

Residential Aged Care
Waiting List Application
Permanent Care



TO BE COMPLETED BY CARE RECIPIENT / REPRESENTATIVE

Thank you for your interest in Clayton Church Homes. This form is to be completed for inclusion on our permanent residential aged care Waiting List. The information provided on this form will be maintained in a highly confidential manner, with only authorised staff provided access.

Type of Admission: Permanent Respite - please contact Site Reception of your preferred facility
Preferred Facility: Magill Park Village (Elizabeth Park) Prospect Summerhill (Uraidla)

CARE RECIPIENT DETAILS (person requiring residential care)

Title: Mr Mrs Ms Miss Gender:
Surname: Date of Birth:
Given Names: Preferred Name:
Residential Address:
Town/Suburb: State: Postcode:
Home Telephone: () Mobile:
Email Address:
Would the Care Recipient like to be contacted regarding this application?
 YES NO - Please contact my nominated representative
Preferred Contact Method: Phone Email Other
Do you speak another language/require an interpreter? YES NO
Current Location: Hospital Home Other

NOMINATED REPRESENTATIVE DETAILS

Relationship to Applicant: Authorised Representative? YES NO
Title: Mr Mrs Ms Miss
Surname:
Given Names: Preferred Name:
Residential Address:
Town/Suburb: State: Postcode:
Home Telephone: () Mobile:
Email Address:

OTHER INFORMATION (person requiring residential care)

Do you have a current Aged Care Client Record or Support Plan provided by the Aged Care Assessment Team (ACAT)? YES NO
Do you have a letter from Centrelink / DVA confirming your financial status following completion of the *Permanent Residential Aged Care Request for a Combined Assets and Income Assessment*? YES NO

OFFICE USE ONLY

Received by: Date received:
Entered onto applicable Waiting List: Date entered: