



## Resident Funded Unit Application Form

### **Applicant's Details**

Title \_\_\_\_\_ Last Name: \_\_\_\_\_  
Given Names \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Application \_\_\_\_\_

### **Please tick the relevant boxes that apply to you:**

- Full Pensioner       Part Pensioner       DVA  
 Self-funded Retiree  
 Over 55 years  
 Retired (or working a maximum of 15 hours per week)

### **Please tick and prioritise your preferred locations from the list below:**

- St Thomas Close, 160 McKean Street, Fitzroy  
 Park View, 862 Main Road, Eltham  
 St Joseph's Place, 175 Hope Street, West Brunswick

### **Please state the main reasons why you desire this accommodation:**

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**How soon do you require the accommodation?**

Within 3 months       Within 3 to 12 months       After 12 months or more

**Please describe any special needs regarding your accommodation:**

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**Do you currently use any of the following services? (Please tick)**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Day Centre/Day Hospital | <input type="checkbox"/> HACC    |
| <input type="checkbox"/> Home Nursing            | <input type="checkbox"/> CACP    |
| <input type="checkbox"/> Meals on Wheels         | <input type="checkbox"/> EACH    |
| <input type="checkbox"/> Home Help               | <input type="checkbox"/> Respite |

**Please indicate the total estimated value of your capital assets:**

\$\_\_\_\_\_.

**Other Contact Person**

Please provide details of another person we could contact in respect to this application:

Name \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Please post your application to:

Administration Officer  
Community Services  
Catholic Homes  
Suite B, 2 Domville Ave  
Hawthorn Vic 3122