

Enquiry form: Aged Care



Thank you for considering Churches of Christ as your partner in aged care.

Please complete your details below and return to agedcare@cofcqld.com.au

Personal Information		
Full name and details of applicant (person/resident)		
First:	Middle:	
Surname:	Preferred:	
Date of Birth (00/00/0000):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Country of Birth:	Religion:	
Pension/DVA number:	<input type="checkbox"/> Full Pension <input type="checkbox"/> Part Pension <input type="checkbox"/> None	
Medicare Number:	Health Fund:	
Applicant's current home address		
Street:		
Suburb:	State:	Postcode:
Applicant's contact details		
Telephone:	Mobile:	
Email:		
Applicant's present living arrangements		
<input type="checkbox"/> Hospital <input type="checkbox"/> Other Aged Care Service <input type="checkbox"/> Own house/unit <input type="checkbox"/> Rented accommodation <input type="checkbox"/> Living with family		
<input type="checkbox"/> Other:		
Type of accommodation sought		
<input type="checkbox"/> Permanent Care <input type="checkbox"/> Respite Care <input type="checkbox"/> Dementia Care	Urgent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide brief detail:		
Aged Care Assessment (ACAT)		
Does the applicant have an Aged Care Assessment (ACAT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My Aged Care Referral number (11 digit number)		
Permanent:	Respite:	
Has the applicant completed a Residential Aged Care Centrelink/DVA Combined Asset and Income Assessment?	<input type="checkbox"/> Yes, date submitted (00/00/0000): <input type="checkbox"/> No	

Representatives Information

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

Full name of nominated representative

First:

Last:

Representative's contact details

Telephone:

Mobile:

Email:

Representative's relationship to applicant

Relationship:

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

Do you intend to keep your home? Yes 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 collections)	\$
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 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: