

**DOUGHERTY APARTMENTS**  
**RESIDENTIAL CARE SERVICE I.D No: 280H**  
**1 Victor Street, Chatswood NSW 2067**

**Telephone: Switchboard (02) 9419 3000**  
**Hostel Manager – Direct (02) 8440 6710**  
**General Manager – Direct (02) 8440 6706**

**Fax No: Hostel (02) 9411 2160**  
**Office (02) 9419 7164**

**REGISTRATION OF INTEREST**

1. I request urgent or immediate assisted low level care accommodation
2. I request assisted low level care accommodation within 3 months
3. I request assisted low level care accommodation within 6 months
4. I request assisted low level care accommodation within 12 months
5. I request my name be included on the waiting list for possible future requirements
6. I request that my name be registered as interested in low level hostel care accommodation

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Signed

.....  
Dated

.....  
Contact Telephone No:

APPLICATION FOR LOW LEVEL CARE (HOSTEL) ACCOMMODATION

Name of Applicant:.....

Date of Birth:.....

Address of Applicant:.....

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Telephone Number of Applicant:.....

Name of person making inquiry:.....

Relationship to Applicant:.....

Address of person making inquiry:.....

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Telephone Number of person making inquiry:.....

Do you wish to be the contact person for the potential resident?  YES  NO

If No, please supply contact name or next of kin?.....

Contact name of next of kin telephone number:.....

Do you have a current 2624 aged care assessment form?  YES  NO

Please supply the following information:

Applicants Pension No:.....  Not Applicable  
 Part Pension  
 Full Pension

Veterans Affairs (DVA) No:.....  Not Applicable

Medicare Number:.....  Not Applicable

Medical Fund:.....  Not Applicable

**PERSONAL INFORMATION**

(to be completed by Resident or Representative. Please attach an extra sheet if you wish to supply us with more information)

**PERSONAL MEDICAL HISTORY**

Please provide a brief summary of your medical history e.g. stroke, heart attack, diabetes, short term memory loss, other illnesses.

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Present Medications:.....  
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Marital Status:..... Ethnic Background:.....

Languages spoken:.....

Preferred Language:.....

Do you require a translator? YES NO

Religion:..... Any special religious needs? YES NO

Do you have any special dietary requirements? YES NO

If YES, please give details:.....  
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Do you have any problems in living in the home you occupy at present:

YES NO

If you answered YES, can you please describe the kind of problems you are experiencing?

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Do you require assistance with:	Toileting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Bathing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Feeding	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Dressing	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are you continent of urine?     YES     NO

Are you continent of faeces?     YES     NO

Do you suffer from any sensory defects:	Sight	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Hearing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Taste	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Touch	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Smell	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Do you have family and close friends or neighbours who are able to offer you any support?     YES     NO

If you answered YES, please describe the type of support they currently provide to help you and how often they provide this support?

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Do you currently use any Community Support Services, such as Meals on Wheels, Home Care cleaning etc?     YES     NO

If you answered YES, please indicate which services you use and how often you use them.

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Do you attend Day Centres, Senior Citizen or other community social groups?

YES     NO

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