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
- ☐ LGBTIQA+
- ☐ 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?:	☐ Yes ☐ No	Can you accompany the client to our assessment?	☐ Yes ☐ No

Section 3 – Key relevant issues

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

Section 4 – Personal details

Client 1

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Miss	☐ 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:	☐ 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?		
Known health conditions: (Mental, physical, intellectual, substance abuse etc.)					
Is there a caseworker involved?			Is client currently homeless?	☐ Yes ☐ No ☐ 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:	☐ Mr	☐ Mrs	☐ Ms	☐ Miss	☐ 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:	☐ 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:	

Known health conditions: (Mental, physical, intellectual, substance abuse etc.)			

Is there a caseworker involved?		Is client currently homeless?	☐ Yes ☐ No ☐ 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:	*Relationship to client:*	
Power of attorney:	☐ Yes ☐ No	Guardian: ☐ Yes ☐ No
Address:		
Phone:		

INTAKE SURVEY

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 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?

O	O	O	O	O	O	O	O	O	O	O
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?

O	O	O	O	O	O	O	O	O	O	O
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?

O	O	O	O	O	O	O	O	O	O	O
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?

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

Not at all
satisfied

Completely
satisfied

LIFESAT5

Q8 How satisfied are you with how safe you feel?

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

Not at all
satisfied

Completely
satisfied

LIFESAT6

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

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

Not at all
satisfied

Completely
satisfied

LIFESAT7

Q10 How satisfied are you with your future security?

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

Not at all
satisfied

Completely
satisfied

LIFESAT8

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

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

Not at all
satisfied

Completely
satisfied

LIFESAT9

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

○ 1   ○ 5-9
○ 2   ○ 10-14
○ 3   ○ 15+
○ 4

MOV

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						Strongly agree
	1	**2**	**3**	**4**	**5**	**6**	**7**
Q13a People don't visit me as often as I would like	O	O	O	O	O	O	O
Q13b I often need help from other people but can't get it	O	O	O	O	O	O	O
Q13c I don't have anyone I can confide in	O	O	O	O	O	O	O
Q13d I have no one to lean on in times of trouble	O	O	O	O	O	O	O
Q13e I often feel very lonely	O	O	O	O	O	O	O

iSOL

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

(please select all that apply)

- O Banks or financial institutions
- O Centrelink
- O Hospitals
- O Medicare
- O Communications companies
- O Service NSW (RTA)

- O Housing
- O Health related services
- O Aged Care or help in the home
- O No problems accessing service providers
- O Have not tried to access any service providers

SERV

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

O	O	O	O	O
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.

O	O	O	O	O	O	O	O	O	O	O
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Not at all satisfied										Completely satisfied

LIFESAT1

Date completed __/__/__