

# Community Care Application Form

Reference Number: NDIS - \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Referred Service:  Support Coordination  NDIS

Referral Code: My Aged Care - AC: \_\_\_\_\_

Surname: \_\_\_\_\_ Legal Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: NSW Post Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender:  Male  Female  Intersex  
Country of Birth: \_\_\_\_\_ Main Language: \_\_\_\_\_  
Aboriginal and/or Torres Strait Islander?  Yes  No  
Interpreter Required:  Yes  No

## Government Benefit Status:

Aged Pension  Disability Pension  Health Care / Low Income Card  
 Department of Veteran Affairs:  White  Gold

## Residential Setting:

Boarding House/Private Hotel  Own/Purchase home  
 Independent Living Unit in Retirement Village  Rent - Privately  
 Short Term Crises, Emergency/Transition Accom  Rent - Public Housing  
 Supported Accom/Supported Living Facility  Other: \_\_\_\_\_

## Independent in Self-Care:

Yes  No

## Carer Information:

Have a Carer  Have no Carer

## Living Arrangements:

Alone  With Family

## Mobility Aid:

None  Walker  Walking Stick  Wheel Chair  
 Other Requirements: \_\_\_\_\_

Mandatory - Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Referred Service:

Lawn Mowing  Over 55s Leisure & Learning  Meals  
 Social Support - Group  Social Support - Individual

**Over 55s Activity(s):**

1. Activity Name: \_\_\_\_\_ Venue: \_\_\_\_\_ Day: \_\_\_\_\_  
2. Activity Name: \_\_\_\_\_ Venue: \_\_\_\_\_ Day: \_\_\_\_\_

**What do you want to improve? (tick all that applies)**

- Stay Social                       Physical Health                       Mental Health  
 Flexibility                       Reduce Isolation

Photo consent given for promotional purposes:                       Yes                       No

Agree with the Aged Care/Participants' Charter:                       Yes                       No

How did you find out about this Service: \_\_\_\_\_

Home Care Package:                       Yes                       No

Meals on Wheels Food Allergy(s):                       Yes                       No

- Shellfish                       Egg                       Wheat                       Sesame Seeds  
 Milk                       Fish                       Tree Nuts                       Soybeans  
 Peanuts                       Lupin                       Other: \_\_\_\_\_

Soft Foods                       Puree                       Standard

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Any Pet(s):                       Yes                       No                      Type: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Provided Pricing:                       Yes                       No

Package: Main; Dessert OR Soup and a Juice                       Individual

Direct Debt Form Completed:                       Yes                       No

Interested in Social Lunch:                       Yes                       No

Interested in Let's Dine Out:                       Yes                       No

**Declaration of Applicant:**

The information provided in this form is correct and current to the best of my

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature:  \_\_\_\_\_

**\*\*\* Office Use Only \*\*\***

Activity Registration Number: \_\_\_\_\_ Activity Fee: \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

*RC Code (522 term based activities)*                      *RC Code (751 bus/train trips)*

Immediate Start                       Estimated Start Date: \_\_\_\_\_

Post Information Pack                       Email Information Pack to: \_\_\_\_\_

Entered into:                       CiviCRM ID: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into:                       TRIM Folder: \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy Protection Notice

**Purpose of collection:** As part of Community Care procedures we collect a certain level of personal information from people. This information is collected for the intended purpose of providing an appropriate service.

**Intended recipients:** Information is used only for the purpose of which it was collected. Exceptions to this include: if the person has consented to the information to be used for a different purpose; the Service Manager believes on reasonable grounds that the release of information is necessary to prevent or lessen a serious and imminent threat to the life or health of the person or others.

**Supply:** Information supplied to Community Care is voluntary however non supply of information may result in your application not being processed.

**Access/Correction:** Each person that receives a service or support from Community Care has the right to see information held that relates to them. A person cannot amend or remove information in their records if it is factually incorrect. They can however place an addendum or another document outlining their views on the file. This ensures the integrity of the records and files.

**Storage:** Information that Community Care collects whether this information is held electronically or as hard copy it will be securely stored.

### Access

If you have a hearing or speech impairment you can contact us through the National Relay Service. You will need to provide our phone number 02 9806 5121. For more information visit [relayservice.gov.au](http://relayservice.gov.au) or 133 677 for TTY/voice calls, for Speak and Listen 1300 555 727 and for SMS Relay 0423 677 767.

If you need an interpreter you can contact us through the Translating and Interpreting Service on 131 450. You will need to provide our phone number 02 9806 5121.

### Compliments & Complaints

Your complaints, compliments and ideas are important to Council. Complaints and ideas help us to improve our policies, how we work and the quality of the service. You can contact us in many ways:

#### Write to us:

City of Parramatta Council  
Community Care Manager  
PO Box 32, Parramatta NSW 2124

#### Call us:

02 9806 5121 to speak with your  
Service Coordinator or the Manager

#### Email:

[council@cityofparramatta.nsw.gov.au](mailto:council@cityofparramatta.nsw.gov.au)

#### Face to Face:

Customer Service Centre  
126 Church St, Parramatta NSW 2150

## Documents to be Returned

### Mandatory

- Photo or a copy of your Government Concession Card (Front & Back sides)
- Community Care Application Form
- Statistical Data Form
- Aged Care / Participants' Charter
- Rights & Responsibilities
- Community Care Risk Assessment - Home Visiting Form

### Food Services

- Volunteers Entry into Home Form (if required)
- Direct Debt Form
- Menus with your Meal Order Selections

### Return by Post to: Reply Paid Envelope Supplied

City of Parramatta Council

Community Care

PO Box 32, Parramatta NSW 2124

### Email Photos of All Forms to:

[CommunityCareAdmin@cityofparramatta.nsw.gov.au](mailto:CommunityCareAdmin@cityofparramatta.nsw.gov.au)

### Return Face to Face to:

Customer Service Centre

126 Church St, Parramatta NSW 2150