

Application for Accommodation Form

PH: 1800 722 522 | E: accommodation@scalabrini.com.au

Level 8, 9 Help Street, Chatswood, NSW 2067



Thank you for choosing Scalabrini.

To commence the application process, please complete this application form and email to us with your most recent ACAT assessment or ACAT referral code.

All fields are mandatory. If not applicable, please write N/A.

APPLICANT DETAILS:

Surname: _____

Given Names: _____ Preferred Name: _____

Mr Mrs Miss Date of Birth: _____ / _____ / _____

Home Phone: _____ Mobile: _____

Current Address: _____

Marital Status: Single Married Widowed

Moving from: Home Hospital Other Aged Care Home Other (Please specify): _____

If arriving from hospital; date of original entry to hospital: _____

Country of Birth: _____ Religion: _____

Language Spoken: _____ Nationality: _____

Your ACAT referral code? _____

Medicare No: _____ Medicare Card Expiry Date: _____

Medicare Card Member No: _____

Pension No: _____ Full Part None

Pension Card Expiry Date: _____ DVA No: _____

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PRIMARY CONTACT:

Name: _____ Email: _____

Address: _____ Suburb: _____ Postcode: _____

Home Ph.: _____ Work Ph.: _____ Mob: _____

Relationship to applicant: _____

Type of authority held: Enduring Guardian Enduring Power of Attorney Power of Attorney
 Financial manager

We will require supporting documentation for type of authority held.

SECONDARY CONTACT:

Name: _____ Email: _____

Address: _____ Suburb: _____ Postcode: _____

Home Ph.: _____ Work Ph.: _____ Mob: _____

Relationship to applicant: _____

Type of authority held: Enduring Guardian Enduring Power of Attorney Power of Attorney
 Financial manager

We will require supporting documentation for type of authority held.