Ridleyton Greek Home for the Aged ***(Reg)***

Registered Address:
89 Hawker Street
Brompton SA 5007

ABN: 91 927 549 135 - 002
Telephone: 8340 1155

RESIDENT REFERENCE DATA

(Please fill in all sections and return to Admissions Officer)

SECTION 1

About the Resident			
Name of Resident:	Surname:		
	Given Name:	Other Name:	
	Date of Birth:		
Marital Status:	☐ Married ☐ Widowed ☐ Separated		
	☐ Defacto ☐ Never Married		

Language/s Spoken:	First:	Second:	
	Greek:- ☐ Able to Read Greek		☐ Able to Write Greek
	English:- ☐ Able to Read English		☐ Able to Write English

Ambulance Number:	Expiry Date:	
Medicare Number:	Expiry Date:	Ref No:
Pension Number:	Expiry Date:	
Private Health Ins.	☐ Yes ☐ No	
	If "Yes" Private Health Insurance Number:	

Religion:
Name of Preferred Clergy:
Contact Phone Number of Clergyman:

SECTION 2

Resident Affairs are Managed By:					
Resident:	☐ Yes	☐ No	Guardianship Board	☐ Yes	☐ No
Family Member:	☐ Yes	☐ No	Power of Attorney	☐ Yes	☐ No

If "Yes" to Family Member	Name:		
	Address:		
	Phone Numbers: Home:	Work:	Mobile:
	Email:		
If "Yes" to Power of Attorney:	Name/s:		
	Address:		
	Phone Numbers: Home:	Work:	Mobile:
	Email:		

If more than one person has Power of Attorney, please state in the space provided below.

Name:		
Address:		
Phone Numbers: Home:	Work:	Mobile:

SECTION 3

Next of Kin / Emergency Details			
Contacts:			
1.	Name:		
	Address:		Postcode:
	Phone Numbers: Home:	Work:	Mobile:
	Email:		
	Relationship to Resident:		
2.	Name:		
	Address:		Postcode:
	Phone Numbers: Home:	Work:	Mobile:
	Email:		
	Relationship to Resident:		
3.	Name:		
	Address:		Postcode:
	Phone Numbers: Home:	Work:	Mobile:
	Email:		
	Relationship to Resident:		
4.	Name:		
	Address:		Postcode:
	Phone Numbers: Home:	Work:	Mobile:
	Email:		
	Relationship to Resident:		

SECTION 4

Other questions	
Is the Resident the recipient (or have they been in the past, or will they again be in the future) of a Compensation Entitlement payment?	☐ Yes ☐ No If you have answered yes to this question, we need to pass this information on to the Department of Social Services before admission in order to receive a correct letter from Centrelink regarding the Means Tested Care Fee.
Is the Resident a self-funded retiree?	☐ Yes ☐ No If you have answered yes to this question, we need to pass this information on to Centrelink before admission in order to receive an assets assessment letter from them, to determine the Means Tested Care Fee, the assessment of which is compulsory when entering Aged Care.
Where did you hear about Ridleyton Greek Home for the Aged?	(Tick all that apply): ☐ Friends and Relatives ☐ Other Family Members have been Residents ☐ GOCSA Events ☐ Wider Greek Community ☐ Other Health Professionals ☐ My Aged Care Website ☐ Other: _____

I submit that the information I have entered on this Form to be true and accurate to the best of my knowledge. I agree that I have sought help in understanding the content of this Form (if it has been needed) and that my concerns have been clarified by staff.

Signed: ..... Name: ..... (Resident / representative)

Date: ...../...../..... Relationship to Resident (if applicable): .....