

APPLICATION FOR ACCOMMODATION

SITE

Kew Gardens Canterbury Alexandra on the Park Banfields

PERSONAL INFORMATION

Full name of person applying for residency: _____

Preferred Name: _____

Date accommodation required: _____

Applicants date of birth: _____

Accommodation required:

Permanent

Respite

Gender:

Male

Female

Where is applicant currently residing?

Home

Aged Care Facility

Rehab/Transitional Care

Hospital

Pensioner Status:

Full

Part

Non-pensioner

Pension Number: _____

Select the Medicare card number and enter the 10 digit Medicare card number as shown on the Medicare card, and the person's individual reference number (IRN). The IRN is the number to the left of the name of the person on the Medicare card you are using for your search.

Medicare Card Number: - - IRN:

DVA File Number: -

Health Fund Name: _____

Health Fund Number: _____

Level of Care: _____

Ambulance Cover Number: _____

If applicable, what is your PBS Safety Net Card Number? _____

Has the applicant been assessed by an Aged Care Assessment Team? Yes No

Please provide details of the Doctor who will be providing the applicant with medical care whilst at this facility:

Drs Name: _____

Address: _____

Telephone: _____

Alternatively, would you like us to nominate a medical practitioner? Yes No

REPRESENTATIVE
INFORMATION

Full Name of Nominated Representative:

Relationship:

Address:

Suburb:

Postcode:

Telephone:

Mobile:

Email:

Is the Person: Power of Attorney Guardian Administrator

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

Permanent Respite

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

Address:

Suburb:

Postcode:

Phone:

Fax:

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

If yes, please provide the amount of accommodation bond, RAD or DAP: \$

Was the accommodation bond subject to retention? Yes No

If yes, how much was the retention: \$ _____ per month

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

OTHER COMMENTS

OFFICE USE ONLY

CARE RECIPIENT I.D:

ADMISSION MANAGER
NAME

SIGNATURE:

DATE: