

# AGE MATTERS REFERRAL FORM

Age Matters is a care finder organisation in the Illawarra and Shoalhaven. We help seniors who need intensive assistance to access supports and who would otherwise fall through the cracks. Our role is to link vulnerable older people to existing services so they can live independently for as long as possible in their community or access residential aged care.

Care finders do not provide direct care services, instead helping clients by:

- assisting clients to identify goals and connect with relevant supports in the community
- supporting people to interact with My Aged Care
- support to explain and guide people through service assessments
- high level check-in on a periodic basis and follow-up support once services commence.

Care finders may assist clients to navigate 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

**Support with Hoarding and Squalor is not provided under care finders.**

## Section 1: Eligibility

**Care finders support vulnerable older people who cannot access services without intensive support and do not have a family member or friends who can help.**

**Applicants must meet the following criteria:**

- ☐ 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 need intensive assistance to access services due to** (tick **one or more** that apply):

- ☐ 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/reluctance to engage with services

**Additional special needs profile** (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 \_\_\_\_\_

**Please describe the reason for the referral and supports already explored.** Validate the reason the client fits within the target cohort for Care Finders service. Consider client 's urgency of circumstances, cultural needs, history and/or trauma, housing status, basic, medical and social needs.

## Section 2 – Source of referral

Name of referrer:		Phone:	
Role:		Email:	
Organisation/Agency:		Date of referral:	
Is client aware of the referral?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you accompany the client to our assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 3 – Key relevant issues

Describe presenting or underlying issues of relevance to this referral and key information. <small>Consider client needs across the domains of basic needs, mortality risks, safety, health, cognition, mental health, substance use, communication, social behaviours and homelessness.</small>	
Current supports/referrals in place:	
Care and health needs:	

## Section 4 – Personal details

### Client 1

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx			
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? <small>(Gold, White, Orange)</small>		
VI-SPDAT score (if applicable)		Savings?		
Known health conditions: <small>(Mental, physical, intellectual, substance abuse etc.)</small>				
Is there a caseworker involved?		Is client currently homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At risk	

SAFETY ALERTS – Are there any risk factors we should be aware of when visiting the home/client?	
Living arrangements: (Housing type, accommodation, who lives there, carer, etc)	

## Client 2

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx			
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)		
VI-SPDAT score:				
Known health conditions: (Mental, physical, intellectual, substance abuse etc.)				
Is there a caseworker involved?		Is client currently homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At risk	
SAFETY ALERTS – Are there any risk factors we should be aware of when visiting the home/client?				
Living arrangements: (Housing type, accommodation, who lives there, carer, etc)				

## 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:			

## INTAKE SURVEY

ID:  
Wave:  
Program:

Please complete this simple survey to help us measure our service. Your responses will not affect the level of service you receive as this information will be completely separated from your client record.

Age Matters will collect, hold, use and disclose any personal information you provide to us in accordance with our Privacy Policy. Please visit [www.irt.org.au/privacy-policy](http://www.irt.org.au/privacy-policy) to review this document or ask us to send you a copy at any time by calling us on 134 478.

**Q1 Date of Birth**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

DEM1DOB

**Q2 Postcode**

\_\_\_\_ \_

DEM1PC

**Q3 Gender**

☐ Male ☐ Female ☐ Other

DEM3GEN

The following questions ask how satisfied you feel, on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied.

**Q4 How satisfied are you with your standard of living?**

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
0 1 2 3 4 5 6 7 8 9 10

Not at all  
satisfied

Completely  
satisfied

LIFESAT2

**Q5 How satisfied are you with your health?**

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
0 1 2 3 4 5 6 7 8 9 10

Not at all  
satisfied

Completely  
satisfied

LIFESAT3

**Q6 How satisfied are you with what you are achieving in life?**

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○  
0 1 2 3 4 5 6 7 8 9 10

Not at all  
satisfied

Completely  
satisfied

LIFESAT4

**Q7 How satisfied are you with your personal relationships?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Not at all satisfied									Completely satisfied	
<small>LIFESAT5</small>										

**Q8 How satisfied are you with how safe you feel?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Not at all satisfied									Completely satisfied	
<small>LIFESAT6</small>										

**Q9 How satisfied are you with feeling part of your community?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Not at all satisfied									Completely satisfied	
<small>LIFESAT7</small>										

**Q10 How satisfied are you with your future security?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Not at all satisfied									Completely satisfied	
<small>LIFESAT8</small>										

**Q11 How satisfied are you with the home in which you live?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Not at all satisfied									Completely satisfied	
<small>LIFESAT9</small>										

**Q12 In total, how many homes have you lived in during the last 10 years?**

<input type="radio"/> 1	<input type="radio"/> 5-9
<input type="radio"/> 2	<input type="radio"/> 10-14
<input type="radio"/> 3	<input type="radio"/> 15+
<input type="radio"/> 4	

The following statements have been used by many people to describe how much support they get from other people. How much to you agree or disagree with each? The more you agree the higher the number you should select. The more you disagree, the lower number you should select.

	Strongly disagree	1	2	3	4	5	6	Strongly agree
Q13a People don't visit me as often as I would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q13b I often need help from other people but can't get it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q13c I don't have anyone I can confide in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q13d I have no one to lean on in times of trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q13e I often feel very lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ISOL

**Q14 Have you experienced any problems accessing services such as these?**

(please select all that apply)

- |   |  |
|---|--|
| <input type="radio"/> Banks or financial institutions | <input type="radio"/> Housing  |
| <input type="radio"/> Centrelink                      | <input type="radio"/> Health related services                        |
| <input type="radio"/> Hospitals                       | <input type="radio"/> Aged Care or help in the home                  |
| <input type="radio"/> Medicare                        | <input type="radio"/> No problems accessing service providers        |
| <input type="radio"/> Communications companies        | <input type="radio"/> Have not tried to access any service providers |
| <input type="radio"/> Service NSW (RTA)               |  |

SERV

**Q15 Compared to one year ago, how would you rate your health in general now?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Much better than one year ago	Somewhat better than one year ago	About the same as one year ago	Somewhat worse than one year ago	Much worse than one year ago

HEALTH

**Q16 All things considered, how satisfied are you with your life? Pick a number between 0 and 10.**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
Not at all satisfied					Completely satisfied					

LIFESAT1

Date completed \_\_/\_\_/\_\_