

Expression

OF INTEREST FORM

Thank you for your interest in our aged care facility. Admission criteria considers many variables and as such we are unable to guarantee placement. We understand that circumstances and preferences change over time, which is why all expression of interest forms are only valid for three months. Should you wish to remain active on our database please contact aged care reception upon expiry to seek an extension.

APPLICANT

Full Name:

Residential Address:

ADVOCATE

Full Name:

Address:

Contact Number:

Email Address:

POWER OF ATTORNEY

Full Name:

Address:

Contact Number:



Expression

OF INTEREST FORM

DOCTOR/GP

Full Name:

Contact: number:

DETAILS

Centrelink Pension Number:

DVA Pension number:

Pension:

Part Pensioner

Full Pensioner

No Pension

Self - funded retiree

Yes

No

Medicare number:

Expiry date:

ACAT approval number:

Permanent

Respite

Expression



North
Eastern
COMMUNITY
AGED CARE

OF INTEREST FORM

ASSETS

ASSET	VALUE		ASSET	VALUE
Home	\$		Pension	\$
Superannuation	\$		Disability	\$
Property	\$		Overseas Pension	\$
Bank money & Term deposits	\$		Veterans	\$
Shares	\$		Rental	\$
Home contents	\$		Dividends	\$
Car	\$		Taxable Income	\$
Trusts	\$		Employment	\$
Funeral bond	\$		Other	\$
Gifts	\$		Other	\$

Total Value \$

Income/fortnight \$

If the applicant has a home in their name, is anyone living in that home?

Yes

No

If so, who?

How long have the lived there?