Please ensure all pages of Care Finder Referral Form is completed including below checklist. If the Checklist for Eligibility is not ticked, the referral will not be processed.

Please consider when referring to Care Finders: this service is intended for older people who need intensive support to access My Aged Care and other relevant supports in the community who could otherwise fall through the cracks.

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| **Checklist for intermediaries when referring to Care Finders** | |
|  | **Tick if yes** |
| **Aged care eligibility – must meet both criteria** | |
| Is the person:   * 65 years and over, or 50 years and older for an Aboriginal or Torres Straits Islander person, OR * 50 years or older (45 years and older for an Aboriginal or Torres Straits Islander people) and on a low income and homeless or at risk of being homeless. |  |
| 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 with house work, transportation, social connection) **OR** they are frail or prematurely aged and are experiencing housing stress/not having secure accommodation? |  |
| **Care Finder target population – should meet this threshold** | |
| 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? |  |
| **And one or more of the below** which means they would have difficulty proactively working through the process to access aged care via the My Aged Care online channels, phone line or face-to-face with an Aged Care Specialist Officer (where available) | |
| Does the person experience communication barriers such as limited English language or literacy skills? |  |
| Does the person experience difficulty processing information to make decisions? |  |
| Is the person’s **safety at immediate risk** or they may end up in a crisis situation (within approx. the next year) but they are also **resistant to engaging** with aged care?  If a person has identified their safety is at immediate risk, connect them with the appropriate emergency services. |  |
| Does the person have past experiences that mean they are hesitant to engage with aged care, institutions or government? |  |

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| Collecting information in a natural conversation  When talking with a person to determine if they need an access or navigation service, and which services would be best, gather the information in a natural conversation (not as a checklist).  Apart from collecting a persons details such as their name and age, questions as part of a conversation could include:   * What is happening that has lead to you contacting us today? * Tell me about a typical day and point out when you need help and what you are doing at those times? * Tell me about what your usual week would look like? * Tell me about yourself and who is in your world? * Have you had help from a service before? How was that? (follow up) | * Is there anything else you would like to tell me that will help get the best service for you? (things like language preference, service specialities, etc) * There are service providers in your area that specialise assisting people who (e.g. are First National people, care leavers, Forgotten Australians, are LGBTIQ etc) would you be interested in receiving support from this service?   If you have heard the information that you need to confidently make a referral you don’t need to ask further questions.  The urgency of the situation will also determine the best way to collect information. If a person has identified their safety is at immediate risk, connect them with the appropriate emergency services.  **A black text on a white background  Description automatically generated** |

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| **Referrer details** | | | |
| Referral date | Click or tap to enter a date. | | |
| Referrer name | Click or tap here to enter text. | | |
| Referrer role | Click or tap here to enter text. | Organisation | Click or tap here to enter text. |
| Contact number | Click or tap here to enter text. | Email | Click or tap here to enter text. |

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| Is the client aware of this referral to the IPC Health Care Finders program and have they consented to the referral? | | Yes  No |
| Has the client been registered with My Aged Care? | Yes  No | |

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| **Client details** | | | |
| First name | Click or tap here to enter text. | Middle Name | Click or tap here to enter text. |
| Preferred name | Click or tap here to enter text. | Surname | Click or tap here to enter text. |
| Preferred pronouns | Click or tap here to enter text. | Gender | Click or tap here to enter text. |
| Date of birth | Click or tap to enter a date. | Country of birth | Click or tap here to enter text. |
| Aboriginal or Torres Strait Islander origin? | Yes  No | Language/s spoken | Click or tap here to enter text. |
| Interpreter required? | Yes  No | Language/s required | Click or tap here to enter text. |
| Residential address | Click or tap here to enter text. | | |
| Phone number | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Preferred method of contact | Click or tap here to enter text. | Preferred day/time of contact | Click or tap here to enter text. |
| Medicare number | Click or tap here to enter text. | | |
| Centrelink CRN | Click or tap here to enter text. | Centrelink Payment type | Click or tap here to enter text. |

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| **Support and services currently in place** | | | | | |
| **Does the client currently have support and services in place?** | | | | | |
|  | **Yes** | **No** |  | **Yes** | **No** |
| Health Services (e.g. nursing) |  |  | Transport |  |  |
| Allied Health Services (e.g. physiotherapy, podiatry) |  |  | Social Support Services (SSI, SSG, Community Groups) |  |  |
| Personal Care |  |  | Home help (e.g. domestic services and home maintenance) |  |  |
| Others (please list)  Click or tap here to enter text. | | | | | |

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| **Support and services required** | | | | | |
| **What support and services would the client like to be linked to?** | | | | | |
|  | **Yes** | **No** |  | **Yes** | **No** |
| Health Services (e.g. nursing) |  |  | Transport |  |  |
| Allied Health Services (e.g. physiotherapy, podiatry) |  |  | Social Support Services (SSI, SSG) |  |  |
| Personal Care |  |  | Domestic Assistance |  |  |
| My Aged Care Registration |  |  | Home Maintenance/Gardening |  |  |



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| Reason for referral |
| Please provide details based on eligibility criteria. |
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