

# Application for Residential Aged Care



**Application for admission to:**  Clifton Views  Forest Lodge  Homestead Estate  Homewood  Marina  
 Noble Gardens  Noble Manor  Sunlight  The Belmont  The Heights  
 Warralily Gardens

How did you hear about us?  
\_\_\_\_\_

## Applicant Information

Residential permanent referral code: \_\_\_\_\_ Respite referral code: \_\_\_\_\_

Title (please tick):  Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

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

Preferred name: \_\_\_\_\_ Date of birth: / /

Marital status:  Single  Married  Divorced  Widowed  Separated

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Country of birth: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

## Care Required

Residential Care:  Respite Care:  Low  High  
 Memory Support Environment

## Membership

Gold Privileges  Silver Privileges

## Applicant Representative (if not applicant)

Title (please tick):  Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

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

**Medical Details**

Do you have a General Practitioner who has agreed to provide medical care for you at TLC Aged Care?

Yes  No

If **yes**, it is essential that your General Practitioner agrees to visit you at TLC Aged Care and provide a locum service to you, outside of normal business hours, in the event of illness or injury.

If **no**, there are doctors who routinely visit TLC Aged Care residences. You may choose to have one of these doctors as your nominated General Practitioner.

**Pharmacy Details**

Do you currently have your prescription(s) held by a pharmacy?

Yes  No If 'Yes', please provide your pharmacy details below

Pharmacy name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Please provide your current General Practitioner's details:

General Practitioner's name:

\_\_\_\_\_

Practice:

\_\_\_\_\_

Address:

\_\_\_\_\_

Suburb:

State:

Postcode:

\_\_\_\_\_

Telephone:

Fax:

\_\_\_\_\_

**Emergency Contact 1**

Title (please tick):  Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

First name:

Surname:

\_\_\_\_\_

Address:

\_\_\_\_\_

Suburb:

State:

Postcode:

\_\_\_\_\_

Telephone:

Mobile:

\_\_\_\_\_

Email address:

\_\_\_\_\_

Relationship to applicant:

\_\_\_\_\_

**Emergency Contact 2**

Title (please tick):  Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

First name:

Surname:

\_\_\_\_\_

Address:

\_\_\_\_\_

Suburb:

State:

Postcode:

\_\_\_\_\_

Telephone:

Mobile:

\_\_\_\_\_

Email address:

\_\_\_\_\_

Relationship to applicant:

\_\_\_\_\_

**Legal and Financial Management Details**

Has a representative been appointed on your behalf as an:

Advanced care directive

Enduring power of Attorney (Financial, Personal)

Applicant's representative

General non-enduring power attorney

Guardian

Supportive attorney appointment

Self

Medical treatment decision making appointment

Administrator

First name:

Surname:

\_\_\_\_\_

Address:

\_\_\_\_\_

Suburb:

State:

Postcode:

\_\_\_\_\_

Telephone:

Mobile:

Fax:

\_\_\_\_\_

Organisation:

\_\_\_\_\_

Reference number:

Date completed:

\_\_\_\_\_

Please attach a certified true copy of the entire document

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Where would you like your financial correspondence from TLC Aged Care to be sent?

Applicant     Enduring Power of Attorney     Self     Public Trustee (please specify)

Public Trustee reference number:

Other (please specify)

Other details:

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For your convenience, your invoice will be emailed to you. Please provide your preferred email address.

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**Previous Aged  
Care Residential  
Accommodation  
Details**

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

Yes     No

If 'Yes', please provide the following details:

Facility name:

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Address:

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Suburb:

State:

Postcode:

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Telephone:

Fax:

Date of Permanent Admission:        /        /

Retention rate \$  Accommodation charge \$

Bond or refundable accommodation deposit \$  Interest rate

**Comments**

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Name of person completing the form:

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Signature:

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Date:        /        /

*Thank you for your application*