

Registration Enquiry

Please complete and return this form to check your eligibility.



Title **First Name** **Surname**

Mr

Mrs **Preferred Name**

Date Of Birth

Miss



Ms

Day Month Year

Ms

Street Address

Suburb and Postcode

Postal Address (if different from above)

Suburb and Postcode

Phone

Mobile

E-Mail

Living Arrangements

Disability Indicator

ATSI Status

Lives Alone

Intellectual Learning

Aboriginal

Couple

Psychiatric

Torres Strait Islander

Group Related Adults

Sensory / Speech

Neither

Group Unrelated Adults

Physical / Diverse

Couple with Dependent(s)

No Disability

Country of Birth

Language Spoken at Home

Department Of Veteran Affairs

Pension Type

No DVA Entitlement

Aged Pension

DVA Gold Card

Disability Support Pension

DVA White Card

Carer Payment / Pension

DVA Orange Card

No Government Pension or Benefit

Pension Number

Medicare Number

Residency Type

Private Residence (Client or Family Owned/Purchasing)

Private Rental

Public Rental

Independent Living Unit

Owner / Landlord / Agency Name (if applicable)

Postal Address

Suburb and Postcode

Phone

Mobile

E-Mail

Are you registered with My Aged Care

Aged Care User ID

Yes

No

My Aged Care Referral Code (if available)

Are you receiving a Home Care Package?

Yes

No

Are you registered with the NDIS?

Yes

No

Do you have a carer?

Carers Name

Yes

No

Carers Date of Birth



Day Month Year

Relationship to client

Mobile

Phone

Carer Residency Status

Are they receiving a carers pension?

Co-resident carer

Yes

Non-resident carer

Emergency Contact Person

Phone

Mobile

Relationship to client

Privacy Statement

Home Assist Community Services is collecting your personal information to assess your eligibility for Home Assist Community Services funded programs. We will not disclose your personal information outside of Home Assist Community Services unless we are required by law. By providing your consent you agree to sharing this information with our assessors to support your application.

By completing and submitting this form, it is acknowledged that you have given us your consent to manage your personal information in the manner described in Home Assist Community Services full Privacy Policy and this condensed Privacy Statement. For a copy of Home Assist Community Services Privacy Policy please contact our office during business hours.

NOTE: Home Assist Community Services may be at times requested to share your information with Queensland Department of Housing and Public Works, Australian Government Department of Health, Queensland Health, Department of Veterans' Affairs, My Aged Care, NGO's and other Government bodies. We may need to at times de-identify your name when we are asked to provide auditing bodies as required by law for the purpose of reporting and data matching.

Your personal information is stored in a manner that reasonably protects it from misuse and loss and from unauthorised access, modification or disclosure.

When your personal information is no longer required for the purpose for which it was obtained, we will take reasonable steps to destroy or permanently de-identify your personal information. However, most of the personal information is or will be stored in client files which will be kept by us for a minimum of 7 years.

Client Signature

Date



Day Month Year

Please return completed form to:

Home Assist Community Services - 133 Adelaide Street, Maryborough QLD 4650

ceo@homeassist.org.au



(V2 © Home Assist Community Services August 2020-2022)