COMMUNITY CARE APPLICATION FORM

Complete & return

Mandatory

- ☐ Photo or a copy of your Government Concession Card (Front & Back sides)
- ☐ Community Care Application Form
- ☐ Statistical Data Form
- ☐ Charter of Aged Care Rights
- ☐ Rights & Responsibilities
- ☐ 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 ☐ Non-binary ☐ Prefer not to say

☐ Use a different term _____

Country of Birth: _____ Main Language: _____

Interpreter Required: ☐ Yes ☐ No

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

CITY OF PARRAMATTA

Go to back page to sign

Complete & return

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

Have you had a fall in the past 12-months?

☐ Yes ☐ No

Health and Wellbeing:

- ☐ Vision Impairment
- ☐ Dementia
- ☐ Neurological
- ☐ Psychiatric
- ☐ Hearing Impairment
- ☐ Diabetic
- ☐ Heart problems
- ☐ Epilepsy
- ☐ Physical
- ☐ No Disability
- ☐ Intellectual disability
- ☐ Not stated/inadequately described
- ☐ Other, please specify

_____

_____

_____

_____

Referred Service:

Complete & return

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

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 [ ] 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

_____

_____

Meals on Wheels Food Texture:

- [ ] Standard
- [ ] Soft
- [ ] Minced
- [ ] Puree

Interested in Social Lunch: [ ] Yes [ ] No

Interested in Let's Dine Out: [ ] Yes [ ] No

Go to back page to sign

Mandatory – Emergency Contact
For your safety we need to know who to contact in the event of an emergency

Name: _____

Relationship: _____ Mobile: _____

Email: _____ Telephone: _____

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