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**ACVVS Care Recipient Referral**

Aged Care Volunteer Visitors Scheme

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| The Aged Care Volunteer Visitors Scheme (ACVVS) is available to recipients of Australian Government subsidised residential aged care services or aged care home care packages. This includes care recipients on a waiting list/National Priority System for residential care or home care packages.  An ACVVS referral can be completed by an Aged Care Provider or ACVVS coordinator. It can also be completed by the age care recipient or their representative.  Questions within this form will assist in the matching process. This information is confidential and will only be used for matching and \*de-identified reporting purposes. | | | | | | | |
| **Date of Referral** | | | | | | *Enter Text* | |
| **Care Recipient Details and Friendship Preferences (if applicable)** | | | | | | | |
| First Name | | | | | | *Enter Text* | |
| Preferred Name | | | | | | *Enter Text* | |
| Surname | | | | | | *Enter Text* | |
| Date of Birth | | | | | | *Enter Text* | |
| \*Gender | | | | | | *Enter Text* | |
| Preferred Pronouns | | | | | | *Enter Text* | |
| Country of Origin | | | | | | *Enter Text* | |
| Preferred language(s) | | | | | | *Enter Text* | |
| Reason for referral | | | | | | *Enter Text* | |
| Background and Interests | | | | | | *Enter Text* | |
| Religion / Faith | | | | | | *Enter Text* | |
| Current visitors | | | | | | *Enter Text* | |
| Suggested Activities | | | | | | *Enter Text* | |
| **\*Care Recipient Aged Care Status** | | | | | | | |
| Living in Residential Aged Care Home | | | | | | | |
| Approved and waitlisted for Residential Aged Care | | | | | | | |
| Receiving a Home Care Package | | | | | | | |
| Approved and waitlisted for Home Care Package | | | | | | | |
| **\*Type of Visit Requested** | | | | | | | |
| One-on-one in-person (primary type of visits under ACVVS) | | | | | | | |
| One-on-one virtual (exceptional circumstances only) | | | | | | | |
| Group visits – residential care only (maximum ratio 1 volunteer to 3 recipients) | | | | | | | |
| **\*Please indicate if the older person being referred is from any of the below diverse, complex vulnerability and cultural groups (tick as many as apply)** | | | | | | | |
| Aboriginal and/or Torres Strait Islander | | | | | | | |
| Culturally and linguistically diverse background | | | | | | | |
| Person who lives in rural or remote area | | | | | | | |
| Person who is financially or socially disadvantaged | | | | | | | |
| Veteran | | | | | | | |
| Person experiencing homelessness or at risk of becoming homeless | | | | | | | |
| Care leavers (Forgotten Australians) | | | | | | | |
| Parent separated from their children by forced adoption or removal | | | | | | | |
| Lesbian, gay, bisexual, transgender and Intersex | | | | | | | |
| Person living with a disability | | | | | | | |
| Person who is deaf or hard of hearing | | | | | | | |
| Person who is blind or may have limited eyesight | | | | | | | |
| Person living with mobility issues | | | | | | | |
| Person that has difficulty speaking | | | | | | | |
| Person living with cognitive impairment, including dementia; and | | | | | | | |
| Person experiencing mental health conditions, and/or who have been exposed to significant trauma | | | | | | | |
| Is an interpreter required? If so, please specify type (eg: sign language, other languages etc) | | | | | | | *Enter Text* |
| Is the recipient interested in participating in outings? To ensure ACVVS volunteer wellbeing and successful outings, please advise of any considerations not mentioned above (eg: ability to use toilet independently, ability to independently consume food/beverages, etc). | | | | | | | *Enter Text* |
| If a health orientated lock down occurs at a residential aged care home, face-to-face visits will be postponed temporarily for safety reasons, and supplemented by the offer of virtual visits. Please indicate what types of virtual visit the care recipient would prefer: | | | | | | | Phone Call  Video Chat  Written |
| **Visitor Preference – please indicate the preference of the recipient for volunteer visit** | | | | | | | |
| Gender  Age bracket | | Enter Text  Enter Text | | | | | |
| **Additional Matching Information** | | | | | | | |
| Please include any other health or background information and/or preferences that will help match the aged care recipient with a compatible volunteer. Additional information about the care recipient could include:   * Diversity, Complex Vulnerability and Cultural preferences; * Language preferences; * Physical ability limitations; * Details of their connection to country (for First Nations and/or CALD recipients); * Volunteer preference (e.g.: from a particular LGBTIQ+ group, religion or background); * Hobbies, preferences and daily interests; * Military service (army, navy, air force); and * Definition of their rural or remote status.   **Enter Text – up to 250 words** | | | | | | | |
| **Home Care Package recipients ONLY** | | | | | | | |
| Home Address | *Enter Text* | | | | | | |
| Phone | *Enter Text* | | | | | | |
| **Who has given verbal/written consent to submit this referral**  Recipient | | | | | | | |
| Next of Kin/Power of Attorney | | | | | | | |
| Other | | | | | | | |
| Name | | | Enter Text | | | | |
| Relationship/Position | | | Enter Text | | | | |
| Organisation | | | *Enter Text* | | | | |
| **Referrer Details** | | | | | | | |
| Name | | | | | *Enter Text* | | |
| Relationship to recipient | | | | | *Enter Text* | | |
| Organisation | | | | | *Enter Text* | | |
| Phone | | | | | *Enter Text* | | |
| Email | | | | | *Enter Text* | | |
| **Emergency Contact Details** | | | | | | | |
| Name | | | | | *Enter Text* | | |
| Relationship to recipient | | | | *Enter Text* | | | |
| Phone | | | | *Enter Text* | | | |
| Email | | | | *Enter Text* | | | |
| **Aged Care Provider Details** | | | | | | | |
| Name of Provider | | | | *Enter Text* | | | |
| Contact Person | | | | *Enter Text* | | | |
| Address Enter Text | | | | *Enter Text* | | | |
| State | | | | *Enter Text* | | | |
| Email | | | | *Enter Text* | | | |
| Phone | | | | *Enter Text* | | | |
| **Please return the completed form to:** [**acvvs@redcross.org.au**](mailto:acvvs@redcross.org.au)**.**  If you have any questions or need more information please contact 1300 440 813 | | | | | | | |