



Applicants not currently in a Residential Aged Care Service – Have you had an Aged Care Assessment in the last 12 months:

Yes - Please attach copy of your assessment (Form 3020)

No - Please discuss this with your General Practitioner as you cannot proceed without this ACAT assessment form

**B. Legal Details**

*if you answer yes to any of the following, please supply copy of documentation*

Do you have a Power of Attorney? Yes      No

Full name: \_\_\_\_\_

Do you have an Enduring Power of Attorney? Yes      No

Full name: \_\_\_\_\_

Do you have an Enduring Guardian? Yes      No

Full name: \_\_\_\_\_

OR

Has the Guardianship Tribunal appointed a Guardian/ Financial Manager? Yes      No

Full name: \_\_\_\_\_

**C. Contact Details**

*Please indicate the person/s who can be contacted for the purposes of this application.*

	Representative (1)		Representative (2)		Representative (3)	
<b>Name</b>						
<b>Address</b>						
<b>Relationship to Applicant</b>						
<b>Telephone (home)</b>						
<b>Telephone (work)</b>						
<b>Telephone (mobile)</b>						
<b>Fax</b>						
<b>Email</b>						
<b>I am happy to receive information from Catholic Healthcare</b>	Yes	No	Yes	No	Yes	No

We would like to send you and your nominated representatives Newsletters and other information to keep you up to date with Catholic Healthcare activities.

Are you happy to be included:  Yes  No

Name of person completing the form: \_\_\_\_\_

Date: \_\_\_\_\_