

MAROBA

APPLICATION FOR ACCOMMODATION

Applicant's Full Name: Mr/Mrs/Miss/Ms _____ Preferred First Name: _____

Present Address: _____

Phone Number: _____ Marital Status: _____

Date of Birth: ____/____/____ Place of Birth: _____

Presenting Living Situation: Living with Family () Rented Accommodation ()

Own House or Unit () Other () Please Specify: _____

Type of Accommodation Required: Single () Double ()

Has an **ACAT** Assessment been carried out? (ACCR) Yes () No () If yes, please attach copy.

Has a **DHS/DVA** Income & Asset Test been completed? Yes () No () If yes, please attach copy.

(If no, an application form is available from the MAROBA Administration Office.)

Name & Address of Medical Practitioner: _____

_____ Phone: _____

Nominated Representative: _____ Relationship: _____

Address: _____ Phone: _____

Appointed Enduring Power of Attorney: _____ Relationship: _____

Address: _____ Phone: _____

Religion (optional): _____ Medicare Number: _____

Do you receive a pension? Yes () No ()

Pension Number: _____

Pension Type: Age () Disability () Service () Full Pension () Part Pension ()

Health Fund: _____ Membership No.: _____

Funeral Director: _____

Burial Arrangements (burial / cremation): _____

Are you an resident or had previous residence in another Aged Care Home? Yes () No ()

Name of previous Aged Care Home _____

Date you first entered Aged Care ____/____/____

Signed by: Mr / Mrs / Miss / Ms _____

Please print

Signature: _____ Date: _____

Relationship: Self / Representative / Power of Attorney / Other (Pls State) _____