

APPLICATION FOR PERMANENT OR RESPITE CARE

☐ **BENTONS LODGE**

☐ **CLOVELLY COTTAGE**

☐ **SKYE LODGE**

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 lived in permanent residential aged care previously?			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 been paid?			Yes No
Local G.P	Phone Number		
NSAF Comprehensive Assessment Referral Code (please provide)	Respite	Permanent	
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)		Resident Representative (Secondary)	
Name:		Name:	
Phone (A/H):		Phone (A/H):	
Phone (m):		Phone (m):	
Email: For administration communication/invoices		Email: For administration communication/invoices	
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"/> Billing Contact <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"/> Billing Contact <input type="checkbox"/> Guardian Copy of above documentation required on or prior to admission	
Have you completed the Income & Asset 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:		