APPLICATION FORM

Date / /

Title _____
Marital Status _____
Surname _____
Given Name _____
Other Names _____
Preferred Name _____
D.O.B / /
Birthplace _____
Current residential address _____
Religion _____
Languages spoken _____

Alternative Contact

Full Name _____
Relationship _____
Address _____
Suburb _____
Postcode _____
Telephone _____
Email _____

Please indicate if you have any of the following in place and provide a copy with your application.

Power of Attorney	Yes / No
Enduring Guardian	Yes / No
Guardianship Order	Yes / No
Public Trustee Order	Yes / No
Advanced Care Directive	Yes / No

Timeframe for admission

- ☐ Immediate
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months

OR proposed date of admission / /

Type of accommodation required

- ☐ Single room with ensuite
- ☐ Single room with ensuite and kitchenette
- ☐ Couple accommodation
- ☐ Dementia and Memory Support

69 Stuart Street, Mount Lofty | **1800 463 468** | seqadmissions@infin8care.com.au | infin8care.com.au

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Type of care required

☐ Respite ☐ Permanent

Pension Status

What type of pension do you receive?
Full pension / Part Pension / No Pension (please circle)

Income and Asset Information

Have you had your Means Test (income and assets) conducted by Centrelink or DVA?
Yes / No (please circle)

If **YES**, please provide a copy of your assessment from Centrelink or DVA.

If **NO**, please speak to our friendly staff to obtain the necessary forms for the testing to be completed.

General Information

Medicare number _____ Expiry / /
Medicare ref number _____
Pension number _____ Expiry / /
Veteran affairs number _____ Expiry / / (gold/white)
Ambulance cover number _____ Expiry / /
Private health fund name _____
Private health fund number _____ Expiry / /
Diabetic assoc. number _____ Expiry / /

Medical Information

Doctor's name _____
Telephone number _____
Doctor's surgery name _____
Doctor's surgery address _____

(Please attach medical history from doctor's surgery)

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