



CONSUMER'S ADMINISTRATION DETAILS FORM

PLEASE NOTE: Due to the large number of applications Kanandah receives, this form will only be held for a period of SIX (6) MONTHS from the date of receipt.

A new application will be required thereafter, if the applicant wishes to remain on the waiting list.

APPLICANT DETAILS:

First Name:

Last Name:

Other Names:

Preferred Name:

Date of Birth:

Date of Application:

Gender: Male Female

Title: Mr Mrs Miss Ms Other _____

Marital/Partnership status: Married Single Widowed DeFacto Other _____

Pre-Admission Home Address:

Applicants Address Details:

Applicants Email Address:

Applicants Home Phone Number:

Mobile:

Current /Former Occupations:

Religion/belief:

Country of birth:

Language(s) usually used:

DETAILS OF PERSON/S MAKING APPLICATION FOR CONSUMER

Contact Name:

Relationship to Applicant:

Contact Details:

Home Phone: Work Phone: Mobile Number:

Address Details:

Address State Post Code

Email :

TYPE OF ACCOMMODATION

<input type="checkbox"/> Hostel	OR	<input type="checkbox"/> Self Care	OR	<input type="checkbox"/> Memory Support
<input type="checkbox"/> Permanent	OR	<input type="checkbox"/> Respite		
OFFICE USE ONLY: <input type="checkbox"/> High Care OR <input type="checkbox"/> Low Care				

AGED CARE ASSESSMENT DETAILS

Has the applicant been assessed by the Aged Care Assessment Team (ACAT)?

Yes No

Dated: Day / Month / Year

Referral Code

Respite

Permanent

MEDICARE DETAILS

Medicare Number:

Medicare IRN:

(This is the number before the person's name on the card)

Medicare No Expiry Month/Year:

Month / Year

PENSION DETAILS

Is the applicant a retired veteran/DVA client?

Yes No

DVA Number:

Pension Number:

Australian full pension:

Yes No N/A Other _____

OR

Australian part pension:

Yes No N/A Other _____

Expiry date of Australian pension - Month/Year:

Month / Year

****** ADDITIONAL INFORMATION FOR WAITING LIS**

Has the aged care assessment been completed? Yes No N/A

Is there an approval? Yes No N/A

Date approval granted:

NEXT OF KIN DETAILS - ACTING ON BEHALF OF CONSUMER/ABLE TO DISCUSS CONSUMER'S PERSONAL INFORMATION

FIRST NEXT OF KIN

Relationship to Applicant:

Name of Next of Kin:

Address Details:

Email :

Mobile Number:

Home Phone Number: ()

SECOND NEXT OF KIN

Relationship to Applicant:

Name of Next of Kin:

Address Details:

Email :

Mobile Number:

Home Phone Number: ()

EMERGENCY CONTACTS
(if different from Next of Kin)

Emergency Contact 1:

Name:

Address:

Address	State	Post Code
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Phone Numbers:

Home Phone:	Work Phone:	Mobile Number:
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Emergency Contact 2:

Name:

Address:

Address	State	Post Code
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Phone Numbers:

Home Phone:	Work Phone:	Mobile Number:
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HEALTH FUND DETAILS

Health Fund:

Membership No:

POWER OF ATTORNEY'S/BILLING DETAILS

Is consumer able to manage their own affairs: Yes No N/A

POWER OF ATTORNEY - FINANCIAL

Has a Power of Attorney - Financial, been approved: Yes No N/A

If YES, then

Full Name:

Address: Address State Post Code

Telephone Contact for person responsible for financial affairs: Home Phone: Work Phone: Mobile Number:

Email of person responsible for financial affairs:

PLEASE PROVIDE A COPY FOR OUR RECORDS

ENDURING POWER OF ATTORNEY - MEDICAL

Has a Power of Attorney - Medical, been approved: Yes No N/A

If YES, then

Full Name:

Address: Address State Post Code

Telephone Contact for person responsible for medical affairs: Home Phone: Work Phone: Mobile Number:

Email of person responsible for medical affairs:

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LEGAL GUARDIAN

Has a Guardian been approved: Yes No N/A

If YES, then

Full Name:

Address: Address State Post Code

Telephone Contact: Home Phone: Work Phone: Mobile Number:

Email :

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ADMINISTRATOR

Has an Administrator been appointed: Yes No N/A

If YES, then

Full Name:

Address: Address State Post Code

Telephone Contact: Home Phone: Work Phone: Mobile Number:

Email :

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MEDICAL CONTACT DETAILS

Medical Practitioners name:

Address: Address State Post Code

Contact telephone number: ()

Fax Number: ()

ALLERGIES / SENSITIVITIES

Drug allergies (and type of reaction details):

Drug sensitivities:

Food/fluid allergies (and type of reaction details):

Food allergies (and type of reaction details):

Food sensitivities:

Other allergies (and type of reaction details):

Other sensitivities:

Food preferences: (please name your favourite foods)

Food dislikes: (please name any foods you don't like)

FUNERAL DIRECTOR DETAILS

Nominated funeral director:

DETAILS OF VALUABLES TO BE LODGED

SPECIAL CLOTHING/FOOTWEAR

Details re special clothing items eg Fur coat:

Details re special footwear eg orthotics :

JEWELLERY/MOMENTOS

Consumers are encouraged to leave valuable items with family/friends or if necessary in Kanandah's safe located in the Administration Building.

Please note: Consumers are responsible for the care of all items of jewellery and other valuables located at Kanandah. Consumers are also responsible for the insurance of any valuable jewellery or items located at Kanandah.

Details re ring/s (note - specify colour of stones and ring metal):

Details re necklaces (note - specify colour of stones and ring metal):

Details other jewellery items eg watch, earrings:

Details of other treasured items in consumer room:

Photograph's of each item will be taken and a copy provided to the consumer and a copy retained on file.

OFFICE USE ONLY

Agreed date of entry to Kanandah:

Anticipated Room Number, if known:

If transferring from another facility:

 Yes No

If YES, then

Facility Name:

Address:

Address	State	Post Code
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Date residential aged care commenced:

Phone Number:

Contact Person:

Name of ACAT Assessor:

Contact Number:

Consumer UR No:

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Government No:

ACAT Expiry Date:

