| Nazareth Care Australasia | APPLICATION FOR RESIDENTIAL AGED CARE<br><br>NAZARETH CARE |
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- **Use this form to apply for Residential Care Services at Nazareth Care**
- **Information requested in this application will enable Nazareth Care to assess your care and accommodation needs**
- **Please attach the following documentation:-**

  **☐ Aged Care Assessment / My Aged Care Support Plan**
  **☐ Enduring Power of Attorney**
  **☐ Dept. of Human Services Aged Care Fees Letter or completed Asset Declaration (Aust only)**

**RESIDENT DETAILS**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Surname** | | | | **Given Name(s)** | | |
| **Title** | ☐ **Mr** | ☐ **Mrs** | ☐ **Miss** | ☐ **OTHER** | **Preferred Name** | |
| **Contact Person** | | | | **Contact Telephone** | | |
| **Contact Email** | | | | **Care Type** | ☐ **Permanent** ☐ **Respite** | |
| **Date of Birth** | | | | **Gender** | ☐ **Male** ☐ **Female** | |
| **Marital Status** (Optional) | | | | **Religion** (Optional) | | |
| **Current Location** | ☐ **Home** ☐ **Hospital**<br>**Name of Hospital** (if applicable) | | | **Home Address** | | |
| **Spoken Language** | | | | **Country of Birth** | | |
| **Interpreter Required?** | ☐ **Yes** ☐ **No** | | | **Citizenship**<br>(Please specify country) | | |
| **Do you have any specific cultural requirements?** | | | | ☐ **Yes** ☐ **No** | | |
| **If yes please include details**<br>(Or attach documents) | | | | | | |

Nazareth Care Australasia

# APPLICATION FOR RESIDENTIAL AGED CARE

## NAZARETH CARE

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| **Are you an Australian Former Prisoner of War?** | ☐ Yes ☐ No | | | | |
| **General Practitioner Name** | | **General Practioner Telephone No** | | | |
| **Aged Care Assessment No** | | **Aged Care Assessment Date** | | | |
| **Which Electorate did you reside in?** | | | | | |
| **PENSION & MEDICAL DETAILS** | | | | | |
| **Pension Source** | ☐ DSS | ☐ DVA | ☐ WINZ | ☐ OTHER | ☐ NONE |
| **Pension No** | | **Pension Expiry Date** | | | |
| **DVA Status** (Card Colour) | | **DVA Card No** | | **Pension Type** | ☐ Full ☐ Part |
| **Private Health Fund** | | **Health Fund Membership No** | | | |
| **Ambulance Membership** | ☐ Yes ☐ No | **Ambulance Membership No** | | | |
| **Medicare / NHI No** | | **Expiry Date** | | **Card Ref No** | |
| **Person Responsible For Payment of Account (Self or a Power of Attorney Name – if Power of Attorney include in contact details below)** | | | | | |
| **1ST CONTACT** | **Contact Type** | ☐ Financial ☐ Care ☐ Both | | | |
| **Surname** | | **Given Name(s)** | | **Title** | |
| **Address** | | | | | |
| **Post Code** | | **Next of Kin** | ☐ Yes ☐ No | **Relationship** | |
| **Phone** | **H** | | **W** | | **M** |
| **Email** | | | | | |
| **Power of Attorney** | ☐ Enduring | ☐ Financial | ☐ Medical | ☐ Guardianship | |
| **Executor** | ☐ Yes ☐ No | **Adminstrator** | ☐ Yes ☐ No | | |

Nazareth Care Australasia

# APPLICATION FOR RESIDENTIAL AGED CARE

## NAZARETH CARE

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|---|---|---|---|---|---|---|---|
| **2ND CONTACT** | | | **Contact Type** | ☐ Financial | ☐ Care | ☐ Both | |
| **Surname** | | **Given Name(s)** | | **Title** | | | |
| **Address** | | | | | | | |
| **Post Code** | | **Next of Kin** | ☐ Yes ☐ No | **Relationship** | | | |
| **Phone:** | **H** | | **W** | | **M** | | |
| **Email** | | | | | | | |
| **Power of Attorney** | ☐ Enduring | ☐ Financial | ☐ Medical | ☐ Guardianship | | | |
| **Executor** | ☐ Yes ☐ No | **Administrator** | ☐ Yes ☐ No | | | | |
| **3RD CONTACT** | | | **Contact Type** | ☐ Financial | ☐ Care | ☐ Both | |
| **Surname** | | **Given Name(s)** | | **Title** | | | |
| **Address** | | | | | | | |
| **Post Code** | | **Next of Kin** | ☐ Yes ☐ No | **Relationship** | | | |
| **Phone:** | **H** | | **W** | | **M** | | |
| **Email** | | | | | | | |
| **Power of Attorney** | ☐ Enduring | ☐ Financial | ☐ Medical | ☐ Guardianship | | | |
| **Executor** | ☐ Yes ☐ No | **Administrator** | ☐ Yes ☐ No | | | | |