

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

Moran Home Location  Date of Enquiry

## DETAILS OF PERSON MAKING ENQUIRY

Full Name

Preferred Name

Address

Suburb  Postcode

Mobile Number  Home Number

Email Address

Relationship To Prospective Resident

Main Contact  Yes  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

Marital Status  Married  Defacto  Single  Separated  Divorced  Widow

Country of Birth

Is an interpreter required?  Yes  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 v3 21/8/2018