



TOUR
TODAY

Explore

276-296 Alfred Street
St George
P 07 4620 2000
cofc.com.au

WARRAWEE 
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 Warrawee Aged Care

Situated in St George, along the picturesque banks of the Balonne River. Here, you'll experience the peace and beauty of a country setting while receiving high-quality, personalised care. We also offer retirement living onsite, enabling couples to remain connected if one partner requires a higher level of care. Just some of our home featured 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



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.

Explore
home



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

Seasonal menu

Monday

Porridge

Chocolate mud cake

Pork steak, cheese
bechamel sauce,
scalloped potato,
broccoli, carrot rings

Mashed cake + custard

Mixed sandwiches

Caulliflower + bacon soup

Beef + vegetable pastile,
tomato gravy, mashed
potato, mixed vegetables

Pear strudel + custard

Salami + kabana

Tuesday

Semolina scrambled eggs

Apple slice

Portuguese chicken
fillets, Portuguese sauce,
Spanish rice + butter, peas,
steamed sweet potato

Puree fruit + yoghurt

Mixed sandwiches

Beef + potato soup

Lamb kofta wrap/burger,
cucumber yoghurt, apricot
sauce, tortilla, green salad

Peach crumble + ice cream

Corn + bacon dip

Wednesday

Baked beans

Friands

Meatloaf/Portuguese
chicken fillets, onion
gravy, sauce, mashed
potato, bacon beans,
roast pumpkin

Smoothie

Finger sandwiches

Corn + bacon chowder

Korma prawns + sauce,
steamed rice + butter

Cream caramel + cream or
fruit mousse

Finger sandwiches

Thursday

Porridge + semolina
scrambled eggs

Sultana scones/fruit mousse

Salmon florentine meatlof,
dill bechamel sauce, onion
gravy, mustard potato,
silverbeet steamed, baby
carrots

Puree fruit + custard

Cheese + crackers

Carrot + chickpea soup

Chicken + vegetable pasta
bake, chunky tomato +
bacon sauce, garlic bread,
Greek salad

Fruit + icecream

Mixed sandwiches



Seasonal lifestyle



Monday

- 10.00 am** Gardening
- 10.00 am** Movie or music in the TV room
- 1.00 pm** Library + activities in Lifestyle Hub



Tuesday

- 10.00 am** Resident meeting + library book club + card games
- 10.00 am** Arts and crafts
- 1.00 pm** Puzzles



Wednesday

- 10.00 am** Bus outing + morning tea to the river bank
- 1.00 pm** Board games



Thursday

- 10.00 am** Sing a long in Lifestyle Hub
- 1.00 pm** Pampering + Happy Hour



Disclaimer* Activities are indicative only and are subject to change.

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: