

BRAINLINK PRIVACY STATEMENT:

All personal and health information will be treated confidentially by BrainLink. No directly identifying information, such as your name or other personal details, will be provided to other agencies without your consent. BrainLink are required to release certain anonymous statistical information about our service users to the Department of Human Services (DHS). This assists in ongoing service planning and enables the continuation of government funding which will be used to plan for improved service provision for people with ABI or neurological conditions.

Has the client/carer applied for funding from ABI Flexible Respite before?: Yes No

If yes, Date: _____ Purpose: _____

EASTERN REGION ABI FLEXIBLE RESPITE REFERRAL FORM

Date: ___ / ___ / ___

CAN WE USE DEMOGRAPHICS FOR DHS QDC PURPOSES? Y / N

Full Name (Carer): _____

Full Name (Client): _____

Gender: Male Female

Gender: Male Female

Relationship to Client: _____

Is the client and carer aware of this referral:

Yes No

Carer Age: _____

DOB: _____

Client Age: _____

DOB: _____

Carer Address: _____

Client Address (if not same as carer): _____

Post Code: _____

Ph: _____

Post Code: _____

Ph: _____

Current Support Services (levels of current funding & support and from what agency?)

Package/Agency Name:

Support Provided:

1)

2)

3)

Details of Carer Support Requested in this application

Please specify total cost and service provider agency, and attach any supporting letters/documentation.

Please also outline perceived benefits of receiving this support

TOTAL SERVICE HOURS:

TOTAL AMOUNT REQUESTED:

*eg. 40 hours attendant care; 3 days (72 hours) holiday, 3 hours/week gym membership, length of flight. No hours if purchasing an object.

\$

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Respite/Support Required:

From: _____

Ending: _____ (inclusive)

TO BE SIGNED BY THE CARER

Written Consent
<i>I have been informed and consent to the use of information in this request for the purposes of registering an application for Eastern Region ABI Flexible Respite Funding</i>
Signed:
Date:
Name:
If signed by a representative, please state your relationship to the applicant:

SERVICE USER CONSENT

Does the Service User agree to the funded Agency releasing their data for the purpose of the Quarterly Data Collection?

- 1 Consent Given
2 Consent Withheld

CARER

Please note: The following questions are asking about the presence of an **INFORMAL CARER** who provides support to the Service User (these questions are **not about paid carers** or **volunteers** from a Service Type Outlet or other organisation)

Does the carer assist the Service User in the area(s) of SELF-CARE, MOBILITY or COMMUNICATION?

- 1 Yes
2 No

Does the carer live in the SAME HOUSEHOLD as the Service User?

- 1 Yes, co-resident carer
2 No, non-resident carer

What RELATIONSHIP is the carer to the Service User?

When answering this question, complete the sentence, "The carer is the Service User's..."

- | | | | |
|----------------------------|----------------------|-----------------------------|---------------------------|
| 1 <input type="checkbox"/> | Wife/female partner | 7 <input type="checkbox"/> | Daughter-in-law |
| 2 <input type="checkbox"/> | Husband/male partner | 8 <input type="checkbox"/> | Son-in-law |
| 3 <input type="checkbox"/> | Mother | 9 <input type="checkbox"/> | Other female relative |
| 4 <input type="checkbox"/> | Father | 10 <input type="checkbox"/> | Other male relative |
| 5 <input type="checkbox"/> | Daughter | 11 <input type="checkbox"/> | Friend/neighbour - female |
| 6 <input type="checkbox"/> | Son | 12 <input type="checkbox"/> | Friend/neighbour - mal |

What is the AGE GROUP of the CARER?

*This question relates to the **INFORMAL CARER** identified in item U007 above. When asking the Service User about the age of their carer it is considered more appropriate to ask about broad age groups rather than actual age.*

- 1 Under 15 years
- 2 15 – 24 years
- 3 25 – 44 years
- 4 45 – 64 years
- 5 65 years and over

CULTURE AND COMMUNICATION

Is the Service User of ABORIGINAL or TORRES STRAIT ISLANDER origin?

Responses must not be based on the perceptions of anyone other than the person, or their advocate. The 'look' of a person has proven to be an unreliable way for another person to assess someone's Indigenous origin.

