

Lynden Aged Care

ADMINISTRATION FORM APPLICATION/REGISTRATION	Ref: Adm\09b Page: 1 of 2
--	------------------------------

Date of Application:

Title: Surname: Given Name(s): Preferred Name:

Date of Birth: Marital Status:

Home Address: Post Code:.....

Phone No: Mobile:

NEXT OF KIN/SIGNIFICANT OTHER

1st Contact

Full Name: Relationship:

Home Address: Post Code:.....

Phone Nos: (Home): Mobile: Work:

Email:

2nd Contact

Full Name: Relationship:

Home Address: Post Code:

Phone Nos: (Home): Mobile: Work No:

Email:

OTHER: Name: Phone No: Relationship:

PENSIONER STATUS

Full Part Non

Type of Pension: Centrelink
DVA (non means tested)
DVA (means tested)

Pension No:

Medicare Card No: (...) Expiry:

Private Health Insurance: ... Yes No If yes: Fund Name:

Membership No.: Table:

Have you been assessed by an Aged Care Assessment Team (ACAT) as suitable for placement in a residential aged care service?

No Please see your general practitioner
Yes Please attach copy of your assessment (ACCR)

Lynden Aged Care

ADMINISTRATION FORM APPLICATION/REGISTRATION	Ref: Adm\09b Page: 2 of 2
--	------------------------------

ADMINISTRATION OF AFFAIRS

 Note: If you answer Yes to any of the following, please **supply copy of documentation**:

1. Have you appointed a Power of Attorney? Yes No
If yes, Full Name(s):
Address:
.....Post Code:.....
Phone No (Home): Mobile: Work No:
Email:

2. Have you appointed an Enduring Power of Attorney? Yes No
If yes, Full Name(s):
Address:
.....Post Code:.....
Phone No (Home): Mobile: Work No:
Email:

3. Have you appointed an Enduring Power of Attorney (Medical Treatment)? Yes No
If yes, Full Name(s):
Address:
.....Post Code:.....
Phone No (Home): Mobile: Work No:
Email:

4. Is there a Guardianship Order in place? Yes No
If yes, Full Name(s):
Address:
.....Post Code:.....
Phone No (Home): Mobile: Work No:
Email:

5. Is there an Administration of Affairs Order in place? Yes No
If yes, Full Name(s):
Address:
.....Post Code:.....
Phone No (Home): Mobile: Work No:
Email:

6. Name on Electoral Roll? Yes No
If yes, Address on Roll:

Account to be sent to:

Name of Person Completing this form (please print):

Relationship:

Signature: Date:
