

Registration Enquiry

Please complete and return this form to check your eligibility.



Title

First Name

Surname

Mr

Mrs

Miss

Ms

Preferred Name

Date Of Birth



Day Month Year

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

- No DVA Entitlement
- DVA Gold Card
- DVA White Card
- DVA Orange Card

Pension Type

- Aged Pension
- Disability Support Pension
- Carer Payment / Pension
- 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

Relationship to client

Carers Date of Birth



Day Month Year

Phone

Mobile

Are they receiving a carers pension?

Carer Residency Status

Yes

Co-resident carer

No

Non-resident carer

Emergency Contact Person

Phone

Mobile

Relationship to client

Privacy Statement

HOMESSA Inc. is collecting your personal information to assess your eligibility for HOMESSA Inc. funded programs. We will not disclose your personal information outside of HOMESSA Inc. 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 HOMESSA Inc.'s full Privacy Policy and this condensed Privacy Statement. For a copy of Homessa Inc.'s Privacy Policy please contact our office during business hours.

NOTE: HOMESSA Inc. 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:

HOMESSA Inc. - 133 Adelaide Street, Maryborough QLD 4650

programcoordinator@homessa.org.au

Fax: 4123 2116



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