



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

**Resident Applicant Details**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Chinese Name (If applicable): \_\_\_\_\_ Gender: \_\_\_\_\_

D.O.B.: dd/mm/yyyy \_\_\_\_\_

DVA:  No  Yes DVA claim No. \_\_\_\_\_

Resident Current address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Resident Billing Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Resident Email: \_\_\_\_\_ Phone No: \_\_\_\_\_ (If applicable)

Pensioner  Non-pensioner

Medicare no. \_\_\_\_\_ Pension card no. \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Resident Representatives**

**Please select the applicable options from the representative category.**

**☞ Contact One**

Resident Representative (Authorized by the Resident)

Power of Attorney (Finance)  Enduring Guardian (Medical)

State Trustee  Public Trustee  Administrator  Financial Manager

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Contact No. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

**☞ Contact Two**

- Resident Representative (Authorized by the Resident)
- Power of Attorney (Finance)     Enduring Guardian (Medical)
- State Trustee     Public Trustee     Administrator     Financial Manager

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Contact No. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

**☞ Supporter**

Nominated Information Recipient:

- No     Yes (Means you consent to the Supporter receiving information about you in connection with agreement)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Contact No. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_



**OFFICE USE ONLY**

Entered Lee Care Date:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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