

# APPLICATION FOR ADMISSION

Please complete form and return to Churches of Christ in Queensland  
Lady Small Haven Aged Care Service or alternatively  
email [ladysmallacs@cofcqld.com.au](mailto:ladysmallacs@cofcqld.com.au)

## Personal Information

### Full name of applicant (person/resident)

First \_\_\_\_\_ Middle \_\_\_\_\_

Surname \_\_\_\_\_ Preferred Name \_\_\_\_\_

### Applicant's current home address

\_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Female  Male  Other

Marital Status \_\_\_\_\_

Country of Birth \_\_\_\_\_

Religion \_\_\_\_\_

### Applicant's contact details

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Pension/DVA number \_\_\_\_\_

Full Pension  Part Pension

Medicare Number \_\_\_\_\_

Health Fund \_\_\_\_\_

### Applicant's present living arrangements

Hospital  Own house/unit

Other Aged  Rented accommodation

Care Service  Living with family

Other \_\_\_\_\_

### Type of accommodation sought

Permanent Care  Respite Care  Dementia Care

Urgent?  Yes  No

If yes, please provide brief detail: \_\_\_\_\_

\_\_\_\_\_

### Does the applicant have an Aged Care Assessment (ACAT)?

Yes  No

My Aged Care Referral number: Permanent \_\_\_\_\_ Respite \_\_\_\_\_

### Has the applicant completed a Residential Aged Care Centrelink / DVA Combined Asset and Income Assessment?

Yes  No

**Lady Small Haven Aged Care Service**  
60 Allchurch Avenue, Benowa Qld 4217

Call us on **07 5510 1555** or visit **CareAgedCare.com.au**



## Representatives Information

Have you nominated a representative to act on your behalf?  Yes  No

Full name of nominated representative

First \_\_\_\_\_ Surname \_\_\_\_\_

### Representative's contact details

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Representative's relationship to applicant

\_\_\_\_\_

Is this person your EPOA?  Yes  No

Is this person your Emergency Contact?  Yes  No

## Financial Information

### Your Assets and Income Summary

**Note:** If you have a spouse or partner (Married/De facto) then you need to declare **100%** of the asset and income values in this schedule.

Do you own your own home?  Yes  No

If yes, do you share your home with:

- a spouse or dependent child?  Yes  No
- a carer (for more than 2 years) or a close relative (for more than 5 years)?  Yes  No

Assets	Value
Your home	\$
Any other Real Estate or Business Interests	\$
Financial Accounts (e.g. bank accounts, term deposits, bonds, debentures, money on loan)	\$
Shares, Managed Investments (e.g. listed and unlisted shares, securities, investment trusts and plans, superannuation investments in accumulation phase)	\$
Assessable Income Streams (e.g. asset value of allocated pensions, annuities and some superannuation pensions)	\$
Foreign Assets (all overseas assets including investments, business interests and real estate)	\$
Private Trusts and Private Companies (the value of your interest in private trust or private company)	\$
Gifts / Deprivation (any money or assets gifted in the last 5 years)	\$
Other Assets (e.g. household furniture, personal effects, motor vehicles, boats, caravans, trailers)	\$
Debts	-\$
<b>Total Assets</b>	<b>\$</b>

Income	Value
<b>Total Annual Income (including all pensions)</b>	<b>\$</b>

## Applicant or Representative's Declaration

I declare that the information supplied on his form is true and correct to the best of my knowledge and (if completing this form electronically) I certify that the typed signature below is intended to be my signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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