

Application for Home Care Services

1 - Applicant Details

| | | | |
|------------------------|--|-----------------------|--|
| Surname | | | |
| Given Names | | Preferred Name | |
| Address | | | |
| Post Code: | | | |
| Marital Status: | | Date of Birth: | |
| Religion: | | Phone Number: | |

2 - Language Details

Provide Details on Language below:

| | |
|---|--|
| First Language, if not English. | |
| Do you require assistance with spoken & Written English? | |

3 - Aged Care Client Record Details

(See ACAT Assessment)

4 - Pension Details

Does the applicant receive a pension?

| Yes | Full | Part | Self Funded |
|-----|------|------|-------------|
| | | | |

If applicant is receiving a pension please provide details below:

| | | | |
|-------------------------|--|---------------------|--|
| Pension Card No: | | Expiry Date: | |
| Type of Pension: | | | |

5 - Medicare Details

Provide Medicare details below:

| | | | |
|-------------------------|--|---------------------|--|
| Medicare Number | | Expiry Date: | |
| Position on Card | | | |

6 - Current Doctor Details

| | | | |
|------------------------|--|------------------|--|
| Doctors Name | | Mobile | |
| | | Telephone | |
| Surgery Address | | | |

7 - Current Pharmacy Details

| | | | |
|-------------------------|--|------------------|--|
| Name | | Telephone | |
| | | Fax | |
| Pharmacy Address | | | |

8 – Enduring Guardian
(Person Responsible for Medical Decisions)

| | | | |
|---|--|---------------------|--|
| Name: | | | |
| Relationship: | | | |
| Address: | | | |
| Postcode: | | Mobile: | |
| Telephone: | | After Hours: | |
| Email Address: | | | |
| <i>Please provide a copy of the Appointment of Enduring Guardian form</i> | | | |

9 – Power of Attorney
(Person Responsible for Financial Decisions & Accounts)

Please tick if same as 8. Above

| | | | |
|--|--|---------------------|--|
| Name: | | | |
| Relationship: | | | |
| Address: | | | |
| Telephone: | | Mobile: | |
| Fax: | | After Hours: | |
| Email Address: | | | |
| <i>Please provide a copy of the Power of Attorney form</i> | | | |

10 – Additional Contact

Enduring Gurdian Power of Attorney Other

| | | | |
|--|--|---------------------|--|
| Name: | | | |
| Relationship: | | | |
| Address: | | | |
| Telephone: | | Mobile: | |
| Fax: | | After Hours: | |
| Email Address: | | | |
| <i>Please provide a copy of the Power of Attorney and/or Appointment of Enduring Guardian form, if applicable.</i> | | | |

Client/Representative

Signature

Date:

For Office Use Only

| | Yes | No |
|---|-----|----|
| Copy of Appointment of Enduring Guardian form submitted | | |
| Copy of Power of Attorney form submitted | | |