



# Tanunda Lutheran Home Inc.

## ENQUIRY FORM

Surname (Person Applying for Placement) Mr / Mrs / Miss / Ms: \_\_\_\_\_

Christian Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Married ☐ Single ☐ Divorced ☐ Widowed ☐

ACAT Assessed: (circle) Yes / No High / Low Permanent / Respite

Assessed by: \_\_\_\_\_ Phone No. \_\_\_\_\_

1. Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

2. Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

General Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Pension No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

DVA Card - circle Standard / Gold Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ambulance No.: \_\_\_\_\_ Private Health – Type & No.: \_\_\_\_\_

Financial Declaration: (circle) Attached / To be Forwarded

Form Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_