

APPLICATION FORM

PERMANENT (FOR ADMISSION INTO RESIDENTIAL AGED CARE)

PLEASE TICK: HIGH CARE LOW CARE KEREN OR (DEMENTIA SPECIFIC)

SECTION 1

SURNAME:

PREFERRED NAME (TO BE CALLED BY):

LEGAL GIVEN NAMES:

HEBREW NAME:

DATE OF BIRTH:

ADDRESS:

DO YOU: OWN RENT BOARD OTHER

PHONE (HOME):

PHONE (MOBILE):

COUNTRY OF BIRTH:

AUSTRALIAN CITIZEN: YES

NO

NATIONALITY:

RELIGION: JEWISH - ORTHODOX

JEWISH-LIBERAL

OTHER

FIRST LANGUAGE:

OTHER LANGUAGES SPOKEN:

MARITAL STATUS SINGLE

DE FACTO

DIVORCED

MARRIED

WIDOWED

SEPARATED

FATHER'S GIVEN AND SURNAME:

FATHER'S HEBREW NAME:

MOTHER'S GIVEN AND MAIDEN NAME:

MOTHER'S HEBREW NAME:

SECTION 2

PENSION DETAILS

FULL

PART

CENTRELINK NO:

MEDICARE NO:

EXPIRY DATE:

VETERANS AFFAIRS NO:

CARD TYPE - GOLD WHITE

EXPIRY DATE:

PRIVATE HEALTH INSURANCE FUND (NAME):

MEMBERSHIP NO:

EXPIRY DATE:

AMBULANCE SUBSCRIPTION NO:

EXPIRY DATE:

APPLICATION FORM

SECTION 3

POWER OF ATTORNEY

HAVE YOU APPOINTED A POWER OF ATTORNEY: YES NO

ENDURING POWER OF ATTORNEY: YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF PERSON 1 HOLDING POWER OF ATTORNEY:

ADDRESS:

TELEPHONE NO: MOBILE NO: EMAIL:

NAME OF PERSON 2 HOLDING POWER OF ATTORNEY:

ADDRESS:

TELEPHONE NO: MOBILE NO: EMAIL:

PLEASE PROVIDE A COPY OF THE POWER OF ATTORNEY DOCUMENTATION

SECTION 4

GUARDIANSHIP

HAVE YOU APPOINTED A GUARDIANSHIP AUTHORITY: YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

NAME OF PERSON HOLDING GUARDIANSHIP AUTHORITY:

ADDRESS:

TELEPHONE NO: MOBILE NO: EMAIL:

PLEASE PROVIDE A COPY OF THE POWER OF GUARDIANSHIP DOCUMENTATION

SECTION 5

NEXT-OF-KIN (SPOUSE, CHILDREN OR NEAR RELATIVES) (WHO WILL BE CONTACTED UPON SERIOUS ILLNESS OR SUDDEN DEATH)

STATE FULL NAME, ADDRESS, RELATIONSHIP, TELEPHONE NUMBERS

1. NAME: RELATIONSHIP:

ADDRESS:

PHONE HOME: PHONE WORK:

MOBILE NO: EMAIL:

2. NAME: RELATIONSHIP:

ADDRESS:

PHONE HOME: PHONE WORK:

MOBILE NO: EMAIL:

NAME AND ADDRESS OF PERSON BILLING ACCOUNT WILL BE SENT TO

NAME:

ADDRESS:

PHONE HOME: PHONE WORK:

MOBILE NO: EMAIL:

APPLICANT OR POA SIGNATURE:

DATE: