





# REDCLIFFE COMMUNITY BUS for DISABLED or AGED INC.

ABN: 68 682 204 875 P.O. Box 605 REDCLIFFE QLD 4020

## MEMBERSHIP APPLICATION OR ANNUAL RENEWAL 1/7/09 - 30/6/10

Annual Membership fee: Single \$5.00 Couple \$8.00

Eligibility : Aged 65 years or over, or with a Disability, or is a Carer

PERSON 1	New Member? Yes / No	PERSON 2	New Member? Yes / No
<b>Personal Details</b> Mr Mrs Ms Other		<b>Personal Details</b> Mr Mrs Ms Other	
<b>Family Name:</b>		<b>Family Name:</b>	
Given names:		Given names:	
Preferred name:		Preferred name:	
<b>DOB (Date of Birth)</b> / /		<b>DOB (Date of Birth)</b> / /	
<b>Usual Address</b>		<b>Usual Address</b>	
Post code		Post code	
<b>Your Phone Number</b>		<b>Your Phone Number</b>	
			
<b>Next of Kin for Emergency Contact</b> (in case you become ill while on the bus)		<b>Next of Kin for Emergency Contact</b> (in case you become ill while on the bus)	
Name:		Name:	
Daytime phone :		Daytime phone :	
<b>Country of Birth</b>		<b>Country of Birth</b>	
Australia <input type="checkbox"/> England <input type="checkbox"/> Other.....		Australia <input type="checkbox"/> England <input type="checkbox"/> Other.....	
<b>Main language spoken at home</b>		<b>Main language spoken at home</b>	
English <input type="checkbox"/> Other.....		English <input type="checkbox"/> Other.....	
<b>Indigenous Status:</b>		<b>Indigenous Status:</b>	
Neither Aboriginal nor Torres Strait Origin <input type="checkbox"/>		Neither Aboriginal nor Torres Strait Origin <input type="checkbox"/>	
1 Aboriginal but NOT TS Islander <input type="checkbox"/>		1 Aboriginal but NOT TS Islander <input type="checkbox"/>	
2 TS Islander but NOT Aboriginal <input type="checkbox"/>		2 TS Islander but NOT Aboriginal <input type="checkbox"/>	
3 Both Aboriginal and TS Islander <input type="checkbox"/>		3 Both Aboriginal and TS Islander <input type="checkbox"/>	
<b>Reason for Membership</b>		<b>Reason for Membership</b>	
Own Frailty/Disability <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/>		Own Frailty/Disability <input type="checkbox"/> Carer <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Accommodation Setting</b>		<b>Accommodation Setting</b>	
OWNED / Purchasing residence <input type="checkbox"/> (If family owns property, treated as a rental)		OWNED / Purchasing residence <input type="checkbox"/> (If family owns property, treated as a rental)	
Private Rental <input type="checkbox"/> Public Housing Rental <input type="checkbox"/>		Private Rental <input type="checkbox"/> Public Housing Rental <input type="checkbox"/>	
Independent Living in Retirement Complex <input type="checkbox"/>		Independent Living in Retirement Complex <input type="checkbox"/>	
Other .....		Other .....	
<b>Living Arrangement</b>		<b>Living Arrangement</b>	
Live: Alone <input type="checkbox"/> With Family <input type="checkbox"/> With Others <input type="checkbox"/>		Live: Alone <input type="checkbox"/> With Family <input type="checkbox"/> With Others <input type="checkbox"/>	
<b>Type of Govt. Pension / Benefit Status</b>		<b>Type of Govt. Pension / Benefit Status</b>	
Aged Pension <input type="checkbox"/> Vet Affairs <input type="checkbox"/>		Aged Pension <input type="checkbox"/> Vet Affairs <input type="checkbox"/>	
Disability <input type="checkbox"/> Carer benefit <input type="checkbox"/>		Disability <input type="checkbox"/> Carer benefit <input type="checkbox"/>	
Other .....		Other .....	

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**APPLICATION OR RENEWAL OF MEMBERSHIP PAGE 2**

We are required to ask these questions for HACC data collection and funding.

PERSON 1			PERSON 2		
<b>Do you have an official Carer?</b>	Yes	No	<b>Do you have an official Carer?</b>	Yes	No
If yes, does the carer reside with you?			If yes, does the carer reside with you?		
Is your carer a relative?			Is your carer a relative?		
Or Other such as a friend or neighbour?			Or Other such as a friend or neighbour?		
<b>Are you able to go places further than walking distance?</b>	Yes	No	<b>Are you able to go places further than walking distance?</b>	Yes	No
Without help (can drive or travel alone)			Without help (can drive or travel alone)		
With some help (need some assistance)			With some help (need some assistance)		
Completely unable to travel unless in a specialised vehicle/ambulance			Completely unable to travel unless in a specialised vehicle/ambulance		
<b>Are you able to shop for groceries or clothes?</b>	Yes	No	<b>Are you able to shop for groceries or clothes?</b>	Yes	No
Without help (taking care of all needs)			Without help (taking care of all needs)		
With some help (need some assistance)			With some help (need some assistance)		
Completely unable to do any shopping			Completely unable to do any shopping		
<b>Are you able to walk?</b>	Yes	No	<b>Are you able to walk?</b>	Yes	No
Without help (except for cane or similar)			Without help (except for cane or similar)		
With some help from a person or using a walker or crutches			With some help from a person or using a walker or crutches		
Do you use a wheelchair?			Do you use a wheelchair?		
Completely unable to walk			Completely unable to walk		
<b>Any special instructions when we call?</b>			<b>Any special instructions when we call?</b>		
<b>Member Permission</b>			<b>Member Permission</b>		
I give my permission for my details to be coded and sent to the HACC Information Repository for data collection purposes. I understand that my information will not be released to any other person or agency without my permission being requested. If you have a complaint you may make it to the Secretary or President in writing to the address below.			I give my permission for my details to be coded and sent to the HACC Information Repository for data collection purposes. I understand that my information will not be released to any other person or agency without my permission being requested. If you have a complaint you may make it to the Secretary or President in writing to the address below.		
<b>SIGN:</b> ..... <b>Date:</b> / /			<b>SIGN:</b> ..... <b>Date:</b> / /		
<b>Send completed form and cheque or money order to :</b>			<b>Send completed form and cheque or money order to :</b>		
Redcliffe Community Bus for Disabled or Aged PO Box 605 , Redcliffe QLD 4020 <b>Or bring to Office, Shop 4, 120 Sutton St, Redcliffe</b> Office Hours 9am to 12 noon, Mondays to Fridays			Redcliffe Community Bus for Disabled or Aged PO Box 605 , Redcliffe QLD 4020 <b>Or bring to Office, Shop 4, 120 Sutton St, Redcliffe</b> Office Hours 9am to 12 noon, Mondays to Fridays		
<b>OFFICE USE ONLY</b>			<b>OFFICE USE ONLY</b>		
Date received in office:			Date received in office:		
Correct money enclosed? : Yes <input type="checkbox"/> No <input type="checkbox"/>			Correct money enclosed? : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Receipt : No. For :\$ Date: / /			Receipt : No. For :\$ Date: / /		
Welcome Pack sent? : Yes <input type="checkbox"/> Date: / /			Welcome Pack sent? : Yes <input type="checkbox"/> Date: / /		
Entered in Birthday Book? Yes <input type="checkbox"/> Date: / /			Entered in Birthday Book? Yes <input type="checkbox"/> Date: / /		
Entered in Membership List? Yes <input type="checkbox"/> Date: / /			Entered in Membership List? Yes <input type="checkbox"/> Date: / /		
Entered in MDS? Yes <input type="checkbox"/> Date: / /			Entered in MDS? Yes <input type="checkbox"/> Date: / /		
MDS Priority Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>			MDS Priority Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>		
Assessed as HACC Eligible ? Yes / No			Assessed as HACC Eligible? Yes / No		