
APPLICATION FOR PERMANENT ADMISSION

SURNAME: _____

GIVEN NAMES: _____

GENDER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN: _____

CULTURAL OR LINGUISTIC BACKGROUND: _____

MAIN LANGUAGE SPOKEN: _____

RELIGION: _____

LGBTIQA+ STATUS: _____

MARITAL STATUS: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

MEDICARE NO: _____ **Expiry Date** _____

PENSION NO/VETERAN AFFAIRS: _____

PENSION TYPE: _____

(e.g., Aged, Disability, Full, Part)

Have you had COVID-19 and Flu vaccinations? YES/NO If yes, please attach a copy.

Have you received services at home? YES/NO Details: _____

Has an **Aged Care Client Record (ACCR)** been completed by the Aged Care Assessment Team (ACAT)? **YES/NO** If yes, please attach a copy. If no, please make arrangements for this to be done before lodging the Application form by phoning 1800 200 422.

Has a "**Permanent Residential Aged Care Request for a Combined Asset and Income Assessment**" form been lodged with Centrelink/DVA. **YES/NO**
If yes, please attach the information received from Centrelink/DVA
If no, please contact Centrelink/DVA for a "Permanent Residential Aged Care Request for a Combined Asset and Income Assessment" or download the form from www.humanservices.gov.au/customer/forms/sa457 and attach the information you receive from Centrelink/DVA.

Do you have a **Power of Attorney?** YES/NO If yes, please attach a copy.
Do you have an **Enduring Guardian?** YES/NO If yes, please attach a copy.

Resident Representative:

Name: _____ Relationship to Applicant: _____
 Address: _____

 Business Phone: _____
 Home Phone: _____
 Mobile: _____
 Email: _____

Alternative Contact:

Name: _____ Relationship to Applicant: _____
 Address: _____

 Business Phone: _____
 Home Phone: _____
 Mobile: _____

Doctor's Name: _____ **Phone No:** _____

Name of Pharmacy: _____

Known Allergies: _____

Known Reactions: _____

(To medication/food etc.)

Special Diet: _____

Signature: _____ **Date:** _____

Checklist for lodging Application Form

- Copy of POA attached
- Copy of Enduring Guardian attached
- Copy of Aged Care Client Record attached
- Copy of Income & Asset Assessment attached
- Copy of Medicare Card attached
- Copy of Pension Card Attached
- Current Medication Chart from your Doctor
- Medical History - Past and Current from your Doctor
- Copy of Covid 19 and Flu Injections