

Application for Residential Care Waiting List (Martin Luther Homes)

Applicant's Details

Family Name:		Title:	
Given Name(s):		Preferred Name:	
Date of Birth:		County of Birth:	
Marital Status:			
Phone Number:			
Email:			
Current Address:			
Suburb:		Postcode:	

Do you have an Aged Care Assessment?	Yes	No
Residential Permanent Referral Code:		
Do you need a secure dementia area?	Yes	No

If applicant is currently in hospital, name hospital:		
If currently in aged care, name facility:		
If in aged care, has an accommodation cost been paid?	Yes	No

Do you hold an Australian Pensioner Concession Card/DVA card? Yes No

If yes, type of pension: Full pension Part pension DVA Self-funded

Have you done your Services Australia/Centrelink income assessment? Yes No

Resident Representative (Primary)

Name:	
Phone:	
Email:	
Address:	

Power of Attorney (POA) Guardian Administrator Next of Kin



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Resident Representative (Secondary)

Name:	
Phone:	
Email:	
Address:	

Power of Attorney (POA)

Guardian

Administrator

Next of Kin

Who would sign the agreement?

Applicant

POA

Guardian

Administrator

How soon would you be entering aged care?	
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Signature	Date



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