

Aged Care Volunteer Visitors Scheme (ACVVS) Care Recipient Referral Form

To be completed by an Aged Care Provider, ACVVS auspice coordinator, recipient, or their representative

ELIGIBILITY		
Is the care recipient living in Residential Aged Care, receiving a Home Care Package, or approved and waitlisted for a Home Care Package?	Yes	No
Does the care recipient feel isolated and lonely and not have regular and reasonably frequent positive and engaged contact with friends or relatives (includes care recipients who have limited contact with people who speak their language or share a cultural background)?	Yes	No
Does the care recipient have frailty, mobility or communication impairment that prevents them from participating in social or leisure opportunities?	Yes	No
Does the care recipient participate in social support group services funded by a Commonwealth subsidised aged care program?	Yes	No
Does the care recipient belong to a diverse, complex, vulnerable and/or cultural group identified as being at risk of social isolation? (Complete list on page 3)	Yes	No
If any of the red boxes are ticked above, the care recipient is NOT eligible for the ACVVS		
Detail if there are extenuating factors for consideration (Please seek further clarification from the Volunteer Team Leader/Auspice Coordinator)		

REFERRER DETAILS			
Organisation		Contact name	
Phone number		Position	
Email			
CONSENT Who has given consent to provide this information (Recipient, next of kin or Power of Attorney consent)			
Name		Relationship	
Has the ACVVS program been explained to the Care Recipient?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PROVIDER (if known)			
Aged Care Provider		Contact Person	
Phone Number		Email	

CARE RECIPIENT DETAILS					
Name			Preferred Name		
Gender		Preferred Pronouns		Date of Birth	
Address					
Suburb			State		Postcode
Home Phone Number			Mobile Phone Number		
Email				Best Contact Method	
Preferred language(s)					

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EMERGENCY CONTACT			
Name			
Relationship		Contact Number	
Postal Address			
Email			
Does the Consumer live alone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, list other occupants and relationship

MATCHING PREFERENCES
Reason for referral to Volunteer Visitors Scheme
Family and Cultural Background (Religious/Cultural practices)
Work background and Lifetime Achievements
Hobbies and Interests
Current Visitors and Relationships
Suggested Activities for Visitor
Regular Availability for Visits

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COMMUNICATION PREFERENCES (Tick as many as applicable)

Face to face Visiting Telephone Email Video Call Letters

DIVERSE, COMPLEX, VULNERABLE AND/OR CULTURAL GROUP(S)

Does the care recipient identify as being from any of the following special needs group, as specified in the *Aged Care Act 1997*? (While the following information is important to collect please consider that some care recipients may not wish to identify themselves as being from a diverse, complex vulnerability and/or cultural group, as this may be deemed private and sensitive)

People from Aboriginal and Torres Strait Island Communities	<input type="checkbox"/>	Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations)	<input type="checkbox"/>
People from Culturally and Linguistically Diverse Backgrounds (CALD)	<input type="checkbox"/>	Parents separated from their children by forced adoption or removal	<input type="checkbox"/>
People who live in rural or remote areas	<input type="checkbox"/>	Lesbian, gay, bisexual, transgender, queer and intersex people (LGBTQI+)	<input type="checkbox"/>
People who are financially or socially disadvantaged	<input type="checkbox"/>	People living with a disability	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	People who are deaf or hearing impaired/hard of hearing	<input type="checkbox"/>
People who are homeless or at risk of becoming homeless	<input type="checkbox"/>	People who have cognitive impairment including dementia	<input type="checkbox"/>
People experiencing mental health conditions and/or people who have been exposed to significant trauma	<input type="checkbox"/>		

HEALTH STATUS

Please include any issues that may impact on interactions such as mobility, hearing, eyesight, speech, cognitive and/or challenging behaviour. This information is vital to ensuring a suitable match

Are there any conversation topics that are not suitable to be discussed with the Care Recipient? (e.g. family, traumatic life experiences etc.)

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VISITOR PREFERENCES				
Gender		Age Range		Language or Cultural Preferences
Other (Please indicate any preferences that will help make the right match)				

PRIVACY & CONFIDENTIALITY

- Intereach Aged Care Volunteer Visitors Scheme (ACVVS) program will keep the information on this form confidential and will only share the information if the Care Recipient agrees or for purpose of the Aged Care Volunteer Visitors Scheme program reporting or matching requirements.
- The Volunteer will only be provided with information that is necessary to carry out their role effectively.
- The Care Recipient has the right to see the information on this form.

Please return the completed form to Intereach

Email: volunteers@intereach.com.au

Post (NSW): PO Box 131, Albury NSW 2640

Post (VIC): 426 Hargreaves St, Bendigo VIC 3550

P: 1300 488 226