

To provide even basic Aged Care advice we require the information requested in this form to be completed (where possible). All data is retained as Private & Confidential. How were you referred to LFS? _____

Client Name		Partner Name		Contact Name	
Address		Partner Address		Contact Phone	
Date of birth (age)		Partner Date of birth (age)		Contact e-mail	
Phone		Partner Phone			
Email		Partner Email			
Centrelink / DVA Reference Number		Centrelink / DVA Reference Number			
Fortnightly Age Pension		Fortnightly Age Pension			
Aged Care Reference Number		Aged Care Reference Number			
Nominee for Centrelink & Aged Care		Nominee for Centrelink & Aged Care			
Other regular income (super pension/annuities) & who pays it		Other regular income (super pension/annuities) & who pays it			
Personal Costs once in Care (eg Private Health insurance)		Personal Costs once in Care (eg Private Health insurance)			
Has Attorney been appointed?		Has Attorney been appointed?			
Aged Care Home Chosen & RAD amount \$		Aged Care Home Chosen & RAD amount \$			
Is there an Extra Service or Additional Service Fee \$		Is there an Extra Service or Additional Service Fee \$			

Assets

Please list all assets, their current value and any income received from the asset

Asset	Owner	Current value	Income	Date purchased	Additional Details of Asset
Home					
Car (s)					
Home Contents					
Bank accounts					
Term Deposits					
Shares					
Managed Funds					
Pension accounts					
Super accounts					
Rental Properties					
other					
Debts					