

Age-Friendly Melville Assistance Fund Assessment and/or Referral



AGE-FRIENDLY MELVILLE ASSISTANCE FUND
A program funded by the City of Melville

The following information is necessary for statistical reporting of services provided through AFMAF funds. An ID number will be used to ensure confidentiality.

REFERRAL SOURCE

If Agency Referral - Agency to Complete

Contact Person			
Agency Name		Phone No.	
Agency Address			
Fax No.		Email	

If Self-Referral - Chorus to Complete

Date of Referral		Contact Person	
Agency Name		Phone No.	
Agency Address			
Fax No.		Email	

Consent for Information Sharing

It may be necessary to provide information about you to other individuals and agencies to ensure the most appropriate community care and support services are provided to you. You can withdraw your consent to the sharing of your personal information at any time.

Consent Given by Client Yes No

Pension Card Number	
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CUSTOMER DETAILS

Name		Phone	
Address			Post Code
Date of Birth		Age in Years	
Country of Birth		Aboriginal or Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
Language Spoken		Lives Alone <input type="checkbox"/>	Family <input type="checkbox"/> Others <input type="checkbox"/>
Does the AFMAF Customer have a Primary Carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Lives with Primary Carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

INCOME LEVEL

- Level 1 - Annual taxable income of \$0 - \$50,000 (single), or More than \$50,000 (couple)?
- Level 2 - Annual taxable income of \$0 - \$80,000 (single) or More than \$80,000 (couple)?

ACCOMMODATION STATUS

Own Home Private Rental Public Rental Other

Give brief details of Customer's circumstances / health /special needs etc.

Have you accessed AFMAF before?

Other services being provided to the person/ family

ASSISTANCE REQUIRED

Assessment

Occupational Therapy

Physiotherapy

Equipment

External Rails

External Ramps

Care Link Alarm Installation

Internal Rails - Where exceptional circumstances

Hire or purchase of non-fixed equipment and aids - Where exceptional circumstances

Other

Gardening / Home Maintenance

Description (Please provide details of services required, expected hours and cost.)

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<input type="checkbox"/> Respite		<input type="checkbox"/> In Home		<input type="checkbox"/> Residential Respite - Venue			
Start and end date							
Daily or hourly cost		\$					
<input type="checkbox"/> In Home Services e.g. personal care, domestic assistance							
Type (estimate time required per service)							
Frequency:	<input type="checkbox"/> One Off		<input type="checkbox"/> Daily		<input type="checkbox"/> Weekly		<input type="checkbox"/> Fortnightly
Preferred Day:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Start and end date							
<input type="checkbox"/> Other							
Agency/ facility/ contractor to provide the service (If unsure contact the AFMAF coordinator)							
AFMAF Client Contribution (Contribution can be waived in exceptional circumstances)						\$	
Total Funding being requested						\$	

Please list all sources of assistance you have contacted prior to accessing the AFMAF Funds.

Agency	Reason for Non-Acceptance

On the completion of the AFMAF services, what other arrangements have been made if further services or support is required?

Extra details if required:

Please return this form to:

Age-Friendly Melville Assistance Fund Coordinator
Chorus
PO Box 711
Rockingham WA 6968

Phone: 9550 7888
Fax: 9527 6372
Email: afmaf@chorus.org.au