

# Application for Residential Aged Care



This form is not an offer of accommodation or services.

## Application for admission to:

- |  |                                       |   |                                      |                                      |
|--|---------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Clifton Views     | <input type="checkbox"/> Forest Lodge | <input type="checkbox"/> Homestead Estate | <input type="checkbox"/> Homewood    | <input type="checkbox"/> Marina      |
| <input type="checkbox"/> Noble Gardens     | <input type="checkbox"/> Noble Manor  | <input type="checkbox"/> Sunlight         | <input type="checkbox"/> The Belmont | <input type="checkbox"/> The Heights |
| <input type="checkbox"/> Warralily Gardens | <input type="checkbox"/> Whitewater   |   |                                      |                                      |

How did you hear about us?

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## Applicant's Information

Residential permanent referral code (if known): \_\_\_\_\_ Respite referral code (if known): \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth:    /    /

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Language/s spoken: \_\_\_\_\_

## Legal and Financial Management Details

- Has a representative been appointed on your behalf as an:
- |  |  |
|--|--|
| <input type="checkbox"/> Enduring power of attorney (financial, personal or medical) | <input type="checkbox"/> Advanced care directive |
| <input type="checkbox"/> General non-enduring power attorney                         | <input type="checkbox"/> Next-of-kin             |
| <input type="checkbox"/> Supportive attorney appointment                             | <input type="checkbox"/> Guardianship order      |
| <input type="checkbox"/> Medical treatment decision maker                            | <input type="checkbox"/> Self                    |
|  | <input type="checkbox"/> Administrator order     |

Please note that you will be required to provide certified copies of documentation to support the appointment of your representatives.

## Care Required

Permanent care:       Respite care:

## Vaccinations

Do you have all current vaccinations including COVID-19 and influenza?     Yes     No

Please provide details:

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**Applicant Representative**  
(if not applicant)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  EPOA  Guardian  
Email address: \_\_\_\_\_

Where is the correspondence regarding this application to be posted?

- Resident's Address  Applicant Representative's Address  
 Other (please specify)

**Applicant's Personal Information**

Religion (optional): \_\_\_\_\_  
Do you have any specific cultural/spiritual/religious requirements?  Yes  No  
If 'Yes' please provide details: \_\_\_\_\_  
\_\_\_\_\_

**Pension and Benefit Details**

Do you hold an Australian Pensioner Concession Card?  Yes  No  
If Yes, please indicate the type of pension:  
 Age  Disability  Widow  DVA  Blind  Overseas  Self-funded  
Other (please specify) \_\_\_\_\_  
What is your pension number? \_\_\_\_\_  
Expiry Date / \_\_\_\_\_  
What type of pension do you receive?  Full  Part  
If you hold a DVA card, what type is it?  Gold  White  Orange  
What is your DVA number? \_\_\_\_\_

**Medicare Details**

What is your Medicare number? \_\_\_\_\_ Expiry Date / \_\_\_\_\_  
Card Reference No.  1  2  Other (please specify)  
If applicable, what is your PBS Safety Net card number? \_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Details**

Do you have private health insurance?  Yes  No  
If 'Yes', what is the name of the fund? \_\_\_\_\_ Level type? \_\_\_\_\_  
Card number: \_\_\_\_\_

**Ambulance Cover**

Do you have ambulance cover?  Yes  No  
If 'Yes', what is your membership number? \_\_\_\_\_  
\_\_\_\_\_

**Civic Duty**

Are you on the electoral roll?  Yes  No



**Previous Aged  
Care Residential  
Accommodation  
Details**

Have you ever been a permanent resident in another aged care home?

Yes  No

If 'Yes', please provide the following details:

Facility name:

Address:

Suburb:

State:

Postcode:

Telephone:

Fax:

Date of Permanent Admission:      /      /

RAD payment \$       DAP payment \$

Please note that Gold Privileges membership may be applicable to areas of some TLC homes; please ask our Resident Liaison for further information.

**Comments**

Name of person completing the form:

Signature:

Date:      /      /

***Thank you for your application***