



# PERMANENT RESIDENTIAL CARE APPLICATION FORM



3 Scott Street, Bridgetown WA 6255  
Website: [www.geegeelup.com.au](http://www.geegeelup.com.au)

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## 1. PERSONAL DETAILS

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Mr Mrs Ms Miss (*please circle*)

Current Residential Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. NOMINATED CONTACT

Contact me on the above details for all correspondence &/or communication *OR*

Contact my nominated representative (see below) for all correspondence &/or communication

### Nominated Contact details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## 3. PREFERRED DOCTOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 4. ADDITIONAL DETAILS

Have you had an ACAT Comprehensive assessment? YES  NO

If YES, please attach a copy of the assessment or the Referral Code (1-\_\_\_\_\_)

Have you lodged a Permanent Residential Aged Care Request for a Combined Assets & Income Assessment? YES  NO

*IF YES please attach a copy of ONE of the following:*

(1). Completed application;

(2). Letter from Dept of Human Services (DoH); *OR*

(3) Financials

**Continued from over page**

Pension number: \_\_\_\_\_

Pension type: *please circle* FULL, PART, DVA, CENTRELINK, OTHER

Medicare please include Reference numbers : \_\_\_\_\_

**5. APPOINTED ENDURING POWER OF ATTORNEY:**  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Joint with (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**6. APPOINTED ENDURING POWER OF GUARDIANSHIP:**  YES  NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Joint with (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## 7. NEXT OF KIN:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CHECKLIST

Before you have submitted your application—have you attached the following supporting documents.

- Copy of ACAT assessment
- One of the following—Completed application form for Permanent Residential Age Care or Letter from Dept of Human Services or Financials

## Please return the completed application by one of the following options:

*Via Post or hand delivered to:*

Geegeelup Village Aged Care Facility  
3 Scott Street, Bridgetown WA 6255

or via Email: [enquiries@geegeelup.com.au](mailto:enquiries@geegeelup.com.au)

### Office Use Only:

Date received     /     / 20

Recorded on Application List