

APPLICATION FOR PERMANENT OR RESPITE CARE

| | | | |
|---|----------------|-------------------|--------------------------|
| Name of Applicant | | Date | |
| Date of Birth | | Country of Birth | |
| Gender | Marital Status | Religion | |
| Current Address | | | |
| Suburb | Post Code | | |
| If Applicant is currently in Hospital, name Hospital | | | |
| Has the applicant been in Aged Care Facility prior to Hospital Admission: | | | Yes No |
| What is the name of the Aged Care Facility | | Date of Admission | |
| If in an Aged Care Facility, was an Accommodation Charge/DAP Paid? | | | Yes No |
| Has Applicant been in an Aged Care Facility was a bond/RAD was paid: | | | Yes No |
| Local G.P | Phone Number | | |
| Aged Care Client Record | Permanent | Respite High | Respite Low Expiry Date: |
| Please complete details below: | | | |

| Person 1 | Person 2 |
|--|---|
| Name: | Name: |
| Phone (w): | Phone (w): |
| Phone (A/H): | Phone (A/H): |
| Phone (m): | Phone (m): |
| Email: For administration communication. Eg invoices | Email: |
| Address: | Address: |
| <input type="checkbox"/> Power of Attorney (financial) <input type="checkbox"/> Enduring Power of Attorney (financial & personal) <input type="checkbox"/> Enduring Power of Attorney (medical treatment) <input type="checkbox"/> Supportive Attorney <input type="checkbox"/> Guardian Copy of above documentation required on or prior to admission | <input type="checkbox"/> Power of Attorney (financial) <input type="checkbox"/> Enduring Power of Attorney (financial & personal) <input type="checkbox"/> Enduring Power of Attorney (medical treatment) <input type="checkbox"/> Supportive Attorney <input type="checkbox"/> Guardian Copy of above documentation required on/prior to admission |

| | | | |
|---|-------------|----------------|-----------------------------|
| Have you completed the request for Assets Assessment? | | Yes | No |
| Centrelink/Veterans Concession Card Number | | | |
| Full Pensioner: | Yes No | Part Pensioner | Yes No Non-Pensioner Yes No |
| Medicare Number | Expiry Date | | |
| Signature: | Date: | | |