

# CARE FINDER PROGRAM

**PROVIDERS:**

ADA Australia	1800 818 338
Beaucare	07 5541 4216
Footprints	07 3252 3488
MICAH	07 3029 7070
Multicultural Australia	07 3337 5400
Ozcare	1800 692 273
SSI / Access Community Services	0403 710 245
Star Community Services	07 3821 6699

**Ph Num:****FROM****Phone:****Fax:****Email:****Provider Number:****Send via Medical Objects or Healthlink to:**

Footprints Community	<b>CF4006000HQ</b>
MICAH	<b>836252</b>
Multicultural Australia	<b>AM4102002VB</b>
SSI / Access Community Services	<b>AS4114000TC</b>

**Send via Fax to:**

ADA Australia	<b>07 3637 6001</b>
Footprints Community	<b>07 3252 3688</b>
MICAH	<b>07 3029 7043</b>
Multicultural Australia	<b>3337 5444</b>
Ozcare	<b>3028 9673</b>
Star Community Services	<b>07 3821 6711</b>

Date:

Dear Provider

<b>SECTION 1 Patient details</b>
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**RE:**  
**DOB:**  
**AGE:****Next of Kin/Alternative Contact:**  
**Next of Kin/Alternative Contact Ph:**  
**Does patient identify as Aboriginal and/or Torres Strait Islander:****Interpreter required:**  
**If yes, specify language:****Gender:****Address:****Home Ph:****Mobile Ph:****Medicare Number\*:**

(\*Medicare ineligible patients will incur a consultation fee)

**Aged Care Number:****Marital status:****Disability:****If yes, what is the nature of the disability:****Does the patient live alone:****If other, please specify:**

## SECTION 2 Referral details

What is the main reason/s for this referral?

Is the patient eligible for Government funded Aged Care Services?

Is the patient receiving services from an approved Aged Care Package?

## SECTION 3 Eligibility criteria for Care Finder referral patients (please answer all sections)

**To be eligible for the Care Finder program the patient must meet one of these 3 options:**

Is the patient 65 years and over:

**OR**

Is the patient 50 years or older and on a low income and homeless or at risk of being homeless:

**OR**

Is the patient 45 years or older, Aboriginal or Torres Strait Islander and on a low income and homeless or at risk of being homeless:

**To be eligible for the Care Finder Program the patient must also meet one of these 2 options:**

The patient requires help (either with an aid or assistance from another person) to undertake one or more tasks of daily living (e.g. walking, dressing, preparing meals, making decisions, eating, managing medication, managing with housework, transportation, social connects):

**OR**

The patient is frail or prematurely aged and experiencing housing stress/not having secure accommodation:

## SECTION 4 Care Finder target population should meet the following criteria

The patient is without family, friends, carer or representative they would be comfortable to receive help from and who is willing and able to help them access aged care services:

**To be eligible at least one of the following situations must be met:**

Isolation or no available support person:

Communication barriers, including limited English and health literacy skills:

Difficulty processing information to make decisions:

Past experiences that mean they are hesitant to engage with aged care, institutions or Government for any reason:

Their safety is at immediate risk, or they may end up in a crisis situation, but are also resistant to engaging with aged care:

***NB: If a patient is at immediate risk, connect them with appropriate emergency services.***

Please provide any relevant clinical and social information that can assist our staff in supporting your patient in the most appropriate manner:

Please outline in detail any barriers to accessing My Aged Care and aged care supports as well as any specific challenges facing the patient:

If any existing supports or services are in place, please provide relevant details:

<b>SECTION 5 Medical history including co-morbidities and previous surgical interventions</b>
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**Alcohol:**

**Smoking:**

**Allergies:**

**Current prescribed medications:**

**History of Falls:**