Name _____ Marital status _____

Address _____ Date of birth _____

Phone no _____ Place of birth _____

Next of kin _____ Relationship _____

Address _____ Phone no _____

Do you have family living in the area? Yes ❑ No ❑ If so, where? _____

Reason for application _____

Have you been assessed by the Aged Care Assessment Service as hostel level of care? Yes ❑ No ❑

A copy of the assessment is enclosed Yes ❑ No ❑

Type of pension/income _____

Do you own your own home? Yes ❑ No ❑ Estimated value $ _____

Full payment of bond? Yes ❑ No ❑

Please give a brief medical history _____

Do you have any special requirements? _____

Any other comments? _____

Doctor's name _____ Phone no _____

Signature _____ Date of application _____