

REPRESENTATIVE INFORMATION

Full Name of Nominated Representative:

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/
REPRESENTATIVE**

SIGNATURE:

DATE:

FINANCIAL INFORMATION

Was the applicant a Permanent Resident in another residence? Yes No

Was the applicant a Respite Resident in another residence? Yes No

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: