



kalyra  
communities

# Aged Care Services Application

## Your (applicant) Information

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Mr / Mrs / Ms / Miss / Dr

Date of Birth: \_\_\_\_\_  Male  Female  Undisclosed

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

English Skills:  Good  Limited  Interpreter Required

Are you hearing or sight impaired? \_\_\_\_\_

Religion / spirituality: \_\_\_\_\_

Indigenous Status:  Non-Indigenous  Aboriginal  Torres Strait Islander

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## Home / financial / health care information

Accommodation  Own Home  Housing Trust  Private Rental

You live with  Alone  Spouse/Partner  Family  Other

Income source  Aged Pension  Private/Super  DVA Gold/White  
 Disability Support Pension

Medicare Number \_\_\_\_\_ Pension number \_\_\_\_\_

Ambulance Number \_\_\_\_\_ Private Health cover \_\_\_\_\_

GP Name: \_\_\_\_\_ GP Clinic name: \_\_\_\_\_

GP Phone: \_\_\_\_\_ Pharmacy name: \_\_\_\_\_

Are you currently receiving any other care services? .....

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## Emergency Contact details

**Emergency contact 1:**     Medical emergency                       Disaster event

Name: (Mr/Mrs/Ms) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

English skills:                       Good                                       Interpreter Required

Address: \_\_\_\_\_

Home/work Phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

**Emergency contact 2:**     Medical emergency                       Disaster event

Name: (Mr/Mrs/Ms) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

English skills:                       Good                                       Interpreter Required

Address: \_\_\_\_\_

Home/work Phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

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## Your carer/advocate/decision making information

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

Name: (Mr/Mrs/Ms) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

English Skills:                       Good     Interpreter Required

Preferred Phone: \_\_\_\_\_

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

Enduring Power of Attorney                       No     Yes    *If yes, name:* \_\_\_\_\_

Medical Power of Attorney                       No     Yes    *If yes, name:* \_\_\_\_\_

Enduring Power of Guardianship                       No     Yes    *If yes, name:* \_\_\_\_\_

Phone number (if different from other contacts): \_\_\_\_\_

### 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 Plans, Anticipatory Direction (AntD)?** If so, please provide details, and who holds copies?  
\_\_\_\_\_  
\_\_\_\_\_

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Would you like an information pack on Advance Directives?    Yes / No

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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:**

<b>Social interests</b>	
<b>Spiritual and cultural details</b>	
<b>Medical situation</b>	
<b>Physical concerns</b>	
<b>Psychological matters</b>	
<b>Any other details</b>	

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## Other Kalyra Community Services:

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

Affordable Housing

Community services

Retirement Living

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## 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 Communities 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 82785444 for further information