ALLAMBIE HEIGHTS Village

Retirement Villages and Residential Aged Care

Residential aged care enquiry form – Permanent & Respite Care

Please use this form to provide information to help Allambie Heights Village assess your enquiry for permanent or respite care. You may complete it yourself or ask someone to assist you.

Please enter dates as DD/MM/YYYY and select "Unsure" if you do not know an answer. We may request supporting documents separately. Your information is collected in accordance with the Privacy Act 1988 (Cth) and relevant aged care legislation.

Please complete Sections 1–8 for both permanent and respite care. APPENDIX I - Permanent care financial information is for permanent care applicants only. (separate form)

1 CARE REQUESTED

Care type ☐ Permanent (please complete APPENDIX 1 – separate form) ☐ Respite	Preferred start date:
Respite end date:	Dates flexible? ☐ Yes ☐ No ☐ Unsure
Currently in hospital? ☐ Yes ☐ No ☐ Unsure	Hospital and ward:
Discharge contact and role:	Phone / email:
Previous permanent care? ☐ Yes ☐ No ☐ Unsure	Previous home / first permanent admission date:

2 APPLICANT DETAILS

First names:	Surname:
Date of birth:	Email:
Street address:	
Suburb:	State / postcode:
Phone:	Mobile:
Country of birth:	Preferred language:
Family status:	Religion / cultural preferences:
Interpreter required? ☐ Yes ☐ No ☐ Unsure	Communication or contact needs:

3 HEALTH AND CARE INFORMATION

Please briefly describe support needs, including mobility, personal care or memory:	
GP name / practice:	GP phone:
Practice address:	

4 GOVERNMENT AND HEALTH DETAILS

My Aged Care ID:	Permanent / respite referral code:
Medicare number:	Position / expiry:
Pension ☐ Full ☐ Part ☐ None	Centrelink CRN:
DVA card / number / colour:	Health fund / membership number:
Ambulance cover? ☐ Yes ☐ No ☐ Unsure	Provider:

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5 PERSON COMPLETING THIS FORM AND CONTACTS

Your name:	Relationship / role:
Organisation (if applicable):	Phone / email:
Primary contact ☐ Same as person above	If different, name / relationship:
Primary contact phone / email (if different):	
Primary contact address:	
Additional contact name / relationship:	Phone / email:
Additional contact address:	
Billing contact ☐ Same as primary contact	If different, name / phone / email:

6 APPOINTED ATTORNEYS AND GUARDIANS

Please complete this section even if another person is enquiring. A family relationship or contact nomination does not establish decision-making authority. Please attach details of any joint or substitute appointees.

Power of Attorney? ☐ Yes ☐ No ☐ Unsure	☐ Enduring ☐ General ☐ Unsure
Attorney name / relationship:	Phone / email:
Enduring Guardian? ☐ Yes ☐ No ☐ Unsure	Guardian name:

7 ADVANCE CARE DOCUMENTS AND PERMANENT CARE ASSESSMENT

Advance Care Directive? ☐ Yes ☐ No ☐ Unsure	Advance Care Plan? ☐ Yes ☐ No ☐ Unsure
Document holder / contact:	Copies ☐ Attached ☐ To follow ☐ Not available
Permanent applicants only — financial assessment: ☐ Completed ☐ In progress ☐ Not started ☐ Unsure	
Fee advice available? ☐ Yes ☐ No ☐ Unsure Please also complete the separate permanent care financial form.	

8 DECLARATION AND RETURN

Please check the information provided. This enquiry is not a service agreement. Placement is subject to required aged care approval, AHV assessment and verification of consent or relevant authority before admission. Signing does not itself confer authority to make decisions or access records.

Please note your personal and health information may be shared with relevant parties involved in assessing your application, planning and providing your care, or supporting decisions about your care and accommodation. These may include treating health professionals, service providers and appropriately authorised representatives. Information will only be shared with appropriate consent or where otherwise authorised or required by law.

Anyone may enquire. Being a relative, contact or signatory does not itself establish decision-making authority or unrestricted access to records. Before admission, AHV will confirm consent and verify relevant authority. Tell us about known changes, restrictions or disputes affecting appointments.

☐ To the best of my knowledge, the information supplied is accurate. I will advise AHV of relevant changes.

Name:	Signature: Date:

Please return to general@alhvillage.com.au or Operations Manager, Allambie Heights Village Ltd, 3 Martin Luther Place, Allambie Heights NSW 2100.
Personal information is handled under applicable privacy and aged care law.