APPLICATION FOR RESIDENTIAL AGED CARE ACCOMMODATION

DOUGHERTY APARTMENTS RESIDENTIAL AGED CARE FACILITY AND RETIREMENT VILLAGE	**Office use only**	**Code:** ________________ **Waiting time:** ____________ **Entered:** ________________

Details of the Applicant

Name of applicant: (Title) ……………………………………………………………..........

Phone number of applicant: …………………………….. Date of Birth: ……..……...

Address of applicant: ………………………………………………..……….……………...

……………………………… Postcode: ……………..……..

Do you have a current aged care assessment ? ☐YES ☐NO

Pension or Veteran Affairs No: …………………………….. ☐Not Applicable ☐Part Pension ☐Full Pension

Expires: ………………

Details of the person making the enquiry (if different to applicant)

Name of person making inquiry: ……………………………………………………….

Relationship to applicant: ………………………………………………………………

Address of person making inquiry: ………………………………………………….…

……………………………………………………..……

Phone number: ……………………… Email: ……….……………………………........

Do you wish to be the contact person for the applicant? ☐YES ☐NO

If "No", please indicate if the applicant will be the contact person, or give details of a contact person (or next of kin)

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1. I request urgent or immediate Residential Aged Care Accommodation ☐
2. I request Residential Aged Care Accommodation within 3 months ☐
3. I request Residential Aged Care Accommodation within 6 months ☐
4. I request Residential Aged Care Accommodation within 12 months ☐
5. I request my name be included on the waiting list for possible future requirements ☐

……………………………..	…………………………………..	…………………..
Name (print)	Signature	Date

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Details of the Applicant

Marital Status:…………………… Ethnic Background:…………………………..

Languages spoken:……………………………………………………………….

Preferred Language:…………………………

Do you require a translator? ☐YES ☐NO

Religion:…………………… Special religious needs? ☐YES ☐NO

Do you have any special dietary requirements? ☐YES ☐NO

If YES, please give details:…………………………………………………………..

……………………………………………………………………………………..

Please describe the kind of problems you are experiencing living in the home you occupy at present.

……………………………………………………………………………………..

…………………………………………………………………………………….

Please describe the type of support that family, close friends or neighbours currently provide you, and how often they provide this support.

…………………………………………………………………………………….

…………………………………………………………………………………….

…………………………………………………………………………………….

Please indicate how often you use community support services:

Meals on Wheels…………………………………………………………………..

Home Care cleaning………………………………………………………………

Other………………………………………………………………………………...

Do you attend Day Centres, Senior Citizen or other community social groups?

☐YES ☐NO

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Details of the Applicant

Please provide a brief summary of your medical history e.g. stroke, heart attack, diabetes, short term memory loss, other illnesses.

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

Present Medications:…………………………………………………………………..

…………………………………………………………………………………………

Do you require assistance with:	Toileting	☐YES	☐NO
	Bathing	☐YES	☐NO
	Feeding	☐YES	☐NO
	Dressing	☐YES	☐NO

Are you continent of urine? ☐YES ☐NO

Are you continent of faeces? ☐YES ☐NO

Do you suffer from any sensory defects:	Sight	☐YES	☐NO
	Hearing	☐YES	☐NO
	Taste	☐YES	☐NO
	Touch	☐YES	☐NO
	Smell	☐YES	☐NO

Are you a Smoker/Non Smoker (Please circle)