

## EXPRESSION OF INTEREST RESIDENTIAL AGED CARE

Date of Application:

<b>Title:</b>	<b>Surname:</b>
<b>Given Names:</b> (i)	(ii)
<b>Address:</b>	
<b>Suburb:</b>	<b>Post Code:</b>
<b>Date of Birth:</b>	
<b>Telephone:</b> H:	M:
<b>Marital Status:</b>	
Do you smoke? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you been assessed by ACAT for Residential Care? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Date:</b>	<b>Please Provide Details:</b>
Contact Person: Self <input type="checkbox"/> Next Of Kin <input type="checkbox"/> Power of Attorney <input type="checkbox"/>	
<b>NEXT OF KIN/POWER OF ATTORNEY</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Suburb:</b>	<b>Post Code:</b>
<b>Telephone No:</b>	

To “**activate**” your EOI you must:

1. Be ready to accept a permanent place when it is offered
2. Have a current ACAT assessment
3. Have an Assets Assessment
4. Inform Administration

