

**SENIORS ASSISTANCE FUND**  
**A PROGRAM FUNDED BY THE CITY OF MELVILLE**

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

**Referral Source**

**If Agency Referral - Agency to Complete**

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

**If Self Referral - Care Options 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

**Client Details**

Name		Phone	
Address			Post Code
Date of Birth		Age in Years	
Country of Birth		Aboriginal or Torres Strait Islands	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 SAF Client have a Primary Carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Lives with Primary Carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Income Level</b>			
<input type="checkbox"/> Level 1 - Annual taxable income of \$0 - \$50,000 (single), or More than \$50,000 (couple)?			
<input type="checkbox"/> Level 2 - Annual taxable income of \$0 - \$80,000 (single) or More than \$80,000 (couple)?			
<b>Accommodation Status</b>			
Own Home <input type="checkbox"/> Private Rental <input type="checkbox"/> Public Rental <input type="checkbox"/> Other <input type="checkbox"/>			
Give brief details of Clients circumstances / health /special needs etc.			
Have you accessed SAF before?			
Other services being provided to the person/ family			
<b>Assistance Required</b>			
<input type="checkbox"/> <b>Assessment</b>			
<input type="checkbox"/> Occupational Therapy		<input type="checkbox"/> Physiotherapy	
<input type="checkbox"/> <b>Equipment</b>			
<input type="checkbox"/> External Rails	<input type="checkbox"/> External Ramps	<input type="checkbox"/> Care Link Alarm Installation	
<input type="checkbox"/> Internal Rails - Where exceptional circumstances			
<input type="checkbox"/> Hire or purchase of non fixed equipment and aids - Where exceptional circumstances			
<input type="checkbox"/> Other			
<input type="checkbox"/> <b>Gardening / Home Maintenance</b>			
Description (Please provide details of services required, expected hours and cost.)			

<input type="checkbox"/> <b>Respite</b>	
<input type="checkbox"/> In Home	<input type="checkbox"/> Residential Respite - Venue
Start and end date	
Daily or hourly cost	\$
<input type="checkbox"/> <b>In Home Services e.g. personal care, domestic assistance</b>	
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"/> <b>Other</b>	
<b>Agency/ facility/ contractor to provide the service</b> (If unsure contact the SAF coordinator)	
<b>SAF Client Contribution</b> (Contribution can be waived in exceptional circumstances)	\$
<b>Total Funding being requested</b>	\$

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

Agency	Reason for Non-Acceptance

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

Extra details if required:

**Please return this form to**

SAF Coordinator  
Care Options  
PO Box 711  
Rockingham WA 6968

Phone: 9550 7888  
Fax: 9527 6372  
Email: [SAF@careoptions.org.au](mailto:SAF@careoptions.org.au)