

APPLICATION FOR PERMANENT OR RESPITE CARE

BENTONS LODGE

Name of Applicant							Date						
Date of Birth							Country of Birth	of					
Gender		Marital Stat	tus				Religion						
Current Address													
Suburb							Post Co	le					
If Applicant is curren	ntly in H	ospital, name Hos	spital					·					
Has the applicant lived in permanent residential aged car					eviou	sly?			Yes	No			
What is the name of the Aged Care Facility				Date of permanent Admission									
If in an Aged Care Facility, has an accommodation cost b					n paid'	?			Yes	No			
Local G.P							Phone Number						
NSAF Comprehensive Assessment Referral Code (please provide) Respite							Permane	nt					
Do you have connections or a relationship with anyone at Autumn Aged Care? (If yes is there anything you would like us to know)													
Please complete details below:													
Resident Representative (Primary) Name:					Resident Representative (Secondary)								
Phone (A/H):				Phone (A/H):									
Phone (m):				Phone (m):									
Email:					Email:								
For administration communication/invoices				For administration communication/invoices									
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