



APPLICATION FOR ENTRY TO SAN CARLO – PERMANENT OR RESPITE

SECTION 1 — APPLICANT DETAILS

Title: Mr Mrs Miss Ms Other

Full Name: _____

Preferred Name: _____ I describe myself as: Male Female Heterosexual

Lesbian/Gay Bisexual Transgender Intersex Prefer not to say

Current Residential Address: _____

_____ Post Code _____

Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____ Country of Birth: _____

Date of Arrival in Australia: _____ Are you an Australian Citizen? Yes No

Primary language: _____ Secondary language spoken: _____

Religion: _____

Marital Status: Married Single Widowed Separated/Divorced

Name of partner/spouse: _____

How did you hear about San Carlo? _____

SECTION 2 — PRIMARY CONTACT / NEXT OF KIN

Full Name: _____

Relationship: _____

Phone: _____ Email: _____

Address: _____

_____ Post Code _____

Is this person the primary decision-maker/responsible for financial affairs? Yes No

SECTION 4 — LEGAL & DECISION-MAKING AUTHORITY

Authorised Representative (if different)

Enduring Power of Attorney – Financial: Yes No

- Name: _____
- Contact: _____

Enduring Power of Attorney – Medical Treatment: Yes No

- Name: _____
- Contact: _____

Guardianship Orders: Yes No

Name: _____

- Contact: _____

PLEASE PROVIDE COPIES OF POWERS OF ATTORNEY AND GUARDIANSHIP ORDERS (if any)

SECTION 6 — MY AGED CARE ASSESSMENT

Assessment Completed: Yes No In Progress

Approved For: Permanent Respite Both

Referral Codes: Respite: _____ Permanent: _____

Do you have a Home Care Package? Yes No Date approved: _____

SECTION 7 — ACCOMMODATION & FINANCIAL INFORMATION

Medicare Number: _____ Reference # next to name: _____

Name on card: _____ Expiry Date: _____

Pension Type: Full Part None

Pension / DVA Number: _____ Expiry Date: _____

Private Health Insurance Fund: _____ Member # _____

Income & Assets Assessment Completed: Yes No In Progress

SECTION 8 — EMERGENCY CONTACTS

Contact 1

- Name: _____ Relationship: _____
- Address: _____
- Phone: _____
- Email Address: _____

Contact 2

- Name: _____ Relationship: _____
- Address: _____
- Phone: _____
- Email Address: _____

Contact 3

- Name: _____ Relationship: _____
- Address: _____
- Phone: _____
- Email Address: _____

Contact 4

- Name: _____ Relationship: _____
- Address: _____
- Phone: _____
- Email Address: _____
- _____

SECTION 11 — SUPPORTING DOCUMENTS CHECKLIST

- Enduring Power of Attorney documents
- Income & Assets Assessment
- Recent medical summary

SECTION 12 — PRIVACY & CONSENT

San Carlo Homes for the Aged collects personal information to assess eligibility and provide safe, high-quality care. Information is handled in accordance with the Privacy Act 1988 and the Aged Care Act 1997.

Applicant / Representative Name: _____

Signature: _____

Date: ____ / ____ / ____

For Office Use only

AN-ACC Classification: _____ ACMPS#: _____ Notes: _____
