



TOUR
TODAY

Explore

211 Parklands Boulevard
Little Mountain
P 07 5436 4100
cofc.com.au

**LITTLE
MOUNTAIN** 
AGED CARE



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 a similar life stage
- Lovely, safe surroundings
- No hidden costs
- A range of activities to enjoy

We welcome you to Little Mountain Aged Care

Located on the Sunshine Coast, 6km west of Caloundra CBD, Little Mountain Aged Care offers a relaxed coastal lifestyle with nearby amenities including shops, restaurants and medical centres. The campus has a lot to offer including an onsite café, an aquatic centre, church and a facility bus for outings. Just some of our home features include:



Beautiful courtyard gardens



Delicious meals prepared onsite



Onsite café, swimming pool, gym and salon



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
-  Fitness classes
-  Arts and crafts
-  Puzzles and quizzes
-  Cooking groups
-  Movies
-  Carpet bowls
-  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

Explore
home



At Little Mountain 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

Wednesday

Frittata + bacon
or continental breakfast

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

Thursday

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

- 9.00 am** Scenic bus trip around the point
 - 10.30 am** Bingo in the hall
 - 1.00 pm** Rumikub in the library
 - 2.30 pm** Garden club meet-up
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Tuesday

- 9.00 am** Morning tea by the jetty
 - 1.00 pm** Quizzes and word games in the hall
 - 2.30 pm** Succulent potting
-



Wednesday

- 9.00 am** Shopping trip to local markets
 - 1.00 pm** Baking and decorating in the hall
 - 2.30 pm** Singalong afternoon tea
-



Thursday

- 9.00 am** Group exercise in the hall
 - 10.30 am** Concert in the hall with local jazz band
 - 1.00 pm** Colour bingo
 - 2.30 pm** Virtual reality therapy
-



Aged care enquiry

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

APPLICANT'S DETAILS

First name(s): Surname:

Date of birth: ☐ Female ☐ Male ☐ Other

Marital status: ☐ Single ☐ Married ☐ De facto ☐ Divorced ☐ Widowed

Country of birth: Religion:

Pension/DVA number: ☐ Full pension ☐ Part pension ☐ None

Medicare number: Health fund:

Address and contact details

Street:

Suburb: State: Postcode:

Telephone: Mobile:

Email:

Present living arrangements

☐ Hospital ☐ Own house/unit ☐ Living with family

☐ Other Aged Care Service ☐ Rented accommodation

Type of accommodation

☐ Permanent Care ☐ Respite Care ☐ Dementia Care

Urgent need for care? ☐ Yes ☐ No

Does the applicant have an Aged Care Assessment (ACAT)? ☐ Yes ☐ No

My Aged Care Referral number:

Has the applicant completed a Residential Aged Care Centrelink/DVA Combined Asset and Income Assessment? ☐ Yes ☐ No

If yes, date submitted:

REPRESENTATIVE'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 Contact? ☐ 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? ☐ 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
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Your home	\$
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Other Real Estate (e.g. Investment Properties)	\$
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Gifts / Deprivation (any money or assets gifted in the last 5 years)	\$
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Home Contents and Special Collections (e.g. artwork, antiques, stamp collections)	\$
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Motor Vehicles, Boats, Caravans or Trailers	\$
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Cash (e.g. not kept in financial institutions)	\$
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Financial Accounts (e.g. bank accounts, building societies, credit unions)	\$
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Shares, Options, Rights, Convertible Notes in listed or unlisted companies	\$
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Managed Funds	\$
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Insurance or Government Bonds	\$
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Funeral Bond	\$
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Prepaid Funeral	\$
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Life Insurance that can be encashed	\$
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Debts	– \$
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Income	Value
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Total Annual Income (including all pensions)	\$
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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: