

Date:	Placement required: <input type="radio"/> Respite <input type="radio"/> Permanent <input type="radio"/> Dementia specific Urgency: <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High Preferred home:
-------	--

Thanks for your application. Please complete this form and email to marketing@japara.com.au. The Japara team will be in touch shortly to discuss your application further.

1. Applicant details: (person requiring residential care)

Title: Mr, Mrs, Miss etc.	Date of birth:	Gender:
First name(s):	Preferred name:	Surname:
Phone:	Mobile:	Email:
Marital status:	Language:	
Religion:	Ethnicity:	
Home address:		
	State:	Post code:
Notes: (Interests, care needs etc.)		

2. Government entitlements:

Has this person had an Aged Care Assessment? <input type="radio"/> Yes <input type="radio"/> No	ID Number:
Approved for: <input type="radio"/> Respite <input type="radio"/> Permanent	Referral code:
Pensioner card number:	Expiry:
Veterans Affairs number:	Card status: <input type="radio"/> White <input type="radio"/> Gold
Expiry:	
Pension: <input type="radio"/> Full pension <input type="radio"/> Part pension <input type="radio"/> No pension	
Other pension (eg, disability):	Expiry:
Medicare card number:	Position on card:
Expiry:	
Centrelink income and assessment received: <input type="radio"/> Yes <input type="radio"/> No	Submitted: <input type="radio"/> Yes <input type="radio"/> No
Private health insurance: <input type="radio"/> Yes <input type="radio"/> No	
Provider:	Number:

3. Representative details:

Contact one

Title: _____ First name: _____ Surname: _____

Relationship: _____

Home phone: _____ Work phone: _____ Mobile: _____

Email: _____

Home address: _____

State: _____ Post code: _____

Power of attorney

Financial: Yes No Enduring: Yes No Medical: Yes No

Accounts sent to: Yes No

Contact two

Title: _____ First name: _____ Surname: _____

Relationship: _____

Home phone: _____ Work phone: _____ Mobile: _____

Email: _____

Home address: _____

State: _____ Post code: _____

Power of attorney

Financial: Yes No Enduring: Yes No Medical: Yes No

Accounts sent to: Yes No

4. How did you hear about Japara?

FOR OFFICE USE ONLY

Have details been entered into Resident Select? Yes No Date entered: _____

Notes: _____

