

**DOROTHY IMPEY HOME**

**APPLICATION FOR ADMISSION**

Please print and, where applicable, place a ✓ in the appropriate box.

Admission type:       Permanent or  Respite                       High care or  Low care

**Prospective resident details:**

Title (Mr, Mrs, etc.)		Surname:	
Given name(s):		Preferred name:	
Date of birth:		Marital status:	

Home address:	

Pension card No.:		Expiry:	
Veteran Affairs No.:		Expiry:	Color:
Medicare card No.:		Expiry:	

Full pension	<input type="checkbox"/>	Part pension	<input type="checkbox"/>	No pension	<input type="checkbox"/>
Type of pension, e.g. age; disability; service:					

Doctor's name:			
Address:			
Contact details:	B.H.	A.H.	Fax.

Private health insurance fund name:		
Membership details:		Level of cover: <input type="checkbox"/> Hospital. <input type="checkbox"/> Extras
Ambulance cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Membership No.:

Do you have a pre-arranged funeral <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who with?	Name: Address: Phone:

**Nominated representative**, e.g. family member; POA

Please note this section refers to the person listed on our records as "Next of Kin". They will usually be the person we contact first and have the closest contact with. It is their responsibility to inform other family/friends.

<b>First contact representative information*</b>			
Name:			
Address:			Postcode:
Phone:	Home:	Work:	Mobile:
Email address (if applicable):			
Relationship to the applicant:			
What type of Legal Authority do you hold?:			
* Person listed is the primary family person to be contacted in an emergency			
* If there is no family, this person would help the resident with their affairs			

<b>Second contact representative information</b>			
Name:			
Address:			Postcode:
Phone:	Home:	Work:	Mobile:
Email address (if applicable):			
Relationship to the applicant:			

NOTE: A third contact can be added if required. This is for emergencies. Attach further details if required.

**Responsibility for paying accounts and receiving correspondence . . .**

- Resident       Next of kin/POA       Other: .....

**Prospective Resident's name:** .....

***Please be advised that it is the responsibility of the resident or their representative to complete, lodge and follow up the Request for Asset Assessment form within 28 days of entry and allow us to sight and record the results or the resident will be charged board at the maximum rate. Maximum Permissible Interest Rate will be charged on the Accommodation Bond from day of admission until paid within six months.***

Is the applicant a current permanent resident of an aged care facility			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details: Facility name:				
Address:		Suburb:	Postcode:	
Phone:	Fax:	Date of entry:		
Have you paid, or agreed to pay, an accommodation bond, whether it be by lump sum or periodic payment; or an accommodation charge at another facility?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the amount of accommodation bond or lump sum paid \$				
Was the accommodation bond subject to retention?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how much was the retention?			\$	p.a.
If you paid an accommodation charge, how much was the charge?			\$	per day