



APPLICATION FOR RESIDENTIAL AGED CARE ACCOMMODATION

Details of the Applicant

Name of applicant: (Title)

Phone number of applicant: Date of Birth:

Address of applicant:

..... Postcode:

Do you have a current aged care assessment? YES NO

Pension or Veteran Affairs No: Not Applicable

Part Pension

Expires:

Full Pension

Details of the person making the enquiry (if different to applicant)

Name of person making inquiry:

Relationship to applicant:

Address of person making inquiry:

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Phone number: Email:

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

If "No", please indicate if the applicant will be the contact person, or give details of a contact person (or next of kin)

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Details of the Applicant

Marital Status:..... Ethnic Background:.....

Languages spoken:.....

Preferred Language:.....

Do you require a translator? YES NO

Religion:..... Special religious needs? YES NO

Do you have any special dietary requirements? YES NO

If YES, please give details:.....

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Please describe the kind of problems you are experiencing living in the home you occupy at present.

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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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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

Please note Dougherty Apartments is a non-smoking Facility.

I request my name be included on the waiting list for possible future requirements

.....
Name (print)

.....
Signature

.....
Date