Footprints Community Care Finder Referral Form

Email: carefinder@footprintscommunity.org.au
Phone: 1800 366 877

Referrer Information		
Date of referral:	Referrer Name:	Referrer Phone:
Referrer Category: Potential Client ☐ Representative/Friend/Family ☐ Aged Care Assessors ☐ Health or aged care sector worker ☐ Housing support worker ☐ Other ☐		
Referrer Email:	Referrer service:	
Relationship to the person being referred:	Will the referrer continue working with the person? ☐ Yes ☐ No	
I heard about the care finder program from: Aged Care Assessor ☐ My Aged Care ☐ Local community Group ☐ Health/aged care sector worker ☐ Local business (e.g. post office, hairdresser, etc. ☐ Friend or relative ☐ Other ☐		

Checklist for referring to care finders	
https://www.myagedcare.gov.au/help-care-finder **Please note that care finders do not provide case management or transport to clients** This service is intended to 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	Care finders
1. Aged care eligibility – must meet both criteria	Tick if yes
Is the person: • 65 years and over, or 50 years and older for an Aboriginal or Torres Strait Islander person, OR • 50 years or older (45 years or older for Aboriginal or Torres Strait 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 connections) **OR** they are frail or prematurely aged and are experiencing housing stress/not having secure accommodation.	☐
2. 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?	☐
3. 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 service)	☐
• Does the person have past experiences that mean they are hesitant to engage with aged care, institutions or government?	☐

Individual Information (Please note: we are unable to progress this referral without the person's consent)							
Have you discussed the Care finder program with the person and they have given consent for this referral and to be contacted by a care finder:	☐ Yes ☐ No			Does the person have an active EPOA, Guardianship or Enduring Guardian for Decision Making:	☐ Yes ☐ No ☐ Unknown		
Title		Family Name		First Name		Preferred Name	
Gender				Date of Birth			
Street:				Suburb: Postcode:			
Phone:				Email:			
Do you Identify as a member of particular community (ie – Deaf, LGBTI, Religious Communities)?							
Aboriginal or Torres Strait Islander ☐ Yes Care Leavers/Forgotten Australian ☐ Yes			Socially Isolated ☐ Yes Cognitive Impairment ☐ Yes Homeless/Risk of Homelessness ☐ Yes			LGBTI ☐ Yes Culturally & Linguistically Diverse ☐ Yes Low Literacy ☐ Yes	
Interpreter Required:	☐ Yes	☐ No	☐ Unknown				
Preferred Language?							
Preferred Method of Contact		Comments regarding contacting client:					

Referral Information			
Has the person previously received an aged care assessment or currently awaiting an assessment?	☐ Yes	☐ No	☐ Unknown
Has the person previously been assessed under the National Disability Insurance Scheme (NDIS) or currently awaiting an assessment?	☐ Yes	☐ No	☐ Unknown
Services needed: ☐ Community Aged Care ☐ Residential Aged Care ☐ Other Community Services ☐ Housing services			
Safety Issues:	☐ Yes	☐ No	☐ Unknown
(Please note: A safety concern will not exclude people from accessing care finder services. This information will help us to proactively plan our initial engagement with the client and ensure the safety of care finder staff.)			

If Yes to safety issues, please provide details on safety concerns relevant to the person or the environment:
Please provide details regarding the person's current barriers to accessing Aged Care services and other support:
Please provide further details regarding the person's care needs that impact their independence.
What is the person's desired outcome from working with a Care finder?
Have referrals been recently made to other providers? Please list:
What informal and formal supports are involved with the person?
Please return completed referral forms to – carefinder@footprintscommunity.org.au