

PRELIMINARY APPLICATION



UNITED PROTESTANT ASSOCIATION OF N.S.W. LIMITED

A.C.N. 050 057 620 A.B.N. 71 050 057 620
LIMITED BY GUARANTEE
REGISTERED CHARITY NO. CC6238

BRACKEN HOUSE
315 Macquarie Street,
Dubbo, 2830
Phone:(02) 6884 4604
Fax: (02) 6884 2764

YEOVAL AGED CARE
3-7 Lords Street,
Yeoval, 2868
Phone:(02) 6884 4604
Fax: (02) 6884 2764

Email
info@dubbo.upa.org.au



upa
United in Christian Care

PRELIMINARY APPLICATION FOR RESIDENCY AT BRACKEN HOUSE

DATE OF APPLICATION: _____

Have you applied for a Assets and Income Assessment from Department of Human Services?

YES NO

Is your Assets and Income Assessment attached? YES NO (if not, please attach)

Have you been assessed by the Aged Care Assessment Team? YES NO

If Yes, please attach a copy.

Residential Permanent Referral Code Number (My Aged care) _____

***YOU WILL NOT BE PLACED ON THE WAITING LIST UNLESS THE ASSETS AND INCOME
ASSESSMENT IS ATTACHED , THE ACAT ASSESSMENT IS COMPLETE AND A REFERRAL CODE IS
SUPPLIED.***

APPLICANT DETAILS: To assist in determining your residency classification, please answer the following:

Full Name: Mr/Mrs/Miss/Ms/Other _____

Given Names

Surname

Address: _____

_____ Postcode _____

Phone: _____

Date of Birth: _____ Marital Status: _____

Medicare Number:: _____ Expiry: ____/____

Do you receive a pension? YES NO

If yes, what type of pension? Full Pension Part Pension DSS DVA

Pension Number: _____ Expiry: ____/____

Do you presently own your own home, or have you owned your own home during the last 2 years? YES NO

Person to contact on your behalf: Self or

Name: _____

Address: _____

Phone: _____ Relationship: _____

Email: _____

Please return this page to:
Bracken House
315 Macquarie Street,
DUBBO NSW 2830.

Please return this page to:
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YEOVAL NSW 2868.

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