



Staying at Home

FAR WEST CARER RESPITE CENTRE

Providing quality assurance for carers in co-operation with other services and networks

CONFIDENTIAL CLIENT INFORMATION

Date of First Contact Source of Contact: Direct to Centre Referral

Source of referral:

Heard of Centre through:

Number of persons being cared for by this carer: If more than one, separate details should be provided for each person receiving care

CARER DETAILS

Surname: Given Names:

Male Female Date of Birth Age

Country of Birth Language spoken at home Interpreter required? Yes No

Identifies as an Aboriginal/Torres Strait Islander: Yes No

Residential Address Town

Postcode LGA

Home Phone Other

Workforce participation Full time Part time Casual Nil

Can the Carer be contacted during working hours at place of work? Yes No

Best time to contact

Source of Carers income Full Pension Part Pension DVA Pension
Carer Allowance Carer Payment

Number

Carer's relationship to person receiving care: Carer living with person receiving care Yes No

Other caring responsibilities: (eg other children, parents etc)

- Carers respite needs
- HIGH NEED** – caring relationship constantly at great risk
 - MODERATE NEED** – carer has difficulty managing
 - LOW NEED** – caring relationship relatively stable

DETAILS OF PERSON RECEIVING CARE

Surname: Given Names:

Male Female Date of Birth Age

Country of Birth Language spoken at home Interpreter required? Yes No

Identifies as an Aboriginal/Torres Strait Islander: Yes No

Residential Address Town

Postcode Phone

DHFS Category Chronic illness Frail older person Younger person with a disability
Emergency Caring for more than one person Dementia

Disability/Condition Physical disability (specify) _____
 Intellectual disability
 Sensory disability (specify) _____
 Multiple disability (specify) _____
 Mental illness
 Chronic illness _____
 Frailty associated with aging (specify) _____
 Dementia
 Living with AIDS/HIV
 Other (specify) _____

Name of family doctor of person receiving care Phone No

Needs of person being cared for **HIGH NEED** – needs practical assistance with most tasks of daily living
 MODERATE NEED – needs some assistance with tasks of daily living
 LOW NEED – needs little practical assistance with most tasks of daily living, but needs carer’s presence to ensure general well being

SERVICES CURRENTLY BEING RECEIVED

- Community Options
- GP
- DCS
- Out of Home Respite
- Allied Health
- Pre-School
- Carer Support
- Veterans Affairs
- Other (specify) _____
- Hospital
- Private Services
- In Home Respite
- Home Help/Care
- Supported Employ
- Home Mod/Maint
- ACAT
- Vacation Care
- Neighbour Aid
- CACP
- Food Service
- Post School Options
- Equipment Services
- Personal Care
- OOSH
- Informal Support
- Residential Respite
- Home Nursing
- Early Intervention
- Recreation
- Transport
- Family Day Care
- Carer Info/Training
- Community access

COMMENTS

Recommended/Agreed referral action to address carers needs and priorities (what, who, when)

CARER’S AUTHORITY TO RELEASE/GAIN INFORMATION

I _____ (carer) consent to the information taken by the Far West Carer Respite Centre Coordinator being made available to the services nominated under Recommended/Agreed Action and I have received a Service Information Booklet.

Signature of carer Date / /

If written consent has not been given, has the carer given verbal consent? Yes No

Signature of assessor Date / /

BROKERAGE – Details of purchase of service

Service Provider name Phone

Address Fax

Date service commenced / / Date service concluded / / Hours provided

Cost of service (hourly/daily/weekly rate) \$ Per Hour/Day/Week

Details of service provided _____

