



**TAILEM BEND COMMUNITY CENTRE  
COMMONWEALTH HOME SUPPORT PROGRAM (CHSP)  
MURRAY MALLEE COMMUNITY PASSENGER NETWORK (MMCPN)  
HOME AND COMMUNITY CARE (HACC)**



Title	First Name	Middle Name	Surname	Known As
Email Address		Date of birth	Mobile Number	Home Number
Number / Street	Town			
State / Post Code	Postal Address (if different)			

**My Age Care Details**

My Age Care ID: AC_____	Medicare Number: Number in front of name:	Pension Number:
<b>My Age Care package level (please circle)</b> CHSP    Level 1    Level 2    Level 3    Level 4		Does the package include transport?    Yes    No

**Disability & NDIS Details**

Disability Pension Number:	Medicare Number:	NDIS Number:
Are you on a Disability Support Pension, transitioning to NDIS?		Transition Date:
Are you on a Disability Support Pension wanting to go onto NDIS?		Yes    No
Do you need support with NDIS application?		Yes    No

**Other Details**

<b>Gender:</b> Female    Male    Not Stated    LGBTI - Lesbian Gay Bisexual Transgender Intersexual (circle)	
Are you from a culturally and linguistically diverse (CALD) background?    Yes    No	<b>Education</b> - highest level reached:
<b>Transport:</b> Do you own a car? Do you have a current drivers licence? Do you have family/friends that help with transport? Do you require a companion to travel? Can you get on/off a bus?	(please circle) Yes    No Yes    No    With Restrictions Yes    No    Sometimes Yes    No    Sometimes Yes    No    With assistance
Do you have any health issues we should be aware of when you are travelling? (eg. Diabetes, heart problems, asthma, epilepsy)	

**Personal Details**

Marital Status (please circle)	Divorced	Married or de facto	Never Married	Separated	Widowed		
Living Arrangements (please circle)	Couple	Couple with dependant(s)	Sole Parent with dependant(s)	Group (unrelated adults)	Homeless/ No household*	Lives Alone	Other
Accommodation Setting (please circle)	Private Residence - owned / purchasing	Private Residence - private rental	Independent living unit within a retirement village	Emergency / transitional accommodation	Domestic support living facility	Boarding house / private hotel	Other
*Homeless Indicator	If you are homeless, are you at risk?			Yes	No		

**Ethnicity Details**

**Income / Entitlements Details**

Indigenous Status	<input type="radio"/> Aboriginal but not Torres Strait Islander origin <input type="radio"/> Both Aboriginal and Torres Strait Islander origin <input type="radio"/> Torres Strait Islander but not Aboriginal origin
Country of Birth	<input type="radio"/> Australia <input type="radio"/> Other Country:.....
Main Language spoken at home	<input type="radio"/> English <input type="radio"/> Other Dialect:.....
Interpreter required	<input type="radio"/> Yes <input type="radio"/> No

Main Source of Income	<input type="radio"/> Disability Support Pension <input type="radio"/> Aged Pension or benefit <input type="radio"/> Unemployment Pension <input type="radio"/> Other income .....
DVA Status	<input type="radio"/> DVA Gold card holder <input type="radio"/> DVA White card holder <input type="radio"/> Not a DVA card holder <input type="radio"/> Other .....
Employment Status	<input type="radio"/> Caring <input type="radio"/> Casual <input type="radio"/> Full time <input type="radio"/> Not in paid employment <input type="radio"/> Not working/not looking for work <input type="radio"/> Parenting <input type="radio"/> Part time

**Support Needs/ Functional status /Care and Medication**

Task	Never requires help, supervision, or use aids/equipment	Sometimes needs help/supervision aids/equipment	Unable to do unassisted, always needs help	Prefer not to answer	Comments
Self-care – personal hygiene					
Mobility					
Communication with people					
Community engagement					
Shopping					
Domestic Household cleaning					
Gardening and yard duties					
Learning including technology					
Transport					
Medication					
Walking					
Bathing or showering					
Memory problems or confusion					
Behavioural concerns					
Dressing					
Eating					
Toileting					
Other comments					

Challenging Behaviour	<input type="radio"/> High level of support required <input type="radio"/> Low level of support required <input type="radio"/> Medium level of support required <input type="radio"/> No challenging behaviour <input type="radio"/> No challenging behaviour
Dementia	<input type="radio"/> Yes <input type="radio"/> No
Other Disabilities	<input type="radio"/> Autism Intellectual <input type="radio"/> Deaf/Blind (dual sensory) <input type="radio"/> Hearing (sensory) <input type="radio"/> Mobility Physical <input type="radio"/> Speech (sensory) <input type="radio"/> Vision (sensory) <input type="radio"/> Other .....

Requires wheelchair access	<input type="radio"/> Yes <input type="radio"/> No
Doctor / Specialists (& contact phone number)	
Please list your medications	

**Emergency Contacts / Other People / Care Information**

*Please note we must have a minimum of two emergency contact details for each consumer*

Name:  
Address:  
Phone number:  
Relationship:  
Contact in an emergency?    Yes    No

Name:  
Address:  
Phone number:  
Relationship:  
Contact in an emergency?    Yes    No

Name:  
Address:  
Phone number:  
Relationship:  
Contact in an emergency?    Yes    No

Care Availability	Has a carer	Yes	No
	Has no carer	Yes	No
	Other	Yes	No
Carer Age Group (please circle)	15 - 24 years	25 - 44 years	
	45 - 64 years	65	
	years/over		

**CHSP Services**

What services would you like to receive (please circle)

Home Maintenance	Gardening	Gutters /Windows	Other	
Good & Assistive equipment	Kitchen Aids	Bed Sticks	Walker	Other
Group Outings	Bus Trips			
Social Support individual	Regular phone chats, updating outings & home maintenance			
Modification	Grab Rails	Bathroom	Kitchen	Other

**Consent to Sharing Personal Information**

Do you consent to TBCC/MMCPN (in accordance with the Information Sharing Guidelines (ISG) sharing information with other CHSP/HACC/NDIS.MMCPN or SA Health services providers (if required) to manage/mitigate risk to your health?	YES	NO
I consent for photos to be shared (please circle)	All listed    Social Media    Promotion	None
I consent for information sharing with (please circle):	All listed    Other Funding    Data Exchange	None

*Copies of the following documents can be requested by contact TBCC/MMCPN staff*

<b>HAVE YOU READ or SIGNED INFORMATION? (please tick)</b>	<b>YES</b>	<b>NO</b>
CHSP MMCPN HACC Booklet – <a href="https://www.tbcc.org.au/chsp-hacc/">https://www.tbcc.org.au/chsp-hacc/</a>		
Charter of