



REFERRER								
Referrer's name					Relationship / Position <i>i.e Daughter / Case Coordinator / Self</i>			
Phone Number					Business Name <i>if applicable</i>			
Email Address					Address			
					Suburb			
Who has given consent to refer the recipient and provide this information? Recipient or Next of Kin must give consent.								
Name		Signature			Relationship <i>e.g family member, the recipient themselves</i>			
RECIPIENTS DETAILS (the person who will be receiving the visits)								
Title		First Name		Surname		D.O.B		
Country of Origin				Preferred Language		Gender		
Does the recipient have a Home Care Package? Y N – level 1 2 3 4					Has the recipient had an assessment via the Aged Care Assessment Service (ACAS) & been approved of a Home Care Package?			
Who manages this Package?					Level approved: 1 2 3 4 Date of Approval:			
					<i>If the recipient has not yet been assessed and approved of a HCP, unfortunately eligibility for this particular program is not granted under the CVS funding criteria from the Australian Government.</i>			
Reason for referral <i>e.g recipients family moved and can no longer visit regularly. Is feeling bored or lonely.</i>								
Background - Family and Culture <i>e.g originally from Croatia, migrated to Australia in 1965. Born in Australia, grew up in a remote part of S.A, moved to Geelong in 1970.</i>								
Hobbies and Interests – past & present <i>e.g avid gardener, used to enjoy restoring old Ford cars, watches Bold & The Beautiful every afternooon, enjoys baking but is finding it more difficult now.</i>								
Current visitors and relationships <i>e.g Daughter visits twice weekly, but is moving away. Neighbour often helps with the garden once a fortnight.</i>								
Suggested activities for visitor <i>e.g watch Bold & The Beautiful at 4pm weekdays, go for trips to Bunnings, flick through car magazines, walks to the park, bake busicuits together, outing for coffee & cake.</i>								
Is the Recipient able to participate in outings without personal care support?								



SPECIAL NEEDS GROUP. The following information is important as it will be used to better direct the care recipient to services and is requested by the Department of Social Services. The information will be kept in the strictest of confidence.

Does the care recipient identify as being from a special needs group, as specified under the Aged Care Act 1997?		
Please indicate which of the below, the recipient most identifies with:		
<i>People from Aboriginal and Torres Strait Island Communities</i>		
<i>People from Culturally and Linguistically Diverse Backgrounds (CALD)</i>		
<i>Lesbian, gay, bisexual, transgender and intersex people</i>		
<i>People who are financially or socially disadvantaged</i>		
<i>Veterans</i>		
<i>People who are homeless or at risk of becoming homeless</i>		
<i>Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations)</i>		
<i>Parents separated from their children by forced adoption or removal</i>		
<i>People who live in rural or remote areas</i>		

Recipient and First / Emergency Contact Details

Recipient's Home Address			
	Recipient' Phone Number:		
First / Emergency Contact	Name:	Relationship	
Phone Number (1)		Phone Number (2)	

HEALTH STATUS. Please include any issues that may impact on visits such as mobility, hearing, eyesight, continence, speech, dementia and/or challenging behaviour. This information is vital to ensuring a suitable match

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VISITOR PREFERENCES

Gender		Age		Language or Cultural Preferences	
Other preferences					