Care Finder Referral Form

The care finder program delivers a face-to-face network of assistance to **older vulnerable** people who need **intensive support** and assistance **in understanding and accessing aged care services** and connection to related community assistance. This includes people who are, or are not yet, receiving aged care services or other relevant supports. The care finder program is fully funded through Primary Health Networks.

Does the person meet the eligibility criteria for care finder type services?

To be eligible for care finder services, the person needs to be **unable** to navigate My Aged Care services on their own and **does not have any family members/community members** that can assist them in navigating My Aged Care services

The age eligibility is 65 years and older or 50 years and older for Aboriginal and Torres Strait Islander people. For persons who are homeless, eligibility is 45 years and older.

If eligible, please complete the form with or on behalf of the person and forward it to **carefinders@chorus.org.au** If you require more information or are unsure if a referral is appropriate for our service, please contact the care finder team **1800 264 268**. Once the referral is accepted, our Intake team will connect the person with a dedicated care finder. The care finder will meet with the person, usually in their home or another place they choose.

Information collected on this referral form will determine program eligibility.

Applicant Details			
Name		**Contact Number**	
Address		**Post Code**	
Email			
Date of Birth		**Age in Years**	
Gender	☐ Male ☐ Female ☐ Other:		
Cultural Identity	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐Neither		
Country of Birth		**Main Language**	
Residency Status	Australian Citizen **Yes** ☐ **No** ☐		

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This service has been made possible through funding provided by the Australian Government Department of Health and Aged Care under the Primary Health Network Program.

All Sections must be completed	
The person must give consent for this referral. Have they provided initial verbal consent to this referral to the care finder program?	**Yes** ☐ **No** ☐
Choose 1 option below:	
The applicant aged over 65 (over 50 if Aboriginal or Torres Strait Islander)	☐
The applicant is aged over 65 (over 50 if Aboriginal or Torres Strait Islander) and/or homeless and at risk of homelessness and on a low income.	☐
The applicant is aged over 45 and Aboriginal and/or Torres Strait Islander origin and homeless or at risk of homelessness and on a low income	☐
Is the applicant currently registered with My Aged Care?	**Yes** ☐ **No** ☐
If yes, provide Aged Care ID	**AC**
Does the applicant have a carer? If so, please provide contact details:	**Yes** ☐ **No** ☐
Carer Name:	Carer contact details:
Does the applicant identify as: **LGBTQI+** ☐ **Care Leavers** ☐ **Parents separated from their children by forced adoption or removal:** ☐	
Does the applicant currently receive any supports? Please detail below:	
Please share any additional relevant information:	
Current Accommodation status: • Does the applicant have stable accommodation? **Yes** ☐ **No** ☐ • If No, is the applicant engaged with accommodation services? **Yes** ☐ **No** ☐ • If Yes, please provide further details of current engagement and services being accessed:	

Additional Referral Information

Please detail what led to this referral:
Does the applicant have any medical conditions or disabilities? ☐ **Yes** ☐ **No** If Yes, please provide details:

Referrer Details

Referrer	Self Family / Friend / Neighbour Agency	☐ (complete section 3) ☐ (complete sections 1 and 3) ☐ (complete sections 2 and 3)	
Section 1			
Name			
Phone No.		Email	
Section 2			
Name		Position	
Phone No.		Email	
Agency Name			
Agency Address			
Section 3			
Signature		Date Referred	

Thank you for your referral please forward/send to: carefinders@chorus.org.au For any queries, please call 1800 264 268