



Village _____

PO Box 62, Landsdale WA 6065 Phone: 9409 2322

EXPRESSION OF INTEREST FOR AN INDEPENDENT LIVING UNIT

- a) This application registers my/or our interest in becoming a resident. It does not oblige either myself/ourselves or Freemasons Homes to accept or offer accommodation.
- b) I/We understand that following this application being registered, I/We am/are encouraged to contact Freemasons Homes to discuss changes in my/our requirements at any time.
- c) I/We understand that if accommodation is offered to me/us, I/We shall enter a formal agreement with Freemasons Homes which will be the only basis of any contract for accommodation.
- d) I/We understand to be eligible for accommodation we must be eligible for an Aged Pension or if a self funded retiree our maximum annual income must not exceed 2.5 times the Aged Pension and that we will provide an Income Assessment from Centrelink to Freemasons Homes with this application. (Individual Assets are required to be less than \$150,000 or as a couple \$250,000

PERSONAL DETAILS (Applicant #1)

Surname (Mr, Mrs, Miss) _____

Given Names _____

Address _____

_____ Post Code _____

Telephone No. _____

Date of Birth _____

Country of Birth _____

Marital Status _____

Do you have a home or unit to sell (Please tick appropriate box) Yes [] No []

Do you receive a pension (Please tick appropriate box) Yes [] No []

Type of Pension _____

Full or Part Pension _____

If we need to contact you and you are unavailable, please provide us with an alternative contact.

Name: _____

Address: _____

_____ Post Code _____

Telephone No _____

PERSONAL DETAILS (Applicant #2)

Surname (Mr, Mrs, Miss) _____

Given Names _____

Address _____

_____ Post Code _____

Telephone No. _____

Date of Birth _____

Country of Birth _____

Marital Status _____

Do you have a home or unit to sell (Please tick appropriate box) Yes [] No []

Do you receive a pension (Please tick appropriate box) Yes [] No []

Type of Pension _____

Full or Part Pension _____

If we need to contact you and you are unavailable, please provide use with an alternative contact.

Name: _____

Address: _____

_____ Post Code _____

Telephone No _____

OFFICE USE ONLY

Confirmation letter sent

Medical Form Y/N

Unit offered on Response Date

INDEPENDENT LIVING UNITS

Which type of unit would you prefer? (Please tick appropriate box)

Besit [] One Bedroom [] Two Bedrooms only [] *

Which village location would you prefer? (Please tick appropriate box or number your preferences)

Albany	[]	Bunbury	[]
Port Hedland	[] *	Coolbellup (Bedsits & 1 bedroom)	[]
Geraldton	[]	Orelia (1 & 2 Bedroom)	[]
Kalgoorlie	[]	Karratha	[] *

When do you require accommodation? _____

Are you currently receiving any services in your home? (ie. Meals on Wheels, Silver Chain etc.,)

Do you have any special needs which would warrant closer attention to your application?

It would assist Freemasons Homes to know if you are a Freemason or Freemason's widow

Yes [] No []

Lodge Details: _____

Please advise if you wish to be contacted by a Grand Lodge representative should you become ill.

Yes [] No []

Please let us know if you have any further queries by using the space below.

Signature (Applicant #1) _____ Date _____

Signature (Applicant #2) _____ Date _____

HOW WE PROTECT AND RESPECT YOUR PRIVACY

To provide you with the very highest standard of service, we need to ask you for some personal information. In addition to personal details such as your name, address and telephone numbers, we ask you to answer questions about your general health as well as details about medical conditions and any current medications you may be taking or have taken. This information maybe required to service your requirements and assist in providing the best solution to your needs.

We realise that some information may be sensitive and that you may not like this to be discussed or given or disclosed to other people.

We recognise the need to protect the information given by you. With this in mind we give you the following undertakings:

- Your information will only be used by us to provide you the highest standard of advice and service.
- It will not be disclosed to anyone who is not directly associated with you, without your express consent.
- You will be able to access the information that we hold about you and we will provide access without undue delay.
- There will be no charge to view your records.
- We will try to ensure that at all times, the details we keep about you are accurate, complete and up-to-date and ask you to keep us informed about any changes in your personal details and any health matter.
- We will undertake all reasonable steps to protect and secure this information from misuse or loss and from unauthorised access, modification or disclosure.
- All staff understand the importance of confidentiality and privacy.
- You will always have the opportunity to discuss these matters with you in private.



FREEMASONS HOMES
FEE SCHEDULE

RENTAL & COVERED CARPORT FEES PER FORTNIGHT- SINGLE AND/OR COUPLE OCCUPANCY (As of 1 July 2006)

METROPOLITAN VILLAGES - {Bond - 4 weeks rent), plus 2 weeks rent in advance is payable upon Admission}

<i>LOCALITY</i>	<i>VILLAGE</i>	<i>BEDSIT SINGLE</i>	<i>1 BEDROOM SINGLE</i>	<i>1 BEDROOM COUPLE</i>	<i>2 BEDROOM SINGLE</i>	<i>2 BEDROOM COUPLE</i>	<i>COVERED CARPORT</i>
Coolbellup	Ellis Masonic Village	\$140.00	\$225.00	\$250.00	n/a	n/a	n/a
Dianella	Dianella Masonic Village	N/A	\$225.00	\$250.00	n/a	n/a	n/a
Kingsley	Keith Simpson Masonic Village	N/A	\$225.00	\$250.00	n/a	n/a	n/a
Mt Lawley	Roy Collins Masonic Village	N/A	\$225.00	\$250.00	n/a	n/a	n/a
Orelia	Teasdale Masonic Village	N/A	\$225.00	\$250.00	\$240.00	\$285.00	\$6.00

COUNTRY VILLAGES - {Bond - 4 weeks rent), plus 2 weeks rent in advance is payable upon Admission}

<i>LOCALITY</i>	<i>VILLAGE</i>	<i>1 BEDROOM SINGLE</i>	<i>1 BEDROOM COUPLE</i>	<i>2 BEDROOM SINGLE</i>	<i>2 BEDROOM COUPLE</i>	<i>COVERED CARPORT</i>
Albany	Southern Masonic Village	\$225.00	\$250.00	n/a	n/a	n/a
Bunbury	Bunbury Masonic Village	\$225.00	\$250.00	n/a	n/a	n/a
Busselton	South West Masonic Village	\$225.00	\$250.00	n/a	n/a	\$6.00
Esperance	Esperance Masonic Village	\$225.00	\$250.00	n/a	n/a	\$6.00
Geraldton	Victoria District Masonic Village	\$225.00	\$250.00	n/a	n/a	n/a
Kalgoorlie	Kalgoorlie Masonic Village	\$225.00	\$250.00	n/a	n/a	n/a
Karratha	Karratha Masonic Village	n/a	n/a	\$240.00	\$285.00	
Port Hedland	Port Hedland Masonic Village	n/a	n/a	\$240.00	\$285.00	



FREEMASONS HOMES

**PO Box 62
Landsdale WA 6065
Telephone: (08) 9409 2322
Facsimile: (08) 9409 2300
Email: info@freemasonshomes.asn.au**

Dear Doctor

Freemasons Homes is currently assessing an application for residence within the village. We would appreciate your help in completing the Medical Report which enables us to adequately match an applicant's needs with the accommodation offered.

Our villages are designed for active, older people, allowing residents to live privately and independently. We provide no services such as communal dining, on-call staff, or assistance with daily living needs. However, we do not exclude applicants who may utilise the services of Silver Chain, Home & Community Care or Meals on Wheels.

In order for us to complete this application, we ask that you return the completed form as soon as possible to:

*Freemasons Homes
PO Box 62
Landsdale WA 6065*

Yours faithfully

DMcClelland

**Debbie McClelland
Freemasons Homes**



FREEMASONS HOMES

**PO Box 62
Landsdale WA 6065**

**CONFIDENTIAL
Medical Report**

1. Name of Applicant _____
2. Present Address _____
3. Date of Birth _____
4. Does applicant suffer from any mental or physical disability? _____
5. Diagnosis _____

6. Duration of illness or disability. _____
7. Is applicant's condition static/improving/or appreciably deteriorating? _____

8. Does applicant require assistance with Bathing _____ Feeding _____ Dressing _____
9. Can applicant walk unaided? _____
10. Can applicant negotiate stairs alone? _____
11. Is applicant incontinent? _____
12. Does applicant show signs of memory loss or confusion (give details). _____

13. Is applicant presently under treatment? If so , briefly outline same. _____

14. Please give results of any recent laboratory or X-ray investigation.

CONTINUE OVER

15. Our Homes are for the well aged and as a consequence prospective tenants must have no disability/illness which would prevent them from caring for themselves and their day to day needs. In your opinion, is the applicant able to fully care for him/herself?

16. Any further comments relative to the applicant's general state of health.

Name (Printed) _____

Signature of Medical Practitioner

Address: _____

Phone No. _____

Date: _____

FOR OFFICE USE _____

Medical approved for admission Yes No

Signature for Freemasons Homes _____

Date Sighted and Approved _____