



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

**Applicant Details**

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

Name: \_\_\_\_\_ (Chinese name \_\_\_\_\_)

Sex:  Male /  Female Age: \_\_\_\_\_ D.O.B.: d \_\_\_/m \_\_\_/y \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

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

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

Pensioner  Non-pensioner Medicare no. \_\_\_\_\_ Pension card no. \_\_\_\_\_

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

**Contact persons**

① Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

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

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

② Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

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

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

**OFFICE USE ONLY**

Entered LeeCare \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Remarks: \_\_\_\_\_

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