- 1 Aboriginal but not Torres Strait Islander origin
- 2 Torres Strait Islander but not Aboriginal origin
- 3 Both, Aboriginal and Torres Strait Islander origin
- 4 Neither Aboriginal origin nor Torres Strait Islander origin

In which COUNTRY was the Service User BORN?

- Australia
- Other Country *(Please Specify)*

What is the MAIN LANGUAGE spoken in the Service User's home?

- English
- Other Language *Please Specify*

Does the Service User require INTERPRETER SERVICES?

- 1 Yes, for spoken language other than English
- 2 Yes, for non-spoken communication
- 3 No

What is the Service User's most effective METHOD OF COMMUNICATION?

Children aged 0-4 years should be coded as 'Child aged under 5 years'.

- 1 Spoken language *(effective)*
- 2 Sign language *(effective)*
- 3 Other effective non-spoken communication *(e.g. Canon Communicator, Compic)*
- 4 Little, or no effective communication
- 5 Child aged under 5 years (not applicable)

DISABILITY GROUP

What are the Service User's PRIMARY and OTHER SIGNIFICANT DISABILITY GROUP(S)?

PRIMARY DISABILITY GROUP

OTHER SIGNIFICANT DISABILITY GROUPS

Tick one box only

1	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>
2	<input type="checkbox"/>	Specific learning/ADD <i>(Other than Intellectual)</i>	<input type="checkbox"/>
3	<input type="checkbox"/>	Autism	<input type="checkbox"/>
4	<input type="checkbox"/>	Physical	<input type="checkbox"/>
5	<input type="checkbox"/>	Acquired Brain Injury	<input type="checkbox"/>
6	<input type="checkbox"/>	Neurological <i>(Including epilepsy & Alzheimer's Disease)</i>	<input type="checkbox"/>
7	<input type="checkbox"/>	Deafblind - dual sensory	<input type="checkbox"/>
8	<input type="checkbox"/>	Vision	<input type="checkbox"/>
9	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
10	<input type="checkbox"/>	Speech	<input type="checkbox"/>
11	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>
12	<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>

Refers to Disability Group(s), (other than that indicated as being 'primary') that also cause difficulty for the person.

Tick all other significant disabilities

(If the person is aged 0-5 years this question is only valid where conditions have appeared in the early developmental period, but no specific diagnosis has been made and the specific disability group is not yet known)

LIVING ARRANGEMENTS/HOUSING

What is the Service User's usual RESIDENTIAL SETTING?

The type of physical accommodation the person usually resides in ('usually' means four or more days per week on average).

- 1 Private residence – owned or purchased
- 2 Private residence – private rental
- 3 Private residence – public rental
- 4 Private residence – mobile home or caravan
- 5 Independent living unit within a retirement village
- 6 Boarding house/private hotel
- 7 Short term crisis or emergency accommodation (e.g. night shelters, refuges, hostels for the homeless and/or halfway houses.)
- 8 Transitional accommodation
- 9 Domestic-scale supported living facility (e.g. group homes)
- 10 Supported accommodation facility (e.g. hostels, supported residential services or facilities)
- 11 Residential aged care facility (e.g. nursing home or aged care hostel)
- 18 Other

Does the Service User usually LIVE ALONE or with OTHERS?

The Service User's living arrangements must relate to the same place described in residential setting 'Usually' means four or more days per week on average.

- 1 Lives alone
- 2 Lives with family
- 3 Lives with others

INCOME AND WORK

IF AGED 15 YEARS OR MORE:

What is the Service User's LABOUR FORCE STATUS?

- 1 Employed
- 2 Unemployed
- 3 Not in the labour force

IF AGED 16 YEARS OR MORE:

What is the Service User's main SOURCE OF INCOME?

This item refers to the source by which a person derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income and none are equal to or greater than 50%, the one that contributes the largest percentage should be counted.

- 1 Disability Support Pension
- 2 Other pension or benefit
(not superannuation)
- 3 Paid employment
- 4 Compensation payments
- 5 Other Income
(e.g. superannuation, investments, etc)
- 6 No income
- 7 Not known

IF AGED UNDER 16 YEARS:

Do the Service User's parents or guardian receive the CARER ALLOWANCE (CHILD)?

