

## APPLICATION FOR ACCOMMODATION

SITE	Kew Gardens Banfields Mt E	Eliza Gardens	
PERSONAL INFORMATION	Title: Mr Mrs Miss Ms Oth	ner Gender:	
	Marital Status:		
	Full name of person applying for residency:		
	Preferred Name: A	pplicants date of birth:	
	Address:		
	Postal Address:		
	Telephone (Home):	1obile:	
	Email:		
	Country of Birth: Nationality	r: Religion:	
	Are you Aboriginal/Torres Straight Islander? Yes No		
	Primary Language Spoken at Home: Care Type Required: Permanent Respite		
	MyAgedCare Referral Code Respite:		
	MyAgedCare Referral Code Permanent: Date accommodation required: Where is applicant surrently residing?		
	Where is applicant currently residing?		
	Pensioner Status: Full Part Non-pensioner DVA		
	Pension/DVA Card Number:		
		xpiry Date:	
	Health Fund Name:	lealth Fund Number:	
	Level of Care:		
	Ambulance Cover Number:		
	If applicable, what is your PBS Safety Net Card Number?		
	Do you have Advanced Health Directive? 🗌 Yes 🗌 No		
	If yes, please provide a copy		
	Current Medical Practitioner		
	Drs Name:		
	Address:		
	Telephone:		
	Will they be providing care whilst staying with us? 🗌 Yes 🗌 No		
Alternatively, would you like us to nominate a medical pr		edical practitioner?	

REPRESENTATIVE	Full Name of Nominated Representative:		
INFORMATION	Relationship:		
	Address:		
	Suburb:	Postcode:	
	Telephone (Home):	Mobile:	
	Email:		
	Is the Person (copies to be a provided):		
	Power of Attorney Enduring Financial Medical		
	Guardian Administrator		
	Phone: Fax:		
APPLICANT/	SIGNATURE:	DATE:	
REPRESENTATIVE			
FINANCIAL INFORMATION	Was the applicant a Permanent Resident in another residence? Yes No		
	Was the applicant a Respite Resident in another residence?		
	If yes, please provide details of Residential Aged Care Home:		
	Address:		
	Suburb:	Postcode:	
	Telephone (Home):	Mobile:	
	Refundable Accommodation Deposit (RAD) Paid 📃 Yes 📃 No		
	If you paid a Daily Accommodation Payment (DAP), how much was the charge: \$ per day		
	Date of Stay:		
OTHER CONTACTS	Name:		
	Relationship:		
	Address:		
	Suburb:	Postcode:	
	Telephone (Home):	Mobile:	
	Email:		
	Name:		
	Relationship:		
	Address:		
	Suburb:	Postcode:	
	Telephone (Home):	Mobile:	
	Email:		
	Resident may accept own email or mail to be sent to:		