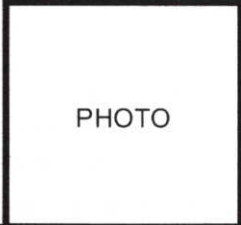


# APPLICATION FOR RESIDENTIAL SERVICES



449 Lowood/Minden Road  
 TARAMPA QLD 4311  
 P: 07 5426 8314 F: 07 5426 8295  
 E: admin@tarampalodge.com.au



<b>APPLICATION DATE</b>	
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<b>APPLICANTS DETAILS</b>
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<b>Last Name</b>	<b>First Name</b>

<b>Middle Names</b>

<b>Preferred Name</b>	<b>Religion</b>

<b>Date of Birth</b>	<b>Age</b>	<b>Gender</b>

<b>Weight</b>	<b>Eye Colour</b>	<b>Complexion</b>	<b>Build</b>

<b>Likes/Dislikes</b>

<b>Hobbies</b>

<b>NEXT OF KIN - Please note we only contact one listed member in order of priority</b>
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<b>Number 1 Contact Name</b>	<b>Telephone</b>
<b>Email</b>	
<b>Relationship to the Applicant</b>	

<b>Number 2 Contact Name</b>	<b>Telephone</b>
<b>Email</b>	
<b>Relationship to the Applicant</b>	

<b>Number 3 Contact Name</b>	<b>Telephone</b>
<b>Email</b>	
<b>Relationship to the Applicant</b>	

<b>Number 4 Contact Name</b>	<b>Telephone</b>
<b>Email</b>	
<b>Relationship to the Applicant</b>	

**POWER OF ATTORNEY / GUARDIANSHIP**

Name	<input type="text"/>	Relationship	<input type="text"/>
Email	<input type="text"/>	Telephone	<input type="text"/>
Accommodation	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Other please state	<input type="text"/>		
		Fincancial	<input type="checkbox"/>

*Proof of Guardianship is required to be forwarded back with this application*

**FINANCIAL DETAILS**

Pension/Centrelink Number	<input type="text"/>	Expiry Date	<input type="text"/>
Medicare Number	<input type="text"/>	Expiry Date	<input type="text"/>
Private Health Fund	<input type="text"/>	Expiry Date	<input type="text"/>
Financial Administrator - Organisation	<input type="text"/>	Contact Name of Financial Administrator	<input type="text"/>
Telephone of Financial Administrator	<input type="text"/>	Email of Financial Administrator	<input type="text"/>
Who is responsible for paying the account	<input type="text"/>		
How will you be paying:	<input type="text"/>		
Centrepay	Direct Deposit	Other:	<input type="text"/>

**REFERRAL INFORMATION**

Referring Agency	<input type="text"/>	Contact Person	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

**MEDICAL CONTACTS**

Practice Name	<input type="text"/>	Doctors Name	<input type="text"/>
Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>

**MEDICAL INFORMATION**

Known Allergies

Special Dietary Requirements

**SERVICES**

<u>Current Services</u>	<u>Contact Name</u>	<u>Telephone</u>	<u>Email</u>
Mental Health			
Drug and Alcohol			
Parole			
Other please list			

**NDIS STATUS**

Current Participant:		
Registration Number:		
Support Coordinator:	Organisation	
Contact Name:	Telephone	
Email:		
Plan Commencement	Plan End Da	

**MY AGED CARE STATUS**

Current My Aged Care:		
Client ID:		
Referral Code:		
Package Level:	Date From:	
Current Provider:	Expiry Date:	
Contact Name:	Telephone:	
Comments:		

**DIAGNOSIS**

Diagnosis	
<i>Attach Evidence if possible</i>	

**BEHAVIOUR**

Triggers:	Solutions:
Behavioural Challenges:	Solutions:

Comments:

**MENTAL HEALTH**

Is the person case managed by Mental Health Services

Yes / No

Circle One

Mental Health Act Status

None

Treatment Authority

Treatment Support Order

Forensic Order


Tick appropriate bc

*Please email a copy of the order with this application*

Comments

Does the Applicant have:

*If yes, please attach*

Care Review Summary

Yes / No

*Please circle one*

Risk Screen

Yes / No

*Please circle one*

Treatment Plan

Yes / No

*Please circle one*

Transfer of Care

Yes / No

*Please circle one*

Comments:

**DRUGS AND ALCOHOL**

**Drug Type**

**Assistance**

<b>Nicotine</b> eg cigarettes, tobacco	<i>Please Tick</i>	Assistance to Manage:	Yes / No
Nicotine Type:		Quantity per fortnight:	
<b>Alcohol</b> including Methylated Spirits		Alcohol Anonymous:	Yes / No
<b>Amphetamines</b> eg Speed, goey, ice		Rehab Program:	Yes / No
Location:		Telephone:	
<b>Opioids</b> eg Methadone, heroin, morphine		Rehab Program:	Yes / No
Location:		Telephone:	
<b>Benzodiazepines</b> eg Temazepam, Diazepam		Rehab Program:	Yes / No
Location:		Telephone:	
<b>Designer Drugs</b> eg MDA Ecstasy, MDMA		Rehab Program:	Yes / No
Location:		Telephone:	
<b>Inhalants</b> eg glue, petrol, paint, others		Rehab Program:	Yes / No
Location:		Telephone:	
<b>Other:</b>			