



TOUR
TODAY

Explore

6C Mulgrave Street
Gin Gin

P 07 4157 3744

cofc.com.au

KOLAN 
GARDENS
AGED CARE



Specialised care

Our welcoming home provides:

- Residential aged care
- Respite care
- Palliative care
- Pastoral care

When you join us, embrace:

- Personalised, individual care
- A team that truly cares, 24/7
- A community of residents at a similar life stage
- Lovely, safe surroundings
- No hidden costs
- A range of activities to enjoy

We welcome you to Kolan Gardens Aged Care

Situated in the quiet rural town of Gin Gin, Kolan Gardens Aged Care offers a friendly and welcoming community. Come take a trip on our service bus, or join in one of the many lifestyle activities on offer. With plenty to do and a warm, homely environment, you'll always feel connected and cared for. Just some of our home features include:



Beautiful courtyard gardens



Delicious meals prepared onsite



Comfortable lounge and dining spaces



Social activities and group outings





Room features

You'll feel right at home and have plenty of space to personalise your room. Depending on your needs, rooms include:

-  Private ensuite
-  Air-conditioning
-  Electric bed
-  Bedside table
-  Wardrobe
-  Arm chair
-  Windows and natural light
-  24/7 care support

Lifestyle

With input from our residents, we've created a fun, inspiring program to encourage social connection and an active lifestyle. Together, the residents and staff celebrate birthdays, special occasions, and cultural events. Activities may include:

-  Scenic day trips
-  Fitness classes
-  Arts and crafts
-  Puzzles and quizzes
-  Cooking groups
-  Movies
-  Carpet bowls
-  Church services

If there are activities you'd like to try, our staff are always happy to help wherever possible.

Explore home



At Kolan Gardens Aged Care, you'll find a warm and caring community to welcome you home. **Tour today!**

Seasonal menu

Monday

Waffles + cream
or continental breakfast

Banana cake

Savoury mince, savoury
potato, sliced beans,
steamed sweet potato

Tiramisu

Finger sandwiches

Tomato soup

Pork sausages + balsamic
onions, onion gravy,
mashed parsley potato

Fresh fruit + custard

Biscuits or finger
sandwiches

Tuesday

Breakfast beans
or continental breakfast

Cookies

Lamb hot pot, tomato
gravy, cous cous, grilled
zucchini, bias cut carrot

Mousse

Char grilled vegetable dip

Beef + potato soup

Salmon cakes, bechamel
sauce, dill potato,
cucumber salad

Fresh fruit + custard

Biscuits or finger
sandwiches

Wednesday

Frittata + bacon
or continental breakfast

Donut

Braised steak +
mushrooms, mashed
cheese potato, broccoli
bake, steamed pumpkin

Peach crumble

Salami + cheese

Mushroom + bacon soup

Chicken kiev, garlic
bechamel sauce, mixed
roast vegetables or salad

Fresh fruit + custard

Biscuits or finger
sandwiches

Thursday

Eggs benedict + English
muffin or continental
breakfast

Carrot cake

Roast chicken, pan gravy,
roast potato, peas, roast
pumpkin

Chocolate pudding

Chef's choice

Spanish sausage soup

Meatballs in mild yellow
curry sauce, mashed
potato, coleslaw or salad

Fresh fruit + custard

Biscuits or finger
sandwiches



Seasonal lifestyle

Monday

- 8.30 am** Walking around the facility
- 10.00 am** Reading Circle
- 11.00 am** Hairdresser
- 11.30 am** Bocce



Tuesday

- 8.30 am** Walking around the facility
- 11.00 am** Armchair Travel
- 12.30 pm** Bingo



Wednesday

- 8.30 am** Walking around the facility
- 10.30 am** Church Service
- 3.30 pm** Residents' Choice



Thursday

- 8.30 am** Walking around the facility
- 10.30 am** Art Class
- 1.00 pm** Bingo
- 2.30 pm** Residents' recreational time



Aged care enquiry

Please complete and return to your local aged care service or email agedcare@cofcqld.com.au

APPLICANT'S DETAILS

First name(s): _____ Surname: _____
Date of birth: _____ Female Male Other
Marital status: Single Married De facto Divorced Widowed
Country of birth: _____ Religion: _____
Pension/DVA number: _____ Full pension Part pension None
Medicare number: _____ Health fund: _____

Address and contact details

Street: _____
Suburb: _____ State: _____ Postcode: _____
Telephone: _____ Mobile: _____
Email: _____

Present living arrangements

Hospital Own house/unit Living with family
 Other Aged Care Service Rented accommodation

Type of accommodation

Permanent Care Respite Care Dementia Care
Urgent need for care? Yes No
Does the applicant have an Aged Care Assessment (ACAT)? Yes No
My Aged Care Referral number: _____
Has the applicant completed a Residential Aged Care
Centrelink/DVA Combined Asset and Income Assessment? Yes No
If yes, date submitted: _____

REPRESENTATIVE'S DETAILS

Has the applicant nominated a representative to act on their behalf? Yes No

First name(s): _____ Surname: _____
Street: _____
Suburb: _____ State: _____ Postcode: _____
Telephone: _____ Mobile: _____
Email: _____
Relationship to applicant: _____
Is this person your EPOA? Yes No
Is this person your Emergency Contact? Yes No

APPLICANT'S ASSETS AND INCOME SUMMARY

Note: If you have a spouse or partner (married/de facto) then you need to declare 100% of the asset and income values in this schedule.

- Do you own your own home? Yes No
- If yes, do you share your home with:
- A spouse or dependent child? Yes No
 - A carer (for more than 2 years) or a close relative (for more than 5 years)? Yes No
- Do you intend to keep your home? Yes No

Assets	Value
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Your home	\$
Other Real Estate (e.g. Investment Properties)	\$
Gifts / Deprivation (any money or assets gifted in the last 5 years)	\$
Home Contents and Special Collections (e.g. artwork, antiques, stamp collections)	\$
Motor Vehicles, Boats, Caravans or Trailers	\$
Cash (e.g. not kept in financial institutions)	\$
Financial Accounts (e.g. bank accounts, building societies, credit unions)	\$
Shares, Options, Rights, Convertible Notes in listed or unlisted companies	\$
Managed Funds	\$
Insurance or Government Bonds	\$
Funeral Bond	\$
Prepaid Funeral	\$
Life Insurance that can be encashed	\$
Debts	- \$

Income	Value
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Total Annual Income (including all pensions)	\$
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APPLICANT'S OR REPRESENTATIVE'S DECLARATION

I declare that the information supplied on this form is true and correct to the best of my knowledge and (if completing this form electronically) I certify that the typed signature below is intended to be my signature.

Signature:

Date: