

RESIDENTIAL ADMISSION ENQUIRY FORM

Please complete all details and submit along with a current Support Plan (ACAT)

Completed forms can be returned to us via either method below

Mail to: Administration Assistant Carinya of Bicton 220 Preston Point Rd Bicton WA 6157	Email: admin.assist@carinyacare.com.au
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Applicant's Personal Information

Date of application:	Date of ACAT:
Mr/Mrs/Ms/Miss:	Date of birth:
Home address:	Presently residing:
Suburb:	
State:	Medicare Number:
Postcode:	

Person responsible for medical and lifestyle decisions

<input type="checkbox"/> Resident <input type="checkbox"/> Enduring Power of Guardianship(EPG) <input type="checkbox"/> Guardian <input type="checkbox"/> Next of Kin	
Name:	Relationship:
Postal address:	Telephone number:
Suburb:	Mobile Number:
State:	Email address:
Postcode:	

Person responsible for financial decisions

<input type="checkbox"/> Resident <input type="checkbox"/> Enduring Power of Attorney(EPA) <input type="checkbox"/> Guardian <input type="checkbox"/> Next of Kin	
Name:	Name:
Postal address:	Postal address:
Suburb:	Suburb:
State:	State:
Postcode:	Postcode:

Type of accommodation required

<input type="checkbox"/> Secured wing/dementia <input type="checkbox"/> Single room <input type="checkbox"/> Shared room
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Financial details

<input type="checkbox"/> Full pension <input type="checkbox"/> Part pension <input type="checkbox"/> DVA Gold card <input type="checkbox"/> DVA White card
Homeowner <input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: original documents for Enduring Power of Guardianship / Enduring Power of Attorney are required to be produced at admission meeting with the Administration team. This meeting will only occur after a facility viewing and acceptance of a place.