This question is not asking about Carer Payment even though some parents of children aged less than 16 years receive it in addition to Carer Allowance (Child).

- 1 Yes
- 2 No
- 3 Not Known

PARTICIPATION

To what extent does the Service User participate in the following life areas?

This question examines the extent to which Service Users participate in a range of different life areas. In answering this question, for each specified area, please tick the box that best describes the Service User's participation (irrespective of whether assisted or not).

LIFE AREAS	1 Fully	2 Partially	3 Not at All	4 Not Known	5 Not applicable (due to age)
<i>For the following Items, 'Not Applicable' (code 5) is a valid response ONLY IF the person is aged LESS THAN 5 YEARS.</i>					
Getting around outside without transport <i>e.g. in streets or in parks; for long or short distances</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Using transport <i>e.g. trams, trains, taxis, buses or cars</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Maintaining relationships with family <i>e.g. parents, spouse, children or siblings</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Maintaining social relationships <i>e.g. with friends or neighbours</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Recreation or leisure activities <i>e.g. any of...sport, games, hobbies or going to the football, cinema</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<i>For the following Items, 'Not Applicable' (code 5) is a valid response ONLY IF the person is aged LESS THAN 15 YEARS.</i>					
Working <i>e.g. includes part-time, casual, full-time & unpaid/volunteer employment</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Handling money <i>e.g. banking, buying things, budgeting or saving money</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SUPPORT NEEDS

How often does the Service User need personal HELP or SUPERVISION with ACTIVITIES or PARTICIPATION in the following life areas?

Please indicate the level of help or supervision required for each life area (items U042 to U050) by ticking only one level of help or supervision (columns 1 – 5).

The person can undertake activities or participate in this life area with this level of personal help or supervision (or would require this level of help or supervision if the person currently helping were not available)

1
Unable to do or
always needs
help/supervision
in this life area

2
Sometimes
needs help/
supervision in
this life area

3
Does not need
help/supervision
in this life area
but uses aids or
equipment

4
Does not need
help/supervision in
this life area and
does not use aids
or equipment

5
Not applicable
(due to age)

LIFE AREAS

Self Care

e.g. washing oneself, dressing, eating, toileting

1

2

3

4

Mobility

e.g. moving around the home and/or moving around away from home (including using public transport or driving a motor vehicle), getting in or out of bed or a chair

1

2

3

4

Communication

e.g. making self understood, in own native language or preferred method of communication if applicable, and understanding others

1

2

3

4

Interpersonal interactions and relationships

e.g. actions and behaviours that an individual does to make and keep friends and relationships, behaving within accepted limits, coping with feelings and emotions

1

2

3

4

For the following Items, 'Not Applicable' (code 5) is a valid response ONLY IF the person is aged LESS THAN 5 YEARS.

Learning, applying knowledge and general tasks and demands

e.g. understanding new ideas, remembering, problem solving, decision making, paying attention, undertaking single or multiple tasks, carrying out daily routine

1

2

3

4

5

Education

e.g. the actions, behaviours and tasks an individual performs at school, college, or any educational setting

1

2

3

4

5

Community (civic) and economic life

e.g. recreation and leisure, religion and spirituality, human rights, political life and citizenship, economic life such as handling money

1

2

3

4

5

For the following Items, 'Not Applicable' (code 5) is a valid response ONLY IF the person is aged LESS THAN 15 YEARS.

Domestic life

e.g. organising meals, cleaning, disposing of garbage, housekeeping, shopping, cooking, home maintenance

1

2

3

4

5

Working

e.g. actions, behaviours and tasks to obtain and retain paid employment

1

2

3

4

5

Referring Agency

Contact Person:

Position:

Name of Service:

Phone:

Address:

Suburb/City:

Fax:

Postcode:

E Mail Address:

**Please fax, email or post this form to the Client Services Manager
clientservices@brainlink.org.au FAX: (03) 9845 2882.**

Office Use Only

Date: _____

Approved

Not Approved

Authorised:

Comments:

Project Co-Ordinator

Project Co-Ordinator

CEO
