



Indochinese Aged Care Services
印支高齡服務中心
Residential Admission Application Form

Applicant Details

Date: ____/____/____

Title: _____ First Name: _____ (Chinese name _____)

Middle Name: _____ Last Name: _____ Preferred Name: _____

Gender: _____ D.O.B.: d/____m/____y/____

DVA: ☐ No ☐ Yes DVA claim No. _____

Current address: _____

Billing Address: _____ Postcode: _____

Ethnic Background: _____ Country of birth: _____

Language spoken: _____ Marital Status: _____

Email: _____ Phone: _____

☐ Pensioner ☐ Non-pensioner Medicare no. _____ Pension card no. _____

Diagnosis: _____

Admission date: _____

Resident Representatives

**☞ Power of Attorney/Guardian/Resident Representative (Authorised by the Resident)/ State
Trustee/ Administrator/ Financial Manager**

Representative Category	
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> State Trustee
<input type="checkbox"/> Guardian	<input type="checkbox"/> Administrator
<input type="checkbox"/> Resident Representative (Authorised by the Resident)	<input type="checkbox"/> Financial Manager

Name: _____ Relationship: _____

Type of authority: _____

Occupation: _____

Address: _____

Contact No. (H) _____ (W) _____ (Mobile) _____

Email address: _____

➤ Power of Attorney (medical)

<input type="checkbox"/> Power of Attorney (Medical)	<input type="checkbox"/> Correspondence Contact
<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Billing Contact
<input type="checkbox"/> Other	
<input type="checkbox"/> Supporter	Reg. Number

Name: _____ Relationship: _____

Type of authority: _____

Occupation: _____

Address: _____

Contact No. (H) _____ (W) _____ (Mobile) _____

Email address: _____

➤ Supporter

Nominated Information Recipient:

☐ No ☐ Yes (Yes, means you consent to the Supporter receiving information about you in connection with agreement)

Name: _____ Relationship _____

Type of authority: _____

Address: _____

Contact No. (H) _____ (W) _____ (Mobile) _____

Email address: _____

OFFICE USE ONLY

☐ Entered LeeCare _____ / _____ / _____

Remarks: _____

