

**REPRESENTATIVE
INFORMATION**

Full Name of Nominated Representative:

Relationship:

Address:

Suburb:

Postcode:

Telephone:

Mobile:

Email:

Is the Person: Power of Attorney Guardian Administrator
 Advocate Other (please specify):

If the applicant is approved, Name of person to be contacted:

Phone:

Fax:

REPRESENTATIVE SIGNATURE:

DATE:

**FINANCIAL
INFORMATION**

Was the applicant a permanent or respite resident in another residential aged care facility?

Yes (please tick one below)

No

If yes, please provide details of facility. Facility Name:

Address:

Suburb:

Postcode:

Phone:

Fax:

Have you paid, or agreed to pay, an accommodation payment charge at another facility? Yes No

If you paid a daily accommodation charge, how much was the charge: \$ _____ per day

OTHER COMMENTS

OFFICE USE ONLY

CARE RECIPIENT I.D.:

**ADMISSION MANAGER:
NAME:**

SIGNATURE:

DATE: