



Substitute Decision Maker:

Surname: Given Name: Relationship:

Address:

Telephone: (Home) (Work)

Mobile: Email:



Legal and Financial Management details:

Have any of the following people been appointed on your behalf?

- Guardian Power of Attorney (Financial) Enduring Power of Attorney
 Financial Manager (Financial) Enduring Power of Attorney/Guardian (Medical Treatment)

If yes, please provide a name of the person appointed and a copy of the document:

Name: Contact Number:

Address:

Have you made a will?

Yes No

If Yes, please provide the name and address of person/organisation holding the Will:

Name: Contact Number:

Address:

Funeral arrangements:

Have you made funeral arrangements? Yes No

If Yes, please provide the name and address of the Funeral Director to be notified:

Name: Contact Numbers:

Address:

Please indicate your wishes: Burial Cremation

If no funeral arrangements have been made, please provide us with name of the person responsible for your burial arrangements:

Name: Contact Numbers:

Address:

Existing/Previous Resident of an Aged Care Home:

Do you currently receive, or have you ever received, permanent care in a residential aged care home?

Yes No If Yes, please complete the following details:

Name of current or previous residential aged care home:



Address of current or previous residential aged care home:

.....

..... Date you accepted a place..... / / Date of Departure (if applicable): / /

Permanent Residential Aged Care Request for a Combined Assets and Income Assessment:

Have you completed and lodged the Request for a Combined Assets and Income Assessment?

Yes No If yes, please attach copy of your assets and income summary statement.

Other information:

Any known allergies:
.....

Hobbies and interests:
.....

Applicant's parent's names.....

Applicant's signature: Date:
.....

Date Application received: