



## Care Finder Program Referral Form

Use this form to refer yourself or someone else for Care Finder support. Please complete what you can. If you are unsure about any question, tick "Unsure" or leave a note. Fields marked \* are most important.

**This is not an emergency service. If someone is in immediate danger, call 000. For urgent mental health support, contact the relevant crisis service or emergency department.**

### 1. Who is making this referral?

- I am referring myself
- I am referring someone else – please fill out your details below

Your name	
Relationship to person being referred	
Phone	
Email	

### 2. Person being referred

Full name *	
Date of birth *	
Preferred phone number *	
Alternative contact number	
Address / suburb *	
Best time to contact	

### 3. Cultural and communication needs

- Identifies as Aboriginal and/or Torres Strait Islander
- Does not identify as Aboriginal and/or Torres Strait Islander
- Prefer not to say

Preferred language	
Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Language:
Communication needs	

#### 4. Eligibility check

The person may be eligible if they are:

- 65 years or older
- 50 years or older and Aboriginal and/or Torres Strait Islander
- 50 years or older requiring access to aged care services and homeless or at risk of homelessness

Do they appear eligible for government-funded aged care?

- Yes
- No
- Unsure

#### 5. Does the person have someone who can help?

Care Finder is designed for people who do not have adequate support from family, friends or a carer to access aged care services.

- No, they do not have someone who can help
- Yes, but that person is unwilling or unable to help
- Unsure

#### 6. Why does the person need extra support?

- Difficulty understanding information or making decisions
- Communication, language or literacy barriers
- Fearful, reluctant or overwhelmed about aged care or government services
- Socially isolated or disconnected
- Unsafe or unstable situation if services are not put in place
- Experiencing homelessness, housing stress or unstable accommodation
- Other reason

Please provide a brief summary of the person's situation

## 7. Consent and contact

Has the person agreed to this referral?

- Yes
- No
- Unable to gain consent - please explain below

If consent was not obtained, explain why

Can we contact the person directly?  Yes  No

If no, who should we contact?

## 8. What happens next

A Care Finder team member will review the referral and contact the person or referrer within a few business days to confirm eligibility and explain the next steps. If the person is not eligible, we will try to assist with referral to a more appropriate support service where possible.

## For Mentis Assist use only

Date received

Referral accepted?  Yes  No  More information required

Assigned to

Outcome / notes