PERSONAL DETAILS			
TITLE:		SURNAME:	
FIRST NAME:		PREFERRED NAME:	
OTHER NAME:		DATE OF BIRTH:	
GENDER:	MALE ☐	FEMALE ☐	OTHER ☐ ________________
MARITAL STATUS:	SINGLE ☐	MARRIED ☐	
ADDRESS:			
SUBURB:		STATE:	POSTCODE:
PHONE:		MOBILE:	
EMAIL:			
PREFERRED LANGUAGE:			
Do you require an interpreter?		YES ☐	NO ☐
Do you identify as:	Aboriginal ☐	Torres Strait Islander ☐	Neither ☐
Preferred method of communication	Email ☐	Phone ☐	Through contact person ☐
Are you an NDIS participant?		YES ☐	NO ☐

AGED CARE ASSESSMENT DETAILS		
Have you been assessed for aged care services?	YES ☐	NO ☐
If so, please provide your referral codes: Residential Care – Permanent ______________________________ Residential Care – Respite ______________________________ Home Care Package ______________________________		
Have you been receiving a Home Care Package?	YES ☐	NO ☐
What level package are you receiving? Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐		

MEDICARE DETAILS / PRIVATE HEALTH / PENSION DETAILS		
MEDICARE		
Full name as shown on card:		
Card Number	___________ – ____________________ – _____	
Position on card _____	Expiry Date	________ / ________________
Do you have private health insurance?	YES ☐	NO ☐
Do you have ambulance cover?	YES ☐	NO ☐
PRIVATE HEALTH INSURANCE		
Fund Name:		
Membership number	______________________________	
DVA or CENTRELINK DETAILS		
Are you:	Self-funded retiree ☐	DVA ☐
	Centrelink Full Pension ☐	Centrelink Part Pension ☐
Pension Number	______________________________	
DVA Number	______________________________	

CARE / SUPPORT REQUIRED FROM CYPRESS VIEW LODGE LIMITED		
What type of care are you requiring? (Tick all that apply)		
Residential Care – Permanent ☐	Waitlist ☐	Urgent ☐
Residential Care – Respite ☐		
Required Dates	______________________________	
Home Care Package ☐	Waitlist ☐	Urgent ☐
Level Required	______________________________	

RESPONSIBLE PERSON CONTACT DETAILS		
Contact 1	☐ Power of attorney	☐ Enduring Guardian
NAME:		
RELATIONSHIP:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
PHONE:	MOBILE:	
EMAIL:		
Contact 2	☐ Power of attorney	☐ Enduring Guardian
NAME:		
RELATIONSHIP:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
PHONE:	MOBILE:	
EMAIL:		
OFFICE USE ONLY		
Date received:		
Entered on waitlist ☐	Applicant/contact person informed ☐	
Staff Name / Signature:		