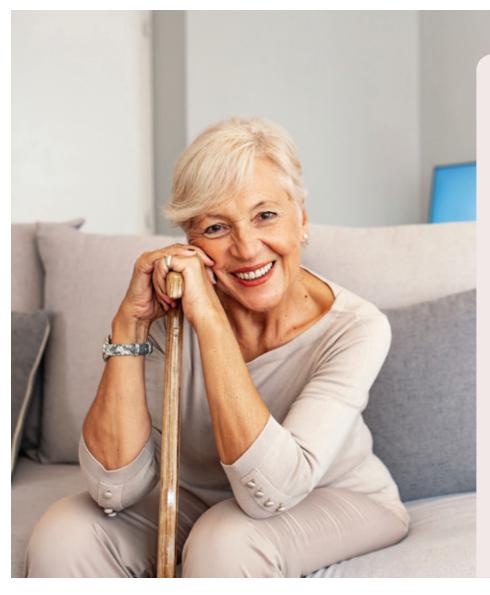


885 Ruthven Street South Toowoomba P 07 4617 6888 cofc.com.au





Specialised care

Our welcoming home provides:

- · Residential aged care
- Respite care
- Palliative care
- Dementia care
- Pastoral care

When you join us, embrace:

- · Personalised, individual care
- A team that truly cares, 24/7
- A community of residents at asimilar life stage
- Lovely, safe surroundings
- No hidden costs
- A range of activities to enjoy

We welcome you to **Toowoomba Aged Care**

Situated on the southern side of Toowoomba, come and catch up with family at the on-site café, explore our lush gardens, or enjoy some light exercise in our on-site gym. We also offer retirement living onsite, enabling couples to remain connected if one partner requires a higher level of care. Just some of our home features include:



Beautiful courtyard gardens



Delicious meals prepared onsite



Onsite gym and salon



ETA Comfortable lounge and dining spaces



Social activities and group outings











Lifestyle

With input from our residents, we've created a fun, inspiring program to encourage social connection and an active lifestyle. Together, the residents and staff celebrate birthdays, special occasions, and cultural events. Activities may include:



Scenic day trips



Yoga + Tai Chi classes



Knitting group



Bingo + Trivia



Singalongs + Movies



Carpet bowls + Ten pin bowling



Church services

If there are activities you'd like to try, our staff are always happy to help wherever possible.

Room features

You'll feel right at home and have plenty of space to personalise your room. Depending on your needs, rooms include:



Private ensuite



Air-conditioning



Electric bed



Bedside table



Wardrobe



Arm chair



Windows and natural light



Telephone point



24/7 care support



At Toowoomba Aged Care, you'll find a warm and caring community to welcome you home. **Tour today!**

Seasonal menu



Monday

Waffles + cream or continental breakfast

Banana cake

Savoury mince, savoury potato, sliced beans, steamed sweet potato

Tiramisu

Finger sandwiches

Tomato soup

Pork sausages + balsamic onions, onion gravy, mashed parsley potato

Fresh fruit + custard

Biscuits or finger sandwiches

Tuesday

Breakfast beans or continental breakfast

Cookies

Lamb hot pot, tomato gravy, cous cous, grilled zucchini, bias cut carrot

Mousse

Char grilled vegetable dip

Beef + potato soup

Salmon cakes, bechamel sauce, dill potato, cucumber salad

Fresh fruit + custard

Biscuits or finger sandwiches

Thursday

Frittata + bacon or continental breakfast

Wednesday

Donut

Braised steak + mushrooms, mashed cheese potato, broccoli bake, steamed pumpkin

Peach crumble

Salami + cheese

Mushroom + bacon soup

Chicken kiev, garlic bechamel sauce, mixed roast vegetables or salad

Fresh fruit + custard

Biscuits or finger sandwiches

Eggs benedict + English muffin or continental breakfast

Carrot cake

Roast chicken, pan gravy, roast potato, peas, roast pumpkin

Chocolate pudding

Chef's choice

Spanish sausage soup

Meatballs in mild yellow curry sauce, mashed potato, coleslaw or salad

Fresh fruit + custard

Biscuits or finger sandwiches



Seasonal lifestyle



Monday

9:30 am Seated exercises

10:00 am Coffee shop

11:00 am Ten pin bowling

1:30 pm Bus outing

Tuesday

9:30 am Tai Chi

10:00 am Coffee shop

11:00 am Trivia

1:30 pm Game of Hoy

Wednesday

9:00 am Hairdresser

10:00 am Coffee shop

1:30 pm Knitting group

2:00 pm Mr Frosty ice creams

3:00 pm Bible and prayer

Thursday

9:30 am Seated exercise

10:00 am Coffee shop

12:00 pm BBQ lunch (monthly event)

1:30 pm Bingo









Aged care enquiry



Please complete and return to your local aged care service or email agedcare@cofcqld.com.au

APPLICANT'S DE	TAILS						
First name(s):			Surname:				
Date of birth:		☐ Female	□ Male	□ Other			
Marital status:	☐ Single	□ Married	☐ De facto	☐ Divorced	□ Widowed		
Country of birth:			Religion:				
Pension/DVA num	ber:		☐ Full pension	☐ Part pension	□ None		
Medicare number:			Health fund:				
Address and contact details							
Street:							
Suburb:			State:		Postcode:		
Telephone:			Mobile:				
Email:							
Present living arra	ngements						
☐ Hospital ☐ Other Aged Car	I Hospital □ Own house/uni I Other Aged Care Service □ Rented accomn			☐ Living with family			
Type of accommo	dation						
☐ Permanent Care	☐ Permanent Care ☐ Respite Care			□ Dementia Care			
Urgent need for ca	are?			☐ Yes	□No		
Does the applicant have an Aged Care Assessment (ACAT			Γ)?	☐ Yes	□ No		
My Aged Care Referral number:							
Has the applicant completed a Residential Aged Care			12	☐ Yes	□No		
Centrelink/DVA Combined Asset and Income Assessment			ι?	If yes, date submitted:			
REPRESENTATIVE	E'S DETAILS						
Has the applicant nominated a representative to act on their behalf?				□ Yes	□No		
First name(s):			Surname:				
Street:							
Suburb:			State:		Postcode:		
Telephone:			Mobile:				
Email:							
Relationship to applicant:							
Is this person your	EPOA?			□ Yes	□No		
Is this person your	Emergency Contac	ct?		□ Yes	□No		

APPLICANT'S 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? • A carer (for more than 2 years) or a close relative (for more than 5 years)? Do you intend to keep your home?	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No			
Assets		Value			
Your home	\$				
Other Real Estate (e.g. Investment Properties)	\$				
Gifts / Deprivation (any money or assets gifted in the last 5 years)	\$				
Home Contents and Special Collections (e.g. artwork, antiques, stamp collec	tions) \$				
Motor Vehicles, Boats, Caravans or Trailers	\$				
Cash (e.g. not kept in financial institutions)	\$				
Financial Accounts (e.g. bank accounts, building societies, credit unions)	\$				
Shares, Options, Rights, Convertible Notes in listed or unlisted companies	\$				
Managed Funds	\$				
Insurance or Government Bonds	\$				
Funeral Bond	\$				
Prepaid Funeral	\$				
Life Insurance that can be encashed	\$				
Debts	- \$				
Income	Value				
Total Annual Income (including all pensions)	\$				
APPLICANT'S OR REPRESENTATIVE'S DECLARATION					

I declare that the information supplied on this 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: