kalyra

Aged Care

Services Application

It’s different here

Your (applicant) Information

First Name: ..... Middle ..... Surname: .....

Preferred Name: ..... Mr / Mrs / Ms / Miss / Dr

Date of Birth: ..... ☐ Male ☐ Female ☐ Undisclosed

Address: .....

Suburb: ..... Postcode: .....

Home phone: ..... Mobile: .....

Email: .....

Country of Birth: ..... Language spoken at home: .....

English Skills: Good ☐ Limited ☐ Interpreter Required ☐

Are you hearing or sight impaired? Sight Impaired ☐ Hearing Impaired ☐

Do You Smoke: Yes ☐ No ☐ Current Weight: .....

Religion / spirituality: .....

Indigenous Status: ☐ Non-Indigenous ☐ Aboriginal ☐ Torres Strait Islander

Do you have a Registered Supporter lodged on the MAC Portal? ☐ No ☐ Yes

If Yes -Registered Supporter's Name .....

Home / Financial / Health Care Information

Accommodation	☐ Own Home	☐ SAHT	☐ Private Rental
You live with	☐ Alone	☐ Spouse/Partner	☐ Family
Income Source	☐ Aged Pension	☐ DVA/Gold/White	☐ Private/Super
	☐ Disability Support Pension		
NDIS Recipient	☐ Self-Managed	☐ Plan Managed	

Pension/DVA Number ..... Expiry Date .....

Medicare Number ..... Number on Card ..... Expiry Date .....

Ambulance Number ..... GP Clinic Name .....

GP Name ..... GP Clinic Name .....

GP Phone ..... Pharmacy Name .....

Are you receiving any other services:

.....

.....

Vaccination Status

Fluvax ☐ Date last received ..... COVID ☐ Date last received .....

Emergency Contact details

Emergency contact 1: ☐ Medical Emergency ☐ Disaster event

Name: (Mr/Mrs/Ms/Miss/Dr) .....

Relationship to you: .....

English skills: ☐ Good ☐ Interpreter Required

Address: .....

Home/Work Phone: ..... Mobile phone: .....

Email: .....

Emergency contact 2: ☐ Medical Emergency ☐ Disaster event

Name: (Mr/Mrs/Ms/Miss/Dr) .....

Relationship to you: .....

English skills: ☐ Good ☐ Interpreter Required

Address: .....

Home/Work Phone: ..... Mobile phone: .....

Email: .....

Your carer/advocate/decision making information

Do you have a: ☐ Carer ☐ Advocate If yes, to either, please detail:

Name: (Mr/Mrs/Ms/Miss/Dr) .....

Relationship to you: .....

English Skills: ☐ Good ☐ Interpreter Required

Preferred Phone Number: .....

Advocacy and decision making: Please indicate if you appointed an*:*

Enduring Power of Attorney ☐ No ☐ Yes *If yes, provide document*

Medical Power of Attorney ☐ No ☐ Yes *If yes, provide document*

Enduring Power of Guardianship ☐ No ☐ Yes *If yes, provide document*

Name & Phone number (if different for other contacts): .....

To the best of your knowledge are the Powers current and not revoked. ☐ Yes ☐ No

Signature: ..... Date: .....

Other plans and decision making:
Do you have any of the following in place: **Statement of Choices (SOC), Good Palliative Care Plan (GPCP), Advance Care Directive (ACD), Anticipatory Direction (AntD)?**
If so, please provide details, and who holds copies?

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Health, Lifestyle and Interests (optional)

Please provide any additional information you feel is important:

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.....

Please describe any matters significant to you or recent changes. We will obtain further details from your Assessment**.**

Please describe your:

Social Interests	
Spiritual and cultural details	
Medical situation	
Physical concerns	
Psychological matters	
Any other details	

Other Kalyra Services:

If you would like information regarding other Kalyra Services, please indicate below:

Affordable Housing ☐

Help At Home ☐

Retirement Living ☐

How did you hear about us?

Radio ☐ Newspaper ☐ Mailbox Flyer ☐ Word of Mouth ☐

Trade Show ☐ My Aged Care ☐ Hospital ☐ ACAT Team ☐

Private Placement Business ☐ Facebook ☐ Google Search ☐

Other ☐

If other, please describe: .....

.....

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.....

.....

Person completing this form: .....

Relationship to applicant: .....

Date service required from: .....

to *(if not ongoing)*: .....

Date information collected: .....

Please Note:

- This form is for expression of interest only. Kalyra will aim to support you in accessing the service of your choice but does not guarantee the provision of service.
- The process for accessing service will vary depending on service required.
- Please phone our office on 08 8408 4790 for further information.