

Residential care ENQUIRY FORM



Thank you for your interest in accommodation at one of ACH Group's residential care homes.

Please note that your enquiry form is only a registration of interest for a place in one of our residential care homes and is subject to availability.

We welcome calls to enquire about vacancies and to update us on any changes to your health or circumstances.

We recognise that moving into residential care may be an emotional time for you, so we are here to help wherever possible.

If you have any queries please call the Residential Welcome Team on (08) 8159 3530.

Date: _____

Enquiry for:

Permanent Care

Respite

ACAT referral code: _____

What is your preferred timing?

Urgent (in the next 2 months)

Waiting list only

I'd like to enquire about:

If choosing more than one home, please number by preference.

Kapara (Glenelg)

Milpara (Rostrevor)

Perry Park (Port Noarlunga)

West Park (Goolwa)

Colton Court (McLaren Vale)

Yankalilla Centre (Yankalilla)

Highercombe (Hope Valley)

ViTA (Daw Park)

Don't know yet / Not sure

Healthia (Elizabeth South)

Personal Information:

Family name: _____

Given name: _____

Preferred name: _____

Gender: _____

Date of birth: _____

Marital status: _____

Address: _____

Phone: _____

Email: _____

Contact person (1) for enquiry

Correspondence will be directed to contact person (1)

Family name: _____ Given name: _____

Relationship: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Does he/she hold an Enduring Power of Attorney? Yes No

Does he/she hold a Medical Power of Attorney? Yes No

Contact person (2) for enquiry

Family name: _____ Given name: _____

Relationship: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Do you receive an Aged Pension or any other pension? Yes No

Pension or DVA number (if applicable): Full Part

_____ Non Pensioner DVA

Medicare card number: _____ Reference number: _____

Expiry date: _____

Financial status:

Are your assets and income above \$201,231.20 Yes No

Details of General Practitioner (GP):

Doctor's name: _____ Clinic name: _____

Phone: _____

Please return completed form via post to:

ACH Group Residential Care
PO Box 646 Torrensville Plaza
Torrensville SA, 5031

If you prefer, forms can be emailed to us at
care@ach.org.au

If you have any queries please call the
Residential Welcome Team on **(08) 8159 3530**.

ACH Group is a not-for-profit community organisation promoting opportunities and services to support good lives for older people since 1952.

Visit achgroup.org.au

