



TOUR  
TODAY

# Explore

64 Billabirra Crescent  
Nerang  
P 07 5618 3600  
[cofc.com.au](http://cofc.com.au)

**HOMESTEADS**   
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 Homesteads Aged Care

Located on a hill in Nerang, Homesteads Aged Care Service offers stunning views of the Gold Coast hinterland, peaceful country living with modern convenience. With shopping centres, scenic parklands, and great local eateries just a short distance away. 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











## 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

## 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 + gym
-  Quits
-  Movies, concerts + guest performers
-  Coffee cart
-  Manicures

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

Explore home



At Homesteads 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

- 9.30 am** Coffee Cart
- 10.00 am** Hairdresser
- 10.00 pm** Group Exercise with physio
- 1.00 pm** Memory Lane / Sing a long



## Tuesday

- 9.00 am** Bus trip – Shopping / Picnic at the park
- 1.00 pm** Scenic drive + ice cream



## Wednesday

- 9.30 am** Global virtual quiz in the house / Mystery bus trip
- 10.00 pm** 1:1 exercise with physio
- 1.00 pm** Group garden walks / Group games



## Thursday

- 9.30 am** Hairdresser
- 10.00 am** Church service
- 2.00 pm** Mr Whippy



# Aged care enquiry

Please complete and return to your local aged care service or email [agedcare@cofcqld.com.au](mailto: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	\$
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
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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: