



# MAURICE ZEFFERT

*Trusted Jewish Aged Care*

119 Cresswell Road, Dianella WA 6059

Ph: (08) 9375 4600 | Fax (08) 9276 1250 | Email info@mzh.org.au | Website mzh.org.au

ABN: 43 422 387 456

## Admission Application Form

Form will be completed by:							
Address:			Date:				
Preferred name:		Hebrew name:					
Phone:		Email:					
Date of Birth:	Gender:	Marital Status:	Nationality:				
Country of Birth:		Language Spoken:					
Religion:	<input type="checkbox"/> Jewish – Orthodox	<input type="checkbox"/> Jewish – Liberal	<input type="checkbox"/> Other				
Father's Given & Surname:		Hebrew Name:					
Mother's Given & Surname:		Hebrew Name:					
Current GP:		GP Phone No:					
ACAT Assessed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Referral Code Respite:		Referral Code Permanent:					
Medicare Number:	Expiry Date:	Ref Number:					
Pension Number:		Expiry Date:					
Pension Type:	<input type="checkbox"/> Full	<input type="checkbox"/> Part	<input type="checkbox"/> Non-pensioner	DVA:	<input type="checkbox"/> Gold	<input type="checkbox"/> White	<input type="checkbox"/> Orange
NDIS:	<input type="checkbox"/> Yes			<input type="checkbox"/> No			

### 1. Next of Kin

Name:			
Relationship:		<input type="checkbox"/> Enduring Guardianship	<input type="checkbox"/> Enduring Power of Attorney
Mobile Phone:		Home Phone:	
Address:		Email Address:	

### 2. Emergency Contact

Name:			
Relationship:		<input type="checkbox"/> Enduring Guardianship	<input type="checkbox"/> Enduring Power of Attorney
Mobile Phone:		Home Phone:	
Address:		Email Address:	



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## Any family members who require email communications/updates/newsletters/bulletins from Maurice Zeffert?

Name:	Email:
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Name:	Email:
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## How did you hear about Maurice Zeffert?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Family of current/former resident	<input type="checkbox"/> Social Worker
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<input type="checkbox"/> Website	<input type="checkbox"/> Village	<input type="checkbox"/> Social Media
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Other:
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## Current Accommodation

Address:
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Is your family aware of your application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had respite at any other facility: <input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, when and for how long:
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Have you been in hospital for more than one night in the last 6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you require assistance with eating or drinking: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have any special dietary requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you had any falls in the last 3 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you require any aids to help you mobilise: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you had the 2023 influenza vaccination: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you had the COVID-19 vaccinations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccine Name:
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Dose 1 received: <input type="checkbox"/>	Dose 2 received: <input type="checkbox"/>	Dose 3 received: <input type="checkbox"/>	Dose 4 received: <input type="checkbox"/>
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Would you like your mail redirected: <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes to the above question, where do you want your mail redirected to:
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Do you need your mail read: <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Please select if any of the following is applicable:

<input type="checkbox"/> Dementia	<input type="checkbox"/> Cancer Treatment	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> More than 100 kgs
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<input type="checkbox"/> Wandering	<input type="checkbox"/> Depression	<input type="checkbox"/> Immobile	<input type="checkbox"/> Non-verbal
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<input type="checkbox"/> Refusal of Care	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infection	<input type="checkbox"/> Vision Impaired
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<input type="checkbox"/> Aggression	<input type="checkbox"/> Bowel Incontinence	<input type="checkbox"/> Smoker	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Memory Problems	<input type="checkbox"/> Urinary Incontinence	<input type="checkbox"/> Pain	<input type="checkbox"/> Wounds

### Any special requests or preferences we should consider:


### Assets, Income and Liability Information

Note: Applicants who have joint accounts, assets or liabilities should only write their share on this form – NOT the total amount.

Has an Asset and Income Assessment been submitted to Services Australia:  Yes  No

### 1. Australian Pension

Do you receive the Centrelink Pension:  Full Pensioner  Part Pensioner  Not a Pensioner

Do you receive a Department of Veterans Affairs Pension:  Yes  No

If yes, what colour card issued:  White  Gold  Orange

Fortnightly amount received: \$

Are you recognised by the Dept of Veterans affairs as a POW:  Yes  No

### 2. Overseas and Other Pensions (Please give details (type & amount) of other pensions received – e.g. Overseas Pension)

Details	Amount
	\$
	\$



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	\$
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### 3. Other Incomes

Do you receive any other income not mentioned in 1 or 2 above:  Yes  No

Source	Net average weekly Income \$
Rent	\$
Interest	\$
Dividends (excl. franked credits)	\$
Insurance Policy/Friendly Society etc.	\$
Dividends/Distributions/Bonuses	\$
Business Profits	\$
Other Income	\$
Superannuation	\$
Total	\$

Total average weekly other income means total average weekly income, assessable for tax purposes (excluding imputation credits attaching to franked dividend income), net of expense deductible for tax purposes, receivable from all sources except for Centrelink Aged Pensions, Department of Veterans' Affairs pensions and, in both cases, rental assistance and pharmaceutical allowances paid as supplements to those pensions.

### 4. Home Ownership Status

Have you owned a home in the last two years:  Yes  No

If yes, please provide the property address:

Has your spouse/dependent child/carer or close relative been living in the home for 5 years:  Yes  No

Is your spouse/dependent child/carer or close relative eligible for any pension or benefit:  Yes  No

### 5. Financial Details

Assets		Liabilities	
Value of Home	\$	Mortgages to be repaid	\$
Household contents and effects	\$	Other mortgages	\$
Other real estate	\$		
Cash in hand	\$		
Savings Account/s	\$		



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Cheque Account/s	\$		
Superannuation	\$		
Shares, notes, units in trust etc.	\$	Loans etc.	\$
Insurance policies (maturity value)	\$	Bank Overdraft etc.	\$
Businesses	\$		
Any other assets i.e. car, paintings, collectables	\$	Any other liabilities	\$
Total	\$	Total	\$