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|  | Carer Program Referral FormDefinition: A carer provides unpaid care and assistance to a person with frailty, disability, chronic illness or mental illnessIf question is irrelevant or information not known, write Not Applicable or NA |

Complete this form where a client has an identified primary carer who is experiencing stress, financial, emotional or lifestyle pressures because of their caring role. Submit this form via S2S or if not available email to ServiceAccessReferrals@lchs.com.au

Press F11 to move between text boxes when completing

**Suggested Referral Urgency** *please tick*

High - Imminent risk of caring relationship breaking down [ ]

* Recipient has a palliative illness with rapid decline [ ]
* Recipient has a stable palliative illness; significant carer stress [ ]
* Urgent safety concern [ ]

Moderate urgency [ ]

Non-urgent [ ]

**Carer details:**

|  |  |
| --- | --- |
| **Family Name**:       | **Referral Completion Checklist:**[ ]  Yes [ ]  NoThis Page[ ]  Yes [ ]  NoCarer/Consumer Consent**Referral Details****Name**:      **Organisation**:      **Email**:      **Phone**:       |
| **Given Names**:       |
| **Preferred Name/s**:       |
| **Date of birth:** *(dd/mm/yyyy)*       |
| **Gender**:       |
| **Address**:       |
|       **P/Code**:       | **GP**:      **Phone**:      **Consent to contact**? [ ]  Yes [ ]  No |
| **Phone:**       **Mobile:**        |
| **Email**:       | **Relationship to Care Recipient**:Choose an item. |
| **Source of Referral** Choose an item. |
| **Country of Birth**Record:      (1) Australia (2) OtherIf other, specify:       | **Living Arrangements**Choose an item. |
| **Indigenous Status**Choose an item. | **Accommodation Setting**Choose an item.  |
| **Main Language Spoken at Home** Record:      (1) English (2) OtherIf other, specify:       | **Employment Status**Choose an item. |
| **Interpreter Required** Record:      (1) Interpreter not needed (2) Interpreter needed | **Income Type**Choose an item. |
| **Preferred Language**(If not spoken English) including sign language & any required communication device or special interpreter needs.      | **DVA Card Status**Choose an item. |

**-2-**

**Impact on Caring:**

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| **Carer’s emotional health**:       |
| **Carer’s physical health**:       |
| **Carer wellbeing (level of burden/stress**):       |
| **Financial issues impacting on caring**:       |
| **Current services involved**:       |
| **Does Care Recipient have a Home Care Package or NDIS**? [ ]  Yes specify       [ ]  No**Case manager/co-ordinator details**?       *Our funded supports are limited when a Care Recipient is already in receipt of a Home Care Package. Carers are welcome to be referred for general carer support, education, events and activities.*  |

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| **Carer Issues – Reason for Referral** (Carer support/navigating services, short-term in-home supports, carer events/education, include details of urgency)      |

**Additional Information:**

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| **Are there any Carer or Care Recipient safety concerns or anything else to be aware of**?       |

**-3-**

**Cares for:**

|  |  |
| --- | --- |
| **Family Name**:       | **Living Arrangements**Choose an item. |
| **Given Names**:       |
| **Preferred Name/s**:       | **Accommodation Setting**Choose an item.  |
| **Date of birth:** *(dd/mm/yyyy)*       |
| **Gender**:       | **Employment Status**Choose an item. |
| **Address**:       |
|       **P/Code**:       | **Income Type**Choose an item. |
| **Phone:**       **Mobile:**        |
| **Country of Birth**Record:      (1) Australia (2) OtherIf other, specify:       | **Indigenous Status**Choose an item. |
| **Main Language Spoken at Home** Record:      (1) English (2) OtherIf other, specify:       | **Interpreter Required** Record:      (1) Interpreter not needed (2) Interpreter needed |
| **Preferred Language**(If not spoken English) including sign language & any required communication device or special interpreter needs.      | **DVA Card Status**Choose an item. |
| **Carer Recipient Diagnosis/health concerns**:      |
| **Assessments**: *(please tick)* ACAS [ ]  Home Care Package Level:       RAS [ ]        Other [ ]      *\*Please attach My Aged Care Support Plan to referral if available* |