

Age Matters Referral Form

IMPORTANT: Age Matters current wait time is up to 12 weeks

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

- MCCI 02 4229 7566 (Illawarra and Shoalhaven only)

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, Shoalhaven and Eurobodalla regions. 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 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 or other community members (including formal services) 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 or Eurobodalla region
- ☐ Isolated with no trusted or capable support person and no Aged Care supports

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 _____

What is the main reason this person needs care finder support? Please outline: -The barriers they face in accessing services independently. -What could happen if support is not provided. -Any urgent health, housing, social, cultural or wellbeing concerns. -Why existing supports are not meeting their needs.	
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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?:	☐ Yes ☐ No	Existing My Aged Care record or Homes NSW application?	☐ My Aged Care ☐ 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?			☐ Yes ☐ No	
Place of Birth:		Date of Birth:		
Nationality:		Year of arrival in Australia (If applicable):		
Language:		Interpreter Required:	☐ Yes ☐ No	

Does client identify as Aboriginal or Torres Strait Islander?	☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander ☐ No ☐ Both		
Pension type:		DVA Card? (Gold, White, Orange)	
VI-SPDAT score (if applicable)		Savings?	
Is there a caseworker involved?		Is client currently homeless?	☐ Yes ☐ No ☐ 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:	☐ Yes ☐ No		
Does client identify as Aboriginal or Torres Strait Islander?	☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander ☐ No ☐ Both				
Pension type:		DVA Card? (Gold, White, Orange)			
Can client 2 use their mobile phone for SMS communication?			☐ Yes ☐ 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:	☐ Yes ☐ No	Guardian:	☐ Yes ☐ No
Address:			
Phone:			