

Care recipient information

Full Name*

Date of Birth*

Usual home address*

Pension Number*

Medicare Expiry Date

Preferred Name

Gender*

Where is the care recipient currently?*

Medicare card number and position on card

Aboriginal and/or Torres Strait Islander origin?*

Yes

No

Current General Practitioner details

Practice Name*

Address*

Doctor Name*

Phone Number*

Representative information

Primary contact

Full name*

Best contact number(s)*

Postal address*

Relationship to care recipient*

Email address*

How did you hear about HAAA?*

Contact 2 (if applicable)

Full name

Best contact number(s)

Postal address

Relationship to care recipient

Email address

Additional contacts *Social workers, case managers etc.*

Details to assist us with the placement

Summary of main care and health concerns

What is the preferred geographic region for the placement to occur?

Summary of income *Pension / part pension / overseas pension / super / annuity, any rental income etc*

Summary of assets *Home or investment properties, bank accounts, shares, term deposits, superannuation etc*

Summary of ideal placement and/or any other information you think we should know regarding the placement

Documents required for placement (please attach them in email)

*Please attach as many of the below documents as you can in PDF format.
If you haven't got all of these documents now, that's OK. You can send to your placement consultant as soon as you can.*

- Support Plan / Referral codes
- Power of Attorney (Enduring, Financial, Medical, Guardianship)
- Copy of Medicare card
- Copy of Pension / Gold Card
- Copy of Private Health Insurance Card
- Rates Notice
- Most recent bank statements for all bank accounts and term deposits
- Most recent statements for any superannuation accounts
- Most recent statements for any investments such as shares, managed investments etc
- Any other relevant paperwork