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| Client Referral Form – Accommodation Applies to: Claro Aged and Disability Care | | | | | | | |  | | |
| Purpose | This form is to be completed by the Client Experience Manager when a new client applies for accommodation services. | | | | | | | | | |
| Instructions | Please provide the information in each section below then email this form to intake@claro.com.au | | | | | | | | | |
| **Form completed by** | | **Name** | Enter text | | | **Position** | | | Enter text | |
| **Email** | Enter text | | | **Phone** | | | Enter text | |
| Date of referral | | Click or tap to enter a date. | | | | | | | | |
| **Support Coordinator** | | Enter text | | | | **Position** | | | Enter text | |
| **Organisation** | | Enter text | | | | | | | | |
| **Email** | | Enter text | | | | **Phone** | | | Enter text | |
| **Office use only** | | | | | | | | | | |
| **Listing** | | Enter text | | | | **CEM** | | | Enter text | |
| Client Contact Details | | | | | | | | | | |
| Client Full Name | | Enter text | | | | | | | | |
| Address | | Enter text | | | | | | | | |
| State | | Enter text | | | **Postcode** | | Enter text | | | |
| **Email** | | Enter text | | | **Phone** | | Enter text | | | |
| **Date of birth** | | Enter text | | **Gender identity** | Choose an item. | | **Communication preference** | | | Choose an item. |
| **Next of Kin / Guardian details** | | | | | | | | | | |
| **Full name** | | Enter text | | | **Relationship** | | Enter text | | | |
| Address | | Enter text | | | | | | | | |
| State | | Enter text | | | **Postcode** | | Enter text | | | |
| **Email** | | Enter text | | | **Phone** | | Enter text | | | |
| **Communication preference** | | Choose an item. | | | | | | | | |

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| **Funding information** | | | | |
| **Funding body** | | Enter text | | |
| **Claim or participant number**  *Please provide the funder’s client identifier here - e.g.: for NDIS, provide the participant number; for TAC, provide the claim number and date of accident* | | Enter text | | |
| **How is your funding managed?** | | Choose an item. | | |
| **Plan Manager details** | | Enter text | | |
| **Email** | Enter text | | **Phone** | Enter text |

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| Client information | | |
| **Diagnosis** | Enter text | |
| **Mobility** | Choose an item. **Comments:** Enter text | |
| **Assistance required** | Choose an item. **Comments:** Enter text | |
| **Shared care ratio** | Choose an item. **Comments:** Enter text | |
| **Are overnight support required** | Yes, No, Comments: Enter text | |
| **Do you take regular medication?** | Yes, No, Comments: Enter text | |
| **Do you smoke?** | ☐ Yes, ☐No | |
| **How do you communicate?** | Choose an item. Comments: Enter text | |
| **What is your preferred language?** | Enter text | |
| **Do you need an interpreter?** | ☐ Yes, No Comments: Enter text | |
| **Please list support worker preferences (e.g. gender, hobbies)** | Enter text | |
| **Describe the client’s current living situation.** | Choose an item.  **Comments** Enter text | |
| **Complex Care requirements** | | |
| **Does the client have any of the listed?**  *If Yes, a management plan is required.* | | Behaviour support plan Epilepsy Diabetes Asthma  Bowel care Catheter Care PEG |

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| Accommodation | | |
| **Housemate preferences** | Enter text | |
| **Independent Living Skills** | Choose an item. | |
| **Which type of accommodation services is the person seeking?** | SIL – Supported independent living | SDA – Supported disability accommodation |
| **Does the person have an SIL funding assessment?** | Yes,  No | $ Enter text |
| **Does the participant have SDA approved?** | Yes,  No | $ Enter text |
| **Which design category has been approved or is likely to be approved?** | Choose an item. | |
| **What SDA build type?** | Choose an item. | |
| **How many of residents?** | Choose an item. | |
| **What SDA location?** | Enter text | |
| **Does the participant receive the Disability Support Pension?** | Yes,  No | |
| **Does the participant receive the Commonwealth Rent Assistance** | Yes,  No | |

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| Community Participation | | |
| Are you using your own provider for CP or would you like to engage Claro | | Choose an item. |
|  | Please state shift times | |
| Monday | Enter text. | |
| Tuesday | Enter text. | |
| Wednesday | Enter text. | |
| Thursday | Enter text. | |
| Friday | Enter text. | |
| Saturday | Enter text. | |
| Sunday | Enter text. | |

