TOUR TODAY

Explore

71 Dr Mays Road
Bundaberg
P 07 4153 8000
cofc.com.au

GRACEHAVEN
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 Gracehaven Aged Care

Located in Bundaberg, Gracehaven Aged Care offers a relaxed lifestyle and a strong sense of community with wealth of historical attractions, cafés, shops, beautiful parks and beaches, all just minutes away. We also provide retirement living onsite, allowing couples to stay 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 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:

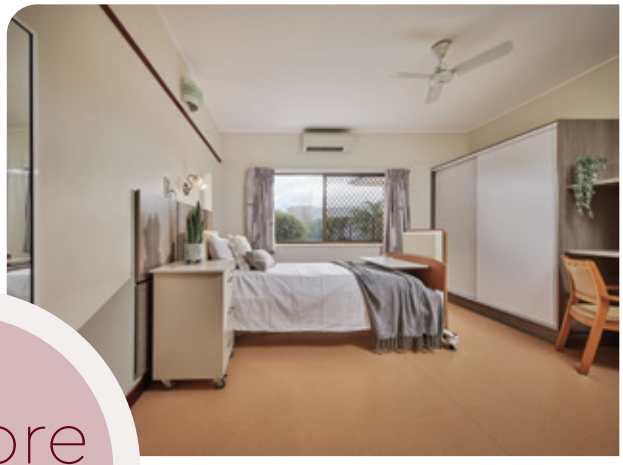
- Scenic day trips
- Fitness classes
- Arts and crafts
- Puzzles and quizzes
- Cooking groups
- Movies
- Carpet bowls
- Church services

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

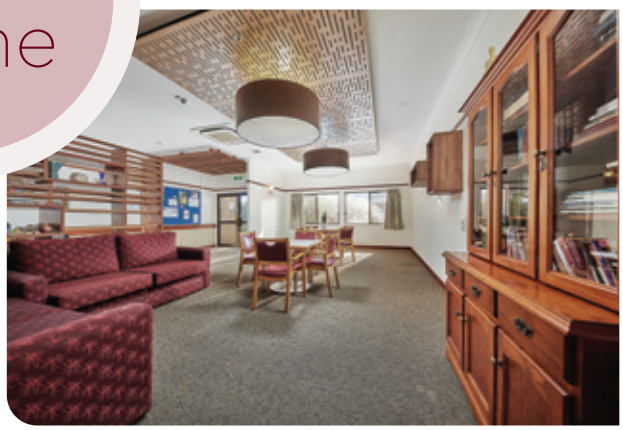
Room features

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

Seasonal menu

CHURCHES of CHRIST

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	Volunteer visits
10.00 am	Exercise with Lifestyle
1.30 pm	Hoy

Tuesday

9.00 am	Volunteer visits
10.30 am	Concert
1:15 pm	Exercises with Physiotherapist
	1:1 Support visits with Lifestyle

Wednesday

9.00 am	Volunteer visits
	Hairdresser
10.30 am	Concert
1.30 pm	Sit down dancing + exercises

Thursday

9.00 am	Volunteer visits
10.45 am	Exercises with Physiotherapist
1.30 pm	Bingo

Aged care enquiry

CHURCHES of CHRIST

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**
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'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:**