

CARE APPLICATION

For Respite or Permanent Care



Please Indicate:

- □ Application for Permanent Care Position
- □ Application for Respite Care Only
- □ Respite and Application for Permanent Care Position

Check List - Have you Attached:

- □ Copy of Aged Care Assessment / My Support Plan
- □ Current Health Summary supplied by your Doctor
- □ Copy of Residential Aged Care Fees Letter including attachment of Assets Summary
- □ Enduring Power of Attorney
- □ Completed Statement of Choices A or B OR Advanced Health Directive
- □ Copy of Home Care Client Balance Statement (if applicable)

OFFICE USE ONLY

Applicant's Name: _

Date Received:

The Good Shepherd Home EXCEPTIONAL CARE			
PERSONAL DETAILS			
Title: Mr Mrs Ms Miss			
First Name:Middle Name:			
Last Name:Preferred Name:			
Gender: Male Female Date of Birth://			
Marital Status: Married Divorced De Facto Single Widowed Unknown			
Home Address:			
Postcode:			
Postal Address: (If different to home address)			
Postcode:			
Email Address:			
Contact Phone: Primary:Alternate:			
Religion:Aboriginal or Torres Strait Origin: Yes No Please advise of any cultural or religious requirements, such as specific dietary needs			
Country of Birth: Language(s) Spoken:			
Do you need an interpreter to help with your everyday English: Yes No			
Nominated Representative:			
If you would like The Home to contact a representative on your behalf about this application or placement, please provide details below. If you are nominating a person who has legal authority to make decisions for you, please advise the type of authority they have, and attach a copy of the authority to this application.			
First Name: Last Name:			
Postal Address:			
Postcode:			
Contact Phone: Primary:Alternate:			
Mobile: Email Contact:			
Relationship to you:			
Type of Authority:			

The Good Shepherd Home EXCEPTIONAL CARE			
Next of Kin (first contact): (If same as nominated representative, write 'as above')			
First Name:Last Name:			
Postal Address:			
	Postcode:		
Contact Phone: Primary:	Alternate:		
	Email Contact:		
Next of Kin (second contact):			
First Name:	Last Name:		
Postal Address:			
	Postcode:		
Contact Phone: Primary:	Alternate:		
Mobile:	Email Contact:		
Relationship to you:			
OTHER DETAILS			
Medicare Details			
Your name as it appears on the c	card:		
Card Number:			
The number that appears at the left of your name i.e. 1, 2:			
Diabetes Number if applicable (NDSS):			
Pension Details:			
Do you receive a pension?	Yes, I receive a full pension		
	Yes, I receive a part pension		
	No , I do not receive a pension		
If yes, which do you receive:	Centrelink payment		
	Department Veterans' Affairs payment		
Pension Card Number	Exp. Date:		
If you receive a Department Vete	erans' Affairs pension what colour is your card:		

Name of Fund: Membership No: Level of cover: Exp Date: Funeral Preferences: Burial Cremation Undecided Funeral Preferences details e.g. Funeral director etc: Medical Contact Details General Practitioner: Address: Mobile: Contact No: Mobile: Fax Number: Email: Other Health Professional: Field i.e. Audiologist, heart specialist: Diagnosis: Allergies: Diagnosis: Thank you for your application. Please contact our Resident Services Team for any further information	The Good Shepherd Home EXCEPTIONAL CARE			
Level of cover: Exp Date: Funeral Preferences: Burial Cremation Undecided Funeral Preferences details e.g. Funeral director etc: Medical Contact Details General Practitioner: Mobile: Contact No: Mobile: Contact No: Mobile: Fax Number: Contact No: Exp Date: Fax Number: Contact No: Mobile: Field i.e. Audiologist, heart specialist: Chemist: Safety Net: Diagnosis: Thank you for your application.	Private Health Insurance Details			
Level of cover:	Name of Fund:	Membership No:		
Funeral Preferences: Burial Cremation Undecided Funeral Preferences details e.g. Funeral director etc: Medical Contact Details General Practitioner: Address: Contact No: Mobile: Contact No: Fax Number: Mobile: Fax Number: Contact No: Fax Number: Contact No: Fax Number: Contact No: Fax Number: Contact No: Baran Number: Contact No: Contact No: Contact No: Contact No: Fax Number: Contact No: Field i.e. Audiologist, heart specialist: Chemist: Contact No: Contact Specialist: Chemist: Contact No: Chemist: Chemi				
Funeral Preferences details e.g. Funeral director etc: Medical Contact Details General Practitioner: Address: Contact No: Fax Number: Email: Other Health Professional: Field i.e. Audiologist, heart specialist: Chemist: Safety Net: Diagnosis:				
Medical Contact Details General Practitioner: Address: Contact No: Mobile: Mobile: Fax Number: Fax Number: Fax Number:	Funeral Preferences: Burial Crema	ation 🗌 Undecided		
General Practitioner: Address: Contact No: Fax Number: Fax Number: Fax Number: Email: Fax Number: Email: Cher Health Professional: Field i.e. Audiologist, heart specialist: Chemist: Che	Funeral Preferences details e.g. Funeral director etc:			
General Practitioner: Address: Contact No: Fax Number: Chart Health Professional: Cherr Health Professional: Field i.e. Audiologist, heart specialist: Cherrist: Cherrist: Cherrist: Safety Net: Diagnosis: Thank you for your application. Please contact our Resident Services Team for any further information				
General Practitioner: Address: Contact No: Fax Number: Chart Health Professional: Cherr Health Professional: Field i.e. Audiologist, heart specialist: Cherrist: Cherrist: Cherrist: Safety Net: Diagnosis: Thank you for your application. Please contact our Resident Services Team for any further information				
Address: Contact No: Fax Number: Fax Number: Email: Cher Health Professional: Field i.e. Audiologist, heart specialist: Chernist: Chernist: Safety Net: Diagnosis: Thank you for your application. Please contact our Resident Services Team for any further information	Medical Contact Details			
Contact No:Mobile: Fax Number:Email: Other Health Professional: Field i.e. Audiologist, heart specialist: Chemist: Safety Net: Allergies: Diagnosis: Thank you for your application. Please contact our Resident Services Team for any further information	General Practitioner:			
Contact No:Mobile: Fax Number:Email: Other Health Professional: Field i.e. Audiologist, heart specialist: Chemist: Safety Net: Allergies: Diagnosis: Thank you for your application. Please contact our Resident Services Team for any further information	Address:			
Other Health Professional:				
Field i.e. Audiologist, heart specialist: Chemist: Safety Net: Diagnosis: Thank you for your application. Please contact our Resident Services Team for any further information	Fax Number:	Email:		
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Please contact our Resident Services Team for any further information	Thank you for	your application		
for any further information				
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