

Application Form – Two Henry Rd



Applicant Information

Resident 1 – Personal Details			
Date of application:			
Full Name:			
Date of Birth:		Age:	
Residential Address (include postcode):	Postal Address (include postcode):		
Phone Number:	H:	M:	W:
Email Address:			

Are you an Australian citizen? YES NO

Are you of Aboriginal Descent? YES NO

Resident 2 – Personal Details			
Date of application:			
Full Name:			
Date of Birth:		Age:	
Residential Address (include postcode):	Postal Address (include postcode):		
Phone Number:	H:	M:	W:
Email Address:			

Are you an Australian citizen? YES NO

Are you of Aboriginal Descent? YES NO

Relationship to Resident 1	
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Please describe your involvement (*volunteering for community groups*)

Question 5

Are you eligible for Social (Band A) or Affordable (Band B) Housing Income Eligibility Limits?

YES NO

If Yes - please describe below

Health and Care Requirements

Question 1

What is your care status?

- Live with carer
- Lives independently, no direct or indirect care needed
- Lives independently with indirect care (*complete below*)

What home care package do you currently receive?

- Level 3 or 4 Level 1 or 2 Entry level CHSP services.

Question 2

Please tick the statement that best describes your current level of wellness.

- Poor health, complex care needs, recent hospital admission.
- Fair health, hospital admission in the past 6 – 12 months.
- In good health.

Question 3

How will you benefit from living in this type of residence? *(you can tick more than one)*

- Mobility impaired.
- Diagnosed with a progressive neurological disease i.e. dementia, alzheimer’s, parkinson’s disease.
- Community experience

Please elaborate on the above.

Disclaimer and Signature

I hereby acknowledge and declare that:

- c) The answers on this application are true and correct to the best of my knowledge
- d) I understand that any false or misleading information provided on this application will result in refusal of this application

Signature (Applicant Resident 2)		Date:	
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