

**High Care**

**Low Care**

**Note:** This application cannot be considered until the ACAT Assessment, Statement of Resident Financial Status and Medical Report are received. All information will be treated as confidential. Please answer all questions.

1. Surname..... Given Names.....
  2. Address.....  
..... Post Code..... Phone.....
  3. Date of Birth ...../...../..... Place of Birth.....
  4. Marital Status..... Religion.....
  5. Entitlement Benefit Card No.....  
Full Pension  Part Pension  Self Funded   
Veterans Affairs Eligibility: Yes / No Card No ..... Colour.....  
Medicare Card No..... Ambulance Card No.....
  6. What made you think of Masonic Homes? .....
  7. Next of Kin:  
(a) Name.....Relationship.....  
Address.....  
Phone (Home).....Business.....  
(b) Name (Alternate Contact Person).....Relationship.....  
Address.....  
Phone (Home).....Business.....  
EPOA / POA (Name) .....
- I agree to supply details of my financial situation and any other information requested.**

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**I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT.**

Signature of Applicant or Authorised Attorney\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please circle your preferred Masonic Homes Aged Care Facility:**

**Somerton Lodge**  
Grainger Road  
Somerton Park SA 5044

**Ridgehaven Lodge**  
33 Golden Grove Road  
Ridgehaven SA 5097

**Hillside Lodge**  
177 Longwood Road  
Heathfield SA 5153

**Tiwi Gardens Lodge**  
11 Creswell Street  
Tiwi Gardens NT 0810

Please complete, sign and return to:

Masonic Homes  
Admissions  
PO Box 181  
Marleston SA 5033