# Consent and Information Sharing

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| Client Consent | |
| Client Name: |  |
| Client DOB: |  |
| Where a client does not have capacity to give informed consent, consent may be given by an authorised representative of the client, such as a person who is:   * a parent or legal guardian; * a person holding an Enduring Power of Attorney; or * otherwise recognised under other Australian laws to act on your behalf or in your best interest. | |
| 1. Client Consent for Information Retention / Sharing | |
| Client Consent | I understand how and why certain information about me may be shared with other organisations, as set out above and I give my consent for the information to be used, disclosed and collected in the way set out in this form.  Sign: Date: |
| 1. Client Representative Consent for Information Retention / Sharing | |
| **Representative Consent (As above)**  Client does not have capacity to provide informed consent – *please provide evidence of authority* | Sign: Date:  Supporting document/s provided with this form: |

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| Information |
| Collection, holding, use and disclosure of personal information by Zenitas Healthcare Pty Ltd and its subsidiaries (Zenitas), including Australian Home Care Services Pty Ltd trading as Claro Aged Care and Disability Services and Accommodation and Care Solutions trading as Claro Aged Care and Disability Services, is regulated by the Privacy Act 1988 (Cth) (Privacy Act) and other relevant laws that govern health information.  Personal information is any information or an opinion that identifies you or could identify you and includes information about your health and health/care services you receive.  You have the right to withdraw this consent at any time, if the consent is not revoked it will remain valid. |
| What We Collect |
| The personal information we collect will vary depending on the types of services that you request, or we provide to you. The information collected may include:   * Name, address (postal and email) and telephone numbers * Gender, date of birth, marital status, occupation, ethnicity, and next of kin * Medical history and other health information * Where relevant to your care, information about your racial or ethnic origin, religious beliefs, political opinions or sexual orientation or practices. * Financial information such as credit card details, health fund and health insurance cover details, workers compensation or other insurance claim details, Medicare details, DVA and concession card details * Citizenship or residency details * Driver's licence and passport details * Information we create in the course of our relationship with you, such as details or evaluations of your interactions with us * Photographs and videos for clinical/care provision purposes (e.g., wound photography)   Other personal information that may be required in order to facilitate your dealings with us and/or needed to provide services to you. |
| Why We Collect Information |
| The purpose for collecting personal information from you is to:   * Provide services to you, including planning, coordinating, funding, implementing, monitoring and reviewing our services * Communicate with you in relation to the products and services we provide * Report to government or other funding bodies of how funding is serviced by us * To provide billing and accounting for services * Respond to your feedback and queries * Manage and respond to any complaints * Review and develop our products and services * Undertake accreditation, quality assurance or clinical audits * Communicate with you about our services or offers from our other integrated care providers |

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| Who We Exchange Information With | | |
| Subject to any consent exemptions in this form, Claro may store and release information concerning you and/or seek information concerning you from the following sources:   * Your authorised representatives, who have authority or consent to act on your behalf; * Treating Medical Practitioner/s * Allied Health Practitioner/s * Hospital/s * Health insurers or funds, or other insurers * Other support agencies (including sub-contractors) in the course of providing care * Government Regulators / Funders * External service quality auditors (this may include in person/telephone conversations or physical file review)   Information may include, where applicable, images of client premises obtained for the purpose of providing safe care, employee safety or job assessments. | | |
| When We Exchange Information | | |
| Claro will not disclose/use personal information about you for any other purpose unless:   * You have consented to the use or disclosure * You would reasonably expect us to use or disclose the information for the other purpose as it is directly related to the provision of care services * Claro believes the use or disclosure is necessary to lessen or prevent a serious threat to life, health or safety of an individual or to public health and safety * Claro reasonably believes that the use or disclosure is reasonably necessary to assist another person to locate a person reported as missing * The use or disclosure of the information is required or permitted by law. | | |
| Consent Exemptions | | |
| Please record below any organisations, people or reasons that you do not want information regarding your care/services requested from OR released to, with any applicable details.  Please note that if you elect not to allow us to disclose or request certain information, we may not be able to provide the requested products or services to you, either to the same standard or at all. | | |
| **Organisation / Person** | **Type of Information** | **Purpose / Details** |
| enter text. | enter text. | enter text. |
| enter text. | enter text. | enter text. |
| enter text. | enter text. | enter text. |

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| Opt-in Consent | | |
| Yes | No | I give the organisation authority to use my image for internal communication purposes (e.g., Newsletter) |
| Yes | No | I give the organisation authority to send me direct marketing communications via post, email, phone, SMS, or newsletter in order for to provide information to identify a product or service that I may be interested in or to tell me about new products or services, special offers, promotions and events |
| Contacting us | | |
| Any questions, feedback or queries about privacy and the way Claro manages personal information can be submitted at any time by contacting [privacyofficer@zenitas.com.au](mailto:privacyofficer@zenitas.com.au)  Claro's privacy policy is available at <http://www.claro.com.au/privacy-policy>. It contains further information about:  how we collect and use personal information.  how you can access or correct personal information we hold about you;  how to contact us with feedback, queries or a complaint about how we handle your personal information (and how we will deal with any complaint). | | |