



Engadine Community Services

1034-1036 Old Princes Hwy [PO Box 583] ENGADINE NSW 2233

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ABN 39 108 386 726 **Tel: 9520 7022**

AGED SERVICES CLIENT INFORMATION FORM 2019

ABOUT YOU

Given Name: _____ Preferred Name: _____

Family Name: _____

Is this different from your official name on ID? Yes ☐ No ☐

Date of Birth: ____ / ____ / ____ Is this only an estimate? Yes ☐ No ☐

Gender: Male ☐ Female ☐ Intersex/Indeterminate ☐ Not Stated ☐

Country of Birth: _____

Language/s spoken at home: English ☐ other ☐ _____

Are you a First Nation 's Person? No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐

DVA Card Status: Nil ☐ Gold ☐ White ☐ Orange ☐ Other ☐ _____

WHERE YOU LIVE

Street Address: _____

Suburb: _____ Postcode: ____ ____ ____

Landline Phone: ____ ____ ____ ____ ____

Mobile: ____ ____ ____ ____ ____

Email: _____

Status (*optional*): Married ☐ Widow ☐ Defacto ☐ Divorced ☐ Not stated ☐

Living Arrangements: _____

Choice: Private Residence / Boarding House / Crisis or transition / Institutional Setting / Private Rental / Public Rental / Public Shelter / Supported Accommodation / Not stated

ABOUT YOUR NEEDS

Have you been accessed by My Aged Care? Yes ☐ No ☐

AC Number: ____ ____ ____ ____ ____ Approximate date of assessment: ____ / ____ / ____

Office to tick GROUP/S: ☐Parkinsons ☐Good Neighbours ☐Tuesday Social ☐Seniorcise1 ☐Shopping Bus ☐Friendship Bus ☐Social Craft
☐Seniorcise2 ☐Mens Group ☐Big Day Out ☐other..... INDIVIDUAL: ☐Phone calls ☐Home visiting ☐Shopping ☐other.....

Do you have a permanent disability / condition? _____

Choice: *Intellectual learning / Psychiatric / Sensory or Speech / Physical / Not stated / None*

Do you use a mobility aid? Yes ☐ _____ No ☐

Eg. walking stick, walking frame, manual wheelchair, motorised

Name of emergency contact 1: _____ **Relationship to you:** _____

Street Address: _____

Suburb: _____ **Postcode:** _____

Landline Phone of emergency contact 1: _____

Mobile of emergency contact 1: _____

Name of emergency contact 2: _____ **Relationship to you:** _____

Street Address: _____

Suburb: _____ **Postcode:** _____

Landline Phone of emergency contact 2 _____

Mobile of emergency contact 2: _____

CONSENTS:

I understand the following are a part of me being an ECS client:

- *Your Rights and Responsibilities in ECS Aged Services*
- ECS procedures in an emergency
- ECS may talk to My Aged Care about my services
- Statistical information about me goes into the DSS Data Exchange, but does not identify me
- Statistical information about me may be used by ECS for research and evaluation of the service

- ☐ I agree to allow ECS to take my photo and publish it in ECS documents, including web and social media

Client signature: _____ **Date:** ____ / ____ / ____

ECS Signature: _____ **Date:** ____ / ____ / ____