

IMPORTANT: Age Matters current wait time is 8-10 weeks

You may prefer to contact another local care finder agency and check their capacity before submitting this referral:

- MCCI 02 4229 7566

NOTE: Hoarding and Squalor support is not available under the care finder program

Care finders can 'link' clients to supports where possible, but unfortunately there are currently very limited services that offer support with Hoarding and Squalor.

Age Matters is a care finder organisation in the Illawarra and Shoalhaven. Our role is to link vulnerable older people to existing services so they can live independently in their community or access residential aged care.

Care finders do not provide direct care support. Care finders may help clients to access services such as:

- aged care services
- housing and homelessness services
- health services
- mental health services and supports
- social services and supports
- drug and alcohol services and supports
- community groups
- other

Section 1: Eligibility

Clients are eligible for support if they are unable to independently interact with My Aged Care or other services (either through the website, via phone or face-to-face at Government service centres) and have no family, friends or other community members to assist them to navigate services.

Applicants must meet the following criteria (please tick):

- Over the age of 65 (50 if Aboriginal and/or Torres Strait Islander)
- Residing in the Illawarra or Shoalhaven
- Isolated with no trusted or capable support person

and at least one of the following must apply (please tick):

- Facing significant barriers to access services available to them
- Difficulty communicating (language, hearing loss, vision impairment, cognitive, etc)
- Difficulty making decisions
- Homelessness/risk of homelessness
- Background of institutional mistrust or resistance to engage with services

Additional factors (tick any that apply):

- Aboriginal or Torres Strait Islander
- Culturally and Linguistically Diverse
- LGBTIQ+
- Financially / socially disadvantaged
- Veteran
- Care leaver
- Affected by forced adoption or removal
- Other _____

<p>Please describe the reason for the referral and any supports already explored.</p> <p>Validate the reason the client fits within the care finder target group and their vulnerability if they are not linked to supports. Consider the urgency of the client's circumstances, cultural needs, history of trauma, housing status, basic, medical and social needs.</p>	
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Section 2 – Source of referral

Name of referrer:		Phone:	
Role:		Email:	
Organisation/Agency:		Date of referral:	
Did client provide consent for referral?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing My Aged Care record or Homes NSW application?	<input type="checkbox"/> My Aged Care <input type="checkbox"/> Housing application

Section 3 – Key relevant issues

Current supports/referrals in place:	
Health issues and care needs Consider mental, physical, safety, communication, substance use, social and housing needs)	

Section 4 – Personal details

Client 1

Title:	Name:	Gender:	
Address:			
Mailing address:			
Phone:		Email:	
Can client use their mobile phone for text message communication?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth:		Date of Birth:	
Nationality:		Year of arrival in Australia (If applicable):	
Language:		Interpreter Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does client identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/> Both		
Pension type:		DVA Card? (Gold, White, Orange)	
VI-SPDAT score (if applicable)		Savings?	
Is there a caseworker involved?		Is client currently homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At risk
SAFETY FOR STAFF Are there any risks we should be aware of when visiting the home/client?			
Living arrangements: (Housing type, accommodation, who lives there, carer, etc)			

Client 2

Title:	Name:	Gender:	
Address:			
Mailing address:			
Phone:	Email:		
Place of Birth:	Date of Birth:		
Nationality:	Year of arrival in Australia (If applicable):		
Language:	Interpreter Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does client identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/> Both		
Pension type:		DVA Card? (Gold, White, Orange)	
Can client 2 use their mobile phone for SMS communication?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Known health conditions: (Mental, physical, intellectual, substance abuse etc.)			
Client 2 doctor, relevant specialist or case worker:			

Section 5 – Nominated contact

Full name:	<i>Relationship to client:</i>		
Power of attorney:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
Phone:			