# COMMUNITY VISITORS SCHEME (CVS)

# CARE RECIPIENT PROFILE FORM

Confidential



***Funded by the Australian Government***

To be completed by an Aged Care Provider, CVS auspice coordinator, recipient, or their representative

|  |
| --- |
| CARE RECIPIENT |
| Please indicate relevant aged care service | Living in Residential Aged Care | Choose an item. | Approved & waitlisted for Home Care Package | Choose an item. |
| Receiving a Home Care Package | Choose an item. |
| Would your care recipient like a visitor who is from the LGBTIQ+ community?  | yes/no |
| Who has given consent to refer the recipient and provide this information? (Recipient, Next of Kin or Power of Attorney must give consent) |
| Name | Click or tap here to enter name (next of kin). | Relationship | Click or tap here to enter relationship (next of kin. |
| REFERRER  |  |
| Name | Click or tap here to enter Name of the referrer. | Relationship to recipient | Click or tap here to enter relationship of the referrer. |
| Phone number | Click or tap here to enter phone number for referrer | Email | Click or tap here to enter email details for referrer. |
| PROVIDER (if known) |
| Aged Care Provider | Click or tap here to enter aged care providers. | Contact Person | Click or tap here to enter contact person |
| Address | Click or tap here to enter address details. | State | Click or tap here to enter state or territory |
| Phone | Click or tap here to enter phone number. | Email | Click or tap here to enter email details. |

|  |  |  |
| --- | --- | --- |
| CARE RECIPIENTS DETAILS |  |  |
| Title | Click or tap here to enter title. | First Name | Click or tap here to enter first name. | Surname | Click or tap here to enter surname. | DOB | Click or tap to enter a date of birth. |
| Gender Identity | Click or tap here to enter gender. | Preferred Pronouns | Click or tap here to enter preferred pronouns. | Country of origin | Click or tap here to enter country of origin |
| Reason for referral  | Click or tap here to enter reason for referral |
| Preferred Language/s | Click or tap here to ente your preferred language. |
| Background eg. work, family, culture | Click or tap here to enter background details. |
| Hobbies and Interests | Click or tap here to enter hobbies and interest. |
| Current visitors and relationships | Click or tap here to enter current visitor relationship. |
| Suggested activities for visitor | Click or tap here to enter activities for visitors. |
| During lock downs (e.g. COVID 19, Gastro) if face-to-face visits are postponed we offer virtual visits. Please indicate what types of visit the older person would prefer to participate in. | Phone | Click or tap here to enter phone. |
| Video e.g. skype | Click or tap here to enter video details |
| Letters/emails | Click or tap here to enter letter or email details |
| SPECIAL NEEDS GROUP. The following information is important as it will be used to better direct the care recipient to services and is requested by the Department of Health. The information will be kept in the strictest of confidence.  |
| Does the care recipient identify as being from a special needs group, as specified under the Aged Care Act 1997? Please indicate which of the below groups the recipient most identifies with: |
| People from Aboriginal and Torres Strait Island Communities | Choose an item. | People who are homeless or at risk of becoming homeless | Choose an item. |
| People from Culturally and Linguistically Diverse Backgrounds (CALD) | Choose an item. | Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations | Choose an item. |
| People who live in rural or remote areas | Choose an item. | Parents separated from their children by forced adoption or removal | Choose an item. |
| People who are financially or socially disadvantaged  | Choose an item. | Lesbian, gay, bisexual, transgender and intersex people | Choose an item. |
| Veterans | Choose an item. |  |  |

|  |
| --- |
| HEALTH STATUS. Please include any issues that may impact on visits such as mobility, hearing, eyesight, continence, speech, dementia and/or challenging behaviour. This information is vital to ensuring a suitable match |
|  |
| VISITOR PREFERENCES |  |  |
| Gender | Click or tap here to enter gender. | Age | Click or tap here to enter age. | Language or Cultural Preferences | Click or tap here to enter language or cultural preferences. |
| Other preferences | Click or tap here to enter other preferences |
| Other (please include any preferences that will help make the right match) |
| Click or tap here to enter other preference |
| Home Care Package recipients ONLY |
| Home Address | Click or tap here to enter home address |
| Phone | Click or tap here to enter phone. |
| Emergency contact person | Click or tap here to enter emergency contact person. | Relationship | Click or tap here to enter text relationship. |
| Phone (1)  | Click or tap here to enter first contact number. | Phone (2) | Click or tap here to enter second contact number |

**Please return the completed form to Amanda Natai, CVS Co-ordinator at Cultura -** **amanda.natai@cultura.org.au****.**

**For any questions, you can contact Amanda via email or phone 0432 392 344**