

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)

ViTA (Daw Park)

Perry Park (Port Noarlunga)

Healthia (Elizabeth South)

Highercombe (Hope Valley)

Don't know yet / Not sure

Milpara (Rostrevor)

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 NoPension 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 \$206,039.20?

 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, 5031If you prefer, forms can be emailed to us at
care@ach.org.auIf you have any queries please call the
Residential Welcome Team on **(08) 8159 3530**.**Leaders in aged care since 1952.**achgroup.org.au