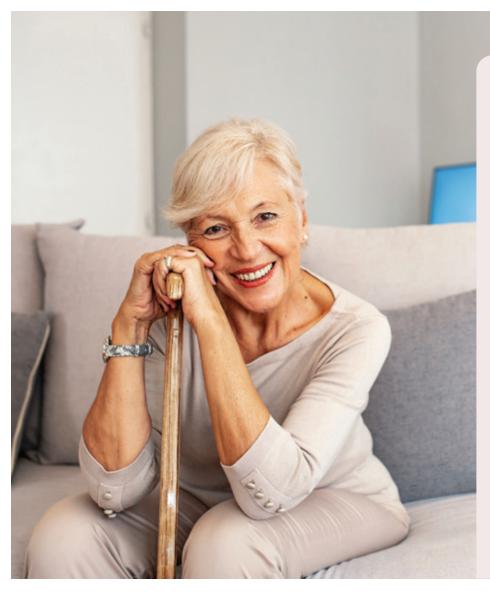


60 Ridgeway Avenue Southport P 07 5509 8555 cofc.com.au





Specialised care

Our welcoming home provides:

- Residential aged care
- Respite care
- Palliative 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 Golden Age Aged Care

Located in the heart of Southport on the Gold Coast, Golden Age Aged Care offers a peaceful and welcoming environment. Surrounded by beautiful gardens and with easy access to local shops, cafés, parklands and recreational activities, all just minutes away. Just some of our home features include:



Beautiful courtyard gardens



Delicious meals prepared onsite



Onsite 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



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



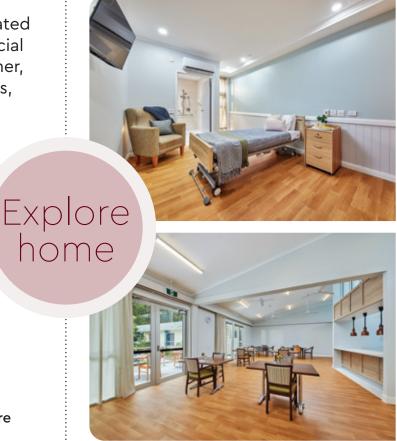
Windows and natural light



Telephone point



24/7 care support



At Golden Age 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

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

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



Seasonal lifestyle



Monday

9.00 am Morning tea (rotating location)

9.00 am Swimming in Nerang (quarterly)

10.30 am Newspaper reading in the Gazebo

1.00 pm Scenic drive with ice cream

1.00 pm Shopping at Southport Park

Tuesday

9.15 am Balance in the Gym

10.30 pm Bingo in the Hall

11.00 am Monthly BBQ Lunch

1.30 pm Hands Pain Pod in Silky

1.30 pm Armchair Travel

Wednesday

9.15 am Coordination in Karinya

9.30 am Intergenerational Playgroup

10.30 pm Bowls in the Hall

1.30 pm Shoulder Pain Pod in King

Thursday

9.15 am Balance in the Gym

10.30 am Bowls in the Hall

1.30 pm Coffee Shop in the Hall









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	e Service	□ Own house/uni □ Rented accomm		☐ Living with family			
Type of accommo	dation						
☐ Permanent Care	Permanent 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: