AnglicareNT

Care Finder Referral Form

Referrer Details			
Provider Name:			
Name of Referrer:			
Position:			
Phone:		Email:	

Consumer Details				
First Name:			Surname:	
Address:				Postcode:
Contact Number:			Mobile:	
Date of Birth:			Age:	
Gender:	☐ Male	☐ Female	☐ Other:	
Country of Origin:				
Main Language Spoken:			Other languages:	
Interpreter Required?	☐ Yes	☐ No	If yes, language:	
Housing Status: Please provide details:	☐ Homeless	☐ In housing stress/insecure accommodation		☐ Other
Territory Housing Application Submitted:	☐ Yes	☐ No		☐ Unknown

Special Needs Groups	
To assist us in our reporting please indicate if the consumer identifies as being from one or more of the following special needs groups, as defined under the Aged Care Act 1997.	
☐ Aboriginal and Torres Strait Islander	☐ Financially or socially disadvantaged
☐ Culturally and Linguistically Diverse	☐ Homeless, or at risk of becoming homeless
☐ Veterans	☐ LGBTIQ+
☐ Care leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations)	☐ Parents separated from their children by forced adoption or removal
☐ Live in a rural or remote areas	

Background Details
Best way to contact consumer:
Do they have a carer? If so, please give details:

Do they have family or any other types of support? If so, please give details:

Any Further Details

Has the person been referred to My Aged Care? ☐ Yes ☐ No

If yes, 1) please provide the Aged Care ID (if known):

2) reason for the referral:

Any other relevant information?

Consent for Referral *(If opening in Adobe Reader please use the Fill & Sign feature. If not, please tick the relevant box and date).*

☐ **I give permission for this referral to be made to Care Finder, Anglicare NT.**

Consumer Signature: Date:

☐ **The consumer has understood the form but declined to and / or is unable to sign for themselves.**

Referrer Signature: Date:

Lodgement

Once the referral form is completed and signed, please return via the relevant email as an attachment.

Darwin, Palmerston and Rural dwncarefinderintake@anglicare-nt.org.au

Katherine kthcarefinderintake@anglicare-nt.org.au

Alice Springs aspcarefinderintake@anglicare-nt.org.au

This referral will be reviewed at the next intake meeting and responded to by the Care Finder Team.