

Care Finder Intake/Referral Form – AGED CARE SERVICES

Form Purpose – This form is used to gather essential information to provide a Care Finder service for older people who need intensive support to access My Aged Care and other relevant supports in the community. Care Finder services EXCLUDES Case Management. Before making a referral, refer to the Check List below to ensure that the referral is in scope:

CHECK LIST FOR REFERRING TO CARE FINDERS	
MUST MEET BOTH CRITERIA TO BE IN SCOPE	
<ul style="list-style-type: none"> The person is 65 years and over, or 50 years and older for an Aboriginal or Torres Straits Islander person; OR 50 years or older (45 years or older for Aboriginal or Torres Straits Islander person) AND on a low income and homeless or at risk of being homeless. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Does the person require help (either with an aid or assistance from another person) to undertake one or more tasks of daily living (e.g. walking, dressing, preparing meals, making decisions, eating, managing medication, managing housework, transportation or social connections) OR they are FRAIL or PREMATURELY AGED and are experiencing housing stress/not having secure accommodation. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
SHOULD MEET THIS THRESHOLD	
<ul style="list-style-type: none"> Is the person without family, friends, carer or a representative they would be comfortable to receive help from and who is WILLING AND ABLE to help them access aged care services. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>AND ONE OR MORE OF THE BELOW (Which means that they would have difficulty proactively working through the process to access the My Aged Care online channels, phone line or face-to-face with an Aged Care Specialist Officer (where available).</p> <ul style="list-style-type: none"> Does the person experience communication barriers such as limited English language or literacy skills? Does the person have trouble processing information to make decisions? Is the person's safety at immediate risk or they may end up in a crisis (within approx. the next year) but they are also resistant to engaging with aged care? <p><i>IF THE PERSON HAS IDENTIFIED THAT THEY ARE AT IMMEDIATE RISK - CONNECT THEM WITH THE APPROPRIATE EMERGENCY SERVICE.</i></p> <ul style="list-style-type: none"> Does the person have past experiences that mean that they are hesitant to engage with aged care, institutions or government? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Form Abbreviation Reference:

NS/ID: Not Stated / Inadequately Described **N/A:** Not Applicable **U/UTD:** Unknown / Unable to determine.

REFERRER INFORMATION			
Date of Referral:		Contact Name:	
Phone Number:		Email:	
Name of Organisation if Applicable		Service if Applicable	
Will continue to work with Client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Information:	
Source of Referral:	<input type="checkbox"/> General Practitioner <input type="checkbox"/> Hospital <input type="checkbox"/> Other Health Worker <input type="checkbox"/> Aged Care Assessor <input type="checkbox"/> Dept. of Housing Officer <input type="checkbox"/> Family/Representative <input type="checkbox"/> Friend <input type="checkbox"/> Other		

CLIENT INFORMATION					
Client has given verbal consent to be contacted and collect information?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Formal Decision Maker Active	<input type="checkbox"/> EPOA <input type="checkbox"/> QCAT Rep <input type="checkbox"/> No <input type="checkbox"/> Unknown
Salutation (Title)		<input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other: <input type="checkbox"/> NS/ID			
Given Name			Family Name		
Preferred Name			Date of Birth		
Home Address		Complex / Property Name			
Unit / Street number		Street Name			
Suburb		State		Post Code	
Postal Address		<input type="checkbox"/> As above <input type="checkbox"/> If different, specify below			
Home phone		()		Mobile phone	
Email address					
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Other	Gender	<input type="checkbox"/> Man / boy / male.	<input type="checkbox"/> Different term
	<input type="checkbox"/> Female	<input type="checkbox"/> NS/ID		<input type="checkbox"/> Woman / girl / female	<input type="checkbox"/> Prefer not to answer
Do you wish to identify as a member of the LGBTIQA+ community			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NS/ID – If yes, specify:		
Country of Birth		Religion			
Period of residence in Australia					
Preferred language		Main language spoken at home			
Interpreter required		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NS/ID <i>If yes, please specify:</i>			
Speaks English proficiently		<input type="checkbox"/> N/A – Person speaks only English <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/> NS/ID			
Written skills		<input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/> NS/ID <input type="checkbox"/> N/A			
Reading skills		<input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/> NS/ID <input type="checkbox"/> N/A			
Indigenous status		<input type="checkbox"/> Aboriginal but not Torres Strait Islander origin <input type="checkbox"/> Torres Strait Islander but not Aboriginal origin <input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander origin <input type="checkbox"/> NS/ID			

RISK ASSESSMENT	
<input type="checkbox"/> Socially isolated <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> CALD <input type="checkbox"/> LGBTIQA+ <input type="checkbox"/> Drug and/or alcohol issues	
<input type="checkbox"/> Aggressive behaviour/s <input type="checkbox"/> Disability <input type="checkbox"/> Smoker <input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Other (Specify)	
Other Information/Comments	

LIVING ARRANGEMENTS	
<input type="checkbox"/> Single <input type="checkbox"/> Single with Dependents <input type="checkbox"/> Couple <input type="checkbox"/> Couple with Dependents <input type="checkbox"/> Share House	
<input type="checkbox"/> Other (Specify) <input type="checkbox"/> Pet (Specify)	
Other Information/Comments	

ACCOMODATION TYPE	
<input type="checkbox"/> House <input type="checkbox"/> Unit <input type="checkbox"/> Caravan <input type="checkbox"/> Hospital <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Public Place/Temporary Shelter <input type="checkbox"/> Supported Independent Living <input type="checkbox"/> Specialist Disability <input type="checkbox"/> Short term crisis, emergency or transitional facility <input type="checkbox"/> Residential Aged Care Facility <input type="checkbox"/> Other (Specify)	
Describe access to the accommodation e.g. gated code required, pets at home – can they be restrained/isolated, multiple stairs to property, on acreage etc	
Are there any known safety issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If Yes, please specify:

SERVICE INFORMATION	
Services required	<input type="checkbox"/> Home Care Services <input type="checkbox"/> Residential Aged Care Placement <input type="checkbox"/> Housing/Accommodation Assistance <input type="checkbox"/> Other Community Services (Specify):
Detail Client's current situation	
What are the Client's support needs and do they have any existing supports in place?	
What is the Client's desired outcome?	