

APPLICATION FOR ACCOMMODATION

<input type="checkbox"/> Dr Mary Surveyor Centre, 18 Hocking Road, Kingsley <input type="checkbox"/> Permanent <input type="checkbox"/> Respite <input type="checkbox"/> Secure <input type="checkbox"/> Non-Secure	<input type="checkbox"/> Meath Care Como, 80-82 Henley Street, Como <input type="checkbox"/> Permanent Secure <input type="checkbox"/> Respite Secure
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To be eligible for entry to an Aged Care facility you MUST have an Aged Care Client Record (ACCR) and/or a My Aged Care Support Plan completed by the Aged Care Assessment Team (ACAT)

All Meath Care (Inc) facilities are smoke free. Residents, visitors and staff are not permitted to smoke on any Meath Care premises.

PERSONAL DETAILS *(please print)* Mr Mrs Miss Ms Other.....

Surname: _____ Given Names: _____

Preferred Name: _____ Date of Birth: _____

Nationality: _____ Preferred Language: _____

Country of birth: _____

Marital Status: Married Widowed Divorced Separated Single Religion: _____

Are you of Aboriginal or Torres Strait Islander descent? Yes No

Current Address: _____

Postcode: _____

Telephone (home): _____ Mobile: _____

1st NEXT OF KIN CONTACT DETAILS

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____

2nd NEXT OF KIN CONTACT DETAILS

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____

Do you manage your own financial affairs? Yes No

If no, who manages your financial affairs? *(responsible for accounts)*

Name: _____ Relationship: _____

Address: _____

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Home Phone: _____ Work: _____ Mobile: _____

Have you given anyone Enduring Power of Attorney (EPA)? Yes No

Have you given anyone Enduring Power of Guardianship (EPG)? Yes No

Do you have an Advance Health Directive in place? Yes No

If yes for EPA or EPG, please complete the details below:

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

**** Please attach copies of any Guardianship or Administration Order, EPA, EPG or Advance Health Directive**

Who is your current Doctor?

Name: _____ Phone Number: _____

Address _____

Postcode: _____

Will your doctor continue to care for you if you move to a Meath Care (Inc) facility? Yes No

Medicare No: / Expiry: _____

Do you have private health insurance: Yes No

If yes, please advise name of company: _____

St John Ambulance No (if applicable) _____ Expiry: _____

PBS Safety Net Card: Yes No Number: _____

Current Pharmacist Contact Details:

Name: _____ Phone No: _____

Address: _____

Where do you currently live? Own Home In Hospital
 Nursing Home/Hostel (Name) _____
 Care Awaiting Placement Other _____

Have you owned your own home within the last two years? Yes No

Is there a partner or a dependent child living in the home? Yes No

Is there a carer or close relation who has lived in the home continuously for the past five years who is eligible to receive a Pension? Yes No

Do you hold a Pension or Repatriation Health Benefits Entitlement Card? Yes No

Do you receive a Pension? Yes No Type: Full Part

Centrelink: Number: _____ Other (please specify): _____

