

<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"/> Michael Lee Centre, 80-82 Henley Street, Como <input type="checkbox"/> Permanent <input type="checkbox"/> Respite <input type="checkbox"/> Secure <input type="checkbox"/> Non-Secure
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To be eligible for entry to an Aged Care Centre 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) Centres are smoke free. Consumers/residents, visitors and staff are not permitted to smoke on any Meath Care premises.

NB Information on this form may be shared with relevant members of the clinical care and allied health teams.

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

Surname: _____ Given Names: _____

Preferred Name: _____ Date of Birth: _____

Nationality: _____ Preferred Language: _____

Country of birth: _____ Religion: _____

Do you identify with any of the following? Heterosexual Bisexual Lesbian Gay Transgender
 Intersex Non-Binary Asexual Other: _____ Prefer not to answer

Relationship Status: De Facto Married Widowed Divorced Separated Single

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

Current Address: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Email: _____

Do you manage your own financial affairs? Yes No **If no, who manages your financial affairs?**

Name: _____ Relationship: _____

Address: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Email: _____

1st NOMINATED NEXT OF KIN CONTACT DETAILS	2nd NOMINATED NEXT OF KIN CONTACT DETAILS
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____ Work Phone: _____	Home Phone _____ Work Phone: _____
Mobile No. _____	Mobile No: _____
Email: _____	Email: _____
Relationship: _____	Relationship: _____
Do you hold Enduring Power of Attorney (EPA)? <input type="checkbox"/>	Do you hold Enduring Power of Attorney (EPA)? <input type="checkbox"/>
Do you hold Enduring Power of Guardianship (EPG)? <input type="checkbox"/>	Do you hold Enduring Power of Guardianship (EPG)? <input type="checkbox"/>

**** Please attach copies of any Guardianship or Administration Order. (EPA, EPG)**

NB Resident specific information will only be communicated with the Guardian or Primary 1st Nominated Next of Kin (NOK1).

General Information (e.g., Newsletters, organizational updates etc.) can be communicated in a number of ways.

Please advise the preferred method of communication: Email Mail

Do you have or are you willing to obtain an Asset and Income Statement from Centrelink? Yes No

If you are not including a copy of your Centrelink Assets and Income Assessment, please complete Estimate of Asset and Income below.

ESTIMATE OF ASSET AND INCOME			
Bank/Building Society	Branch	Account No	Amount
			\$
			\$
			\$
			\$
Value of own home, if currently owned or disposed of in the last two years (address of property below:			\$
(Number) (Street)			
(Suburb) (State) (Postcode)			
Other investments (e.g., bonds and/or debentures, shares, superannuation, insurance, equity, property bonds, mortgages, other):			\$
Any other assets, including car:			\$
List any debts, including mortgages:			LESS \$
TOTAL ASSETS			\$
TOTAL INCOME Fortnightly / Annual (please circle)			\$

NB: If you do not provide a Centrelink Assets and Income Assessment you may be required to pay a maximum residential accommodation payment and full means tested care fee until we receive your asset and income assessment.

1. I have enclosed my ACCR form and/or consent to Meath Care (Inc) accessing my ACCR.
- OR**
2. I have enclosed the My Aged Care Support Plan or give consent for Meath Care to access this information and this is the referral code _____
 3. I have included / applied for (*please circle*) an Asset and Income Assessment from Centrelink.
 4. I have enclosed a copy of Enduring Power of Attorney, Enduring Power of Guardianship, Guardianship and/or Administration Order (if applicable).

Applicant's Signature: _____ Date: _____

Name and relationship of the person who completed this form (*if different from applicant*)

Name (*please print*): _____ Relationship to Applicant: _____

Please Note: Applications will expire 6 months from the date of application. If you wish to remain on the waitlist, please contact the Admissions Liaison Coordinator on 9309 7000 prior to this date.