

Forms will be completed by:	
Address:	Date:

First Name:	Surname:		
Preferred Name:			
Date of Birth:	Gender:	Marital Status:	Nationality:
Country of Birth:		Language Spoken:	

Current GP:	GP Phone No:
ACAT assessed: Yes No	Yes No
Referral Codes:	Referral Codes:

Medicare number:	Expiry Date:	Reference Number:
Pension Number:	Expiry Date:	
Pension Type: Full Part Non-Pensioner	DVA: Gold White Orange	
NDIS Yes No		

I. Next of Kin/Emergency Contact

Name:	
Relationship:	Enduring Guardianship Enduring Power of Attorney
Home Phone:	Mobile Phone:
Address:	
Email:	

2. Emergency Contact

Name:	
Relationship:	Enduring Guardianship Enduring Power of Attorney
Home Phone:	Mobile Phone:
Address:	
Email:	

Any family members who require email communications / updates / newsletters / bulletins from Rosewood?

Name:	Email:
Name:	Email:

How did you hear about Rosewood?

Word of Mouth	Family of Current/Former Resident	Social Worker	Website	Radio	Social Media
Other:					

Current Accomodation

Address:	
Is your family aware of your application: Yes No	Have you had Respite at any other Facility: Yes No
If so, when and for how long?	

Have you been in hospital for more than one night in the last 6 months?	Yes	No		
Do you require assistance with eating or drinking?	Yes	No		
Do you have any special dietary requirements?	Yes	No		
Have you had any falls in the last 3 months?	Yes	No		
Do you require any aids to help you mobilise?	Yes	No		
Have you had the 2022 Influenza vaccination?	Yes	No		
Have you had the Covid19 vaccinations?	Yes	No	Vaccine Name:	
Dose 1 received:	Dose 2 received:	Dose 3 received:	Dose 4 received:	

Please select if any of the following is applicable:			
Dementia	Cancer Treatment	Heart Problems	More than 100kgs
Wandering	Depression	Immobile	Non-verbal
Refusal of Care	Diabetes	Infection	Vision Impaired
Aggression	Bowel Incontinence	Smoker	Hearing Impaired
Memory Problems	Urinary Incontinence	Pain	Wounds

Any special requests or preferences we should consider?

Assets, Income & Liability Information

Applicants who have joint accounts, assets or liabilities only write their share on this form - NOT the total amount.

Has an Asset and Income Assessment been submitted to Services Australia?	Yes	No
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I. Australian Pension

Do you receive the Centrelink pension?	Full Pensioner	Part Pensioner	Not a Pensioner
Do you receive a Department of Veterans Affairs pension?	Yes	No	
If Yes, what colour card issued?	White	Gold	Orange
Fortnightly amount received:	\$		
Are you recognised by the Department of Veterans Affairs as a POW?	Yes	No	

2. Overseas and Other Pensions

Please give details (type and amount) of other pensions received for example overseas pensions.

Details	Amount

3. Other Incomes

Do you receive any other income not mentioned in 1 or 2 above?	Yes	No
Source	Net average weekly income \$	
Rent		
Interest		
Dividends (excl. franked credits)		
Insurance policy/friendly society etc.		
Dividends/distributions/bonuses		
Business profits		
Other income		
Superannuation		
Total	\$	

Total average weekly other income means total average weekly income, assessable for tax purposes (excluding imputation credits attaching to franked divided income), net of expense deductible for tax purposes, receivable from all sources except for Centrelink Aged Pensions, Department of Veterans' Affairs pensions and, in both cases, rental assistance and pharmaceutical allowances paid as supplements to those pensions.

4. Home Ownership Status

Have you owned a home in the last 2 years?	Yes	No
If yes please provide property address:		
Has your spouse/dependant child/carer or close relative been living in the home for 5 years?	Yes	No
Is your spouse/dependant child/carer or close relative eligible for any pension or benefit?	Yes	No

5. Financial Details

Assets		Liabilities	
Value of home	\$	Mortgages to be repaid	\$
Household contents and effects	\$	Other mortgages	\$
Other real estate	\$		
Cash in hand	\$		
Savings Account/s	\$		
Cheque Account/s	\$		
Superannuation	\$		
Shares, notes, units in trust etc.	\$	Loans etc.	\$
Insurance policies (maturity value)	\$	Bank overdraft etc.	\$
Businesses	\$		
Any other assets ie car, paintings, collectables	\$	Any other liabilities	\$
Total	\$	Total	\$