

# Torbay Retirement Villages Limited

## APPLICATION FOR ACCOMMODATION

### VILLAGE REQUIRED

**Torbay** Aged Care and Retirement Village  **Parklands** Retirement Haven  **Both**

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? Yes ( ) No ( ) If yes, please attach copy.

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

If no, an application form is available from the Torbay Retirement Villages Administration Office.

Name & Address of Medical Practitioner: \_\_\_\_\_

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

Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Appointed Enduring Power of Attorney: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Religion (optional): \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Pension Number: \_\_\_\_\_ Pension Type: \_\_\_\_\_

Health Fund: \_\_\_\_\_ Membership No.: \_\_\_\_\_

(not a requirement for admission to an aged care facility)

Funeral Director: \_\_\_\_\_

Burial Arrangements (burial/cremation, clothing/jewellery, etc): \_\_\_\_\_

Incoming Mail to be Directed to: Resident  Representative

Signed by: Mr / Mrs / Miss / Ms \_\_\_\_\_

*Please print*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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