

# GEEGEEELUP AGED CARE FACILITY

## RESIDENTIAL AGED CARE FACILITY APPLICATION

### 1) PERSONAL DETAILS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_  
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: \_\_\_\_\_

- Contact me or my nominated representative whenever a vacancy occurs  
OR  
 Contact me or my nominated representative occasionally  
OR  
 I will contact the facility when I am ready

### 3) PREFERRED DOCTOR

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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
- Pension number: \_\_\_\_\_
- Pension type: *please circle* FULL, PART, DVA, CENTRELINK, OTHER
- Medicare & 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:** \_\_\_\_\_