement

You might be able to get help with the cost of renting, boarding or owning a home. Accommodation Supplement is income and asset tested.

Advance Payment of Benefit

If you have immediate need for an essential item such as dentures, hearing aids or glasses, and have no other way to meet these costs, you may be able to get an Advance from Work and Income. This is income and asset tested and must be paid back. If you receive Residential Care Subsidy you will not be asked to use your personal allowance to repay the Advance. Recovery is generally sought from the estate.

Disability Allowance

This helps towards extra disability costs, e.g. help with lawn mowing, a medical alarm or medical expenses. Your doctor has to complete a medical certificate for Work and Income to help decide eligibility. The allowance is income tested.

Special Disability Allowance

Partners of those receiving Residential Care Subsidy may get this allowance to help meet the costs of visiting.

SuperGold Card

This card replaces the Community Services Card and the NZ Super Card. It gives over-65s discounts and concessions at participating businesses. Entitlement to subsidies on doctors' fees and prescriptions is noted on the card for those who qualify. Apply through Work and Income.

High Use Health Card

If you do not qualify for Community Services Card subsidy but have frequent doctor visits for a chronic health condition, you might qualify for a high-use health card. This card reduces the cost of prescriptions and fees for doctor visits. Discuss with your doctor.

Rates rebate

If your income is low, you may qualify for a rates rebate. Contact your local council.

Total Mobility Scheme

This reduces the cost of taxi travel for people assessed as unable to use public transport because of permanent disability. Those eligible hold an identity card. The scheme is managed by a number of disability organisations and you need to join the organisation. Participating agencies include Alzheimer's, Stroke Foundation, Age Concern and others.

St John Supporter Scheme

This covers emergency ambulance call-out charges anywhere in New Zealand. Subscription rates vary from \$45 to \$75 per year. The St John Supporter Scheme does not cover transport on discharge from hospital, transfer from one hospital to another, or transport to clinic appointments.

Phone 0800 780 780 or visit www.StJohn.org.nz.

Enduring Power of Attorney

An Enduring Power of Attorney (EPA) is a legal document that allows you to say who you want to take care of your affairs if you are incapacitated. If you do not have one, family / whanau must apply to the Family Court before they can manage your affairs. This can be time consuming, costly and the person appointed may not be the one you would have chosen.

It is a good idea for all adults to make an EPA, but there are pitfalls. Discuss the issues with someone who is impartial or has experience in this area, e.g. your lawyer, Age Concern or Citizens Advice Bureau. EPAs can be arranged through a lawyer, trustee company or Public Trust.

Changes to the EPA legislation (Sept 2008) require independent legal advice so that someone setting up an EPA is better informed and those granted the power are more accountable. This does add cost; Community Law centres and some Citizens Advice Bureau provide free legal advice.

For further information contact your local Age Concern or visit: www.ageconcern.org.nz.

Transferring to a Different Facility

You have the right to move to another facility.

If you have been in a rest home / hospital for a while, or if your health has changed, it is best to have a reassessment to check the level of care you require. Liaise with needs assessment (NASC) before making a move. If you are receiving public funding, a service co-ordinator must do a transfer form.

If you experience any difficulty, ask your local NASC for assistance, contact Seniorline for local contacts. The national contract between care providers and District Health Boards (DHBs) requires that the provider makes the transfer easy. To view the full contract, visit the Ministry of Health site www.health.govt.nz and search for 'residential care contract'.

Transfer to another DHB requires approval of the receiving NASC team for that area prior to the move. This applies to all residents.

Check the length of notice required in your Admission Agreement, industry norm is 21 days. This period of notice can make transfer difficult as Ministry of Health will not pay subsidy to two different facilities at the same time.

Complaints

It is okay to talk about some aspect of care which concerns you or your family / whanau. Dealing with a small issue early can prevent a larger problem.

Rest homes and hospitals must meet the requirements of:

- * Code of Health and Disability Services Consumers' Rights
- * Health and Disability sector standards
- * Aged Residential Care contract with the District Health Board (DHB)

If you feel that care is not up to standard it is always best to first talk or write directly to the manager / owner.

You can make a complaint to the provider - all rest homes and hospitals are required to have a complaints process.

Health Advocates can offer support if you are uncomfortable with this.

If you are not satisfied after talking with the provider, then:

- * For concerns about **quality of care**, contact the Health and Disability Commission.
- * For concerns about **services** the facility is required to provide residents, contact Seniorline.
- * For concerns about **how much you have to pay**, check the Admission Agreement with the rest home or hospital, this should specify all charges.
- * For **financial issues** you are not able to resolve with a rest home or hospital, contact the Funding manager for the local DHB. Phone Seniorline for contacts.

Contacts for complaints

Health Advocates 0800 555 050

Health & Disability Commission 0800 11 22 33
www.hdc.org.nz/complaints/making-a-complaint

Disputes Tribunal Local District Court

More information

Citizens Advice Bureau 0800 367 222
www.cab.org.nz

Work & Income - Residential Care 0800 999 727
or fax 0800 621 621 (Deaf Link)
www.workandincome.govt.nz

Work & Income - Superannuation Line 0800 552 002

Disability Information..... 0800 171 981
www.weka.net.nz

Age Concern *www.ageconcern.org.nz*

Grey Power 0800 473 979
www.greypower.co.nz

Seniorline

Phone..... 0800 725 463 or 09 375 4395

Website *www.seniorline.org.nz*

Email *info@seniorline.org.nz*

Please let us know if information is inaccurate or you have suggestions for improvement.

Copyright © Seniorline