

To assist with your enquiry please complete this form in person or email to enquiries@morangroup.com.au.

Moran Home Location	Date of Enquiry
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DETAILS OF PERSON MAKING ENQUIRY

Full Name		
Preferred Name		
Address		
Suburb	Postcode	
Mobile Number	Home Number	
Email Address		
Relationship To Prospective Resident		
Main Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please include name & phone below

WHO IS THE ENQUIRY FOR?

Full Name			
Preferred Name			
Home Address			
Suburb	Postcode		
Mobile Number	Home Number		
Date Of Birth	Main Contact	Yes	No
Country of Birth			
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred language	

What is important to you when choosing an aged care home?

- | | | |
|--|--|---|
| <input type="checkbox"/> RN on-site | <input type="checkbox"/> Outings | <input type="checkbox"/> Music |
| <input type="checkbox"/> Exercise Program | <input type="checkbox"/> Wellness Centre | <input type="checkbox"/> Activities Program |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Companionship | <input type="checkbox"/> Library |
| <input type="checkbox"/> Dining Experience | <input type="checkbox"/> Movies | <input type="checkbox"/> Other interests |
| <input type="checkbox"/> Room with Garden Aspect | <input type="checkbox"/> Gardening | |
| <input type="checkbox"/> Room with Courtyard | <input type="checkbox"/> Pastoral Care | |
| <input type="checkbox"/> Room with Balcony | <input type="checkbox"/> Computer | |

YOUR CURRENT LIVING ARRANGEMENTS

Do you live in your own home? Yes No Do you own your own home? Yes No

Will you enter our aged care home from home? Yes No

Will you enter our aged care home from hospital? Yes No

If yes, please provide the hospital contact details

PREVIOUS AGED CARE

Have you previously made an accommodation payment? Yes No

If yes, please specify type RAD Bond

If accommodation payment previously paid Amount Date paid
Paid to

IS YOUR ACAT ASSESSMENT...

Permanent Yes No

If no when is it expected? Approval Date

Respite High Low

Do you have a Home Care Package? Yes No

Do you receive a pension? Yes No

If yes, what type do you receive? Gold DVA White DVA Aged

RESPITE DAYS

Have you used any respite days in the current financial year? Yes No

If so, how many days have you used?

OFFICE USE ONLY

Enquiry added to Zoho, Autumn Care, Resident Select? Yes No

Referral Source Hospital GP Media (please state)
 Marketing Seminar Website eg. Aged Care Online
 Word of Mouth
 Other

Enquiry Form New Resident v2 16/5/2018