

# COMMUNITY CARE APPLICATION FORM

Complete  
& return

## Mandatory

- |  |  |
|--|--|
| <input type="checkbox"/> Photo or a copy of your Government Concession Card (Front & Back sides) | <input type="checkbox"/> Charter of Aged Care Rights |
| <input type="checkbox"/> Community Care Application Form   | <input type="checkbox"/> Rights & Responsibilities   |
| <input type="checkbox"/> Statistical Data Form   | <input type="checkbox"/> Direct Debit Form           |

## Food Services

- Volunteers Entry into Home Form (if required)

**NDIS Number:** \_\_\_\_\_ **Plan Start:** \_\_\_\_\_ **Plan Finish:** \_\_\_\_\_

- Plan Managed       Agency Managed       Self Managed

**Home Care Package:**     Yes     No

**My Aged Care AC No:** \_\_\_\_\_ **Referral Code:** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Legal Name:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD/MM/YYYY)

**Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** NSW    **Post Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Gender:**  Male     Female     Prefer not to say     Other \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **Main Language:** \_\_\_\_\_

**Interpreter Required:**                       Yes                       No

**Aboriginal and/or Torres Strait Islander:**                       Yes                       No



Go to back page to sign

**Government Benefit Status:**

- Aged Pension
- Disability Support Pension
- Health Care / Low Income Card
- Department of Veteran Affairs
- No Concession Card

**Residential Setting:**

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

**Independent in Self-Care:**     Yes                       No

**Do you have a Carer:**             Yes                       No

**Are you a Carer:**                 Yes                       No

**Living Arrangements:**         Alone                     With Family             With Others

**Mobility Aid:**

- None             Walker             Walking Stick     Wheel Chair         Other

**Mandatory – Emergency Contact**

For your safety we need to know who to contact in the event of an emergency

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Referred Service:**

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

### Over 55s Activities:

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

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

**Meals on Wheels Food Allergies:**                       Yes     No

Please note: In the future a doctor's letter is required to remove any allergens that have been selected

Shellfish     Egg     Wheat     Sesame Seeds

Milk     Fish     Tree Nuts     Soybeans

Peanuts     Lupin     Other: \_\_\_\_\_

**Meals on Wheels Food Intolerances for Medical Reasons:**

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**Meals on Wheels Food Texture:**

Standard     Soft     Minced     Puree

**Interested in Social Lunch:**     Yes     No

**Interested in Let's Dine Out:**     Yes     No

**Declaration of Applicant:**

The information provided in the four (4) page form is correct and current to the best of my knowledge.

**Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**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

**Return Face to Face to:**  
Customer Contact Centre  
126 Church St, Parramatta NSW 2150