

EXPRESSION OF INTEREST FOR RESIDENTIAL AGED CARE



Date.....

Type of Care:-

RESPIRE

PERMANENT

Preferred Facility:-

Swan Hill Aged Care Service

Logan Lodge

Nyah District Aged Care Service

Jacaranda Lodge

Miss / Ms / Mrs / Mr

Surname:-..... Given Names:-.....

Date of Birth:-..... Telephone No:- Home.....

Mobile.....

Address:-.....

Country of Birth:-..... Language:-.....

Medicare No:-..... Expiry..... Pensioner/Non Pensioner (*Please circle*)

Pensioner No:-..... Expiry..... DVA No:-.....

Next of Kin/Representative/Contact:-.....

Address:-.....

Relationship:-..... Telephone No:- Home.....

Mobile.....

Email address.....

Does the representative hold a Power of Attorney? YES/NO

If YES please provide a copy of the Power of Attorney with this form.

Have you had an assessment by the Aged Care Assessment Team? YES / NO

Please provide your allocated My Aged Care Referral Code.....

Dates for RESPITE Care.....

Office Use Only

Date Received..... Received By.....

EOI:- Notified YES / NO

ACCR

Application form

Centrelink/DVA assessment received

Waiting List Updated:- YES / NO Date:-.....