

# APPLICATION FOR ADMISSION

Respite  Residential Care  Urgent

<b>APPLICANT DETAILS</b>	
Title: Mr/Mrs/Miss/Ms/Dr/Other	
Surname:	
Given Names:	Preferred Name:
Address:	Postcode:
Telephone: Mobile	Home:
Date of Birth:	
<b>PENSION</b>	
Pension Status: Full <input type="checkbox"/> Part <input type="checkbox"/> or Self-Funded Retiree <input type="checkbox"/> Pension Type: Centrelink <input type="checkbox"/> DVA <input type="checkbox"/>	
Pension Number:	Expiry Date:
DVA Number:	DVA Card Colour: Expiry Date:
<b>MEDICARE</b>	
Name on Medicare Card:	
Medicare Number:	
Position on Card:	Expiry Date:
<b>PRIVATE HEALTH INSURANCE</b>	
Health Fund Name:	Membership Number:
<b>CURRENT MEDICAL PRACTITIONER</b>	
Name:	Telephone:
Address:	Postcode:
<b>HOME CARE SERVICES</b>	
Are you receiving any home care services: Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Provider:	
<b>RELATIVE/REPRESENTATIVE OF APPLICANT – First Contact</b> Contact for All Accounts <input type="checkbox"/>	
Name:	Relationship to Applicant:
Address:	Postcode:
Telephone: Mobile	Home: Work:
Email:	

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<b>RELATIVE/REPRESENTATIVE OF APPLICANT – Second Contact</b>		Contact for All Accounts <input type="checkbox"/>
Name:		Relationship to Applicant:
Address:		Postcode:
Telephone: Mobile	Home:	Work:
Email:		
<b>ENDURING POWER OF ATTORNEY</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/> (if <b>yes</b> , please provide a certified copy on admission)		
Same as First Contact <input type="checkbox"/> Same as Second Contact <input type="checkbox"/> Both First & Second Contact <input type="checkbox"/> Other <input type="checkbox"/>		
If <b>other</b> , please provide contact details below:		
Name:		Relationship to Applicant:
Address:		Postcode:
Telephone: Mobile	Home:	Work:
Email:		
Guardian (if applicable):		
Administrator (if applicable):		
<b>ADVANCED HEALTH DIRECTIVE:</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please provide a copy on admission)		
<b>PERMANENT RESIDENTIAL CARE (Assets and Income Assessment):</b>		
Have you submitted the following forms: <i>Residential Aged Care – Calculation of your cost of care (SA457) or Residential Aged Care – Property Details for Centrelink and DVA Customers (SA485)?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If yes and you have received the assessment outcome from the department, please attach a copy of the letter</b>		
Signature of Applicant or Representative completing form: _____ Date: _____		
<b>OFFICE USE ONLY:</b>		
Pre-admission Date:	Date of Admission:	Room:
RAD or RAC:	DAP or DAC:	Interest Rate:
Daily Care Fee:	Direct Debit:	Wi-Fi:
Phone Rental:	Phone Number:	