

1 Referral

Referrer's Name / Organisation Name Date

Contact Details Phone no

Which category best applies to the referred Service User? Frail Aged Person with Dementia Carer
 Person with disability CALD/ ATSI ComPack

Reason for referral/ Comments

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2 Person referred

First name Surname

Address Suburb

Post code Phone no

Date of birth Age Gender Male Female

Ethnicity Language spoken at home

Is an interpreter required? Yes No Is Service User aware of the referral? Yes No

Next of kin Relationship

Home phone Work phone

Does the Service User live alone? Yes No Does the Service User have a carer? Yes No

If yes, does the carer live with the Service User? Yes No Is the carer currently experiencing stress and/or caring for others? Yes No


Is the Service User currently receiving Formal/ Informal Support Services? Yes No If yes, what are they?

Is the Service User geographically isolated and compromised by distance from major town centre/hospital/shops etc? Yes No

3 Doctor

Name Phone no

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 Date Referral discussed at Intake Meeting Quick Priority Rating (see Back Page)

Allocated Case Manager Date of Scheduled Home Assessment

Outcome of Home Assessment: Accepted/Waiting List/ Did Not Proceed/Other

Quick Prioritisation Tool:

Priority 1: Service User lives alone and has no informal/formal help

Priority 2: Service User lives with carer, and carer currently in crisis

Priority 3: Service User lives with carer who is managing

Additional Waiting List Tool if program at Capacity or Rated Priority 3:

Functional Assessment Screening Tool Score: _____
(See separate document) *(Out of 18)*

Carer Strain Index Score Score: _____
(Out of 12)

Are you receiving other services? Yes (0) No (1)
(eg, Local Support Coordinator, BVRC, CCR) Score: _____

Are you receiving help from family or friends? Yes (0) No (1)
Score: _____

If Yes, How do they help and how often do they help you? (Eg. Sort of help: Bring in the washing, trips to the doctors, drops in meals etc. How often: daily, weekly, monthly, not at all)

Do you look after anyone else? Yes (1) No (0)
Score: _____

Total Score: _____
(Out of 33)

Scoring Range:

| Rating | Score | Outcome |
|--------|---------|--|
| High | 22 - 33 | Place on waiting list as a high priority. This means that the clients with the highest score will receive service first when a vacancy arises. |
| Medium | 11 - 21 | Place on waiting list. This means that the clients in this category will remain on the waiting list until there are no other clients with a high priority. |
| Low | 0 - 10 | Place on waiting list. This means that the clients in this category will remain on the waiting list until there are no other clients with a high or medium priority. It may be necessary to refer these clients to another service if their circumstances change, rather than keep them on the waiting list. |

Assessment completed by: **Date**

(Print Name)

Signature.....**Position**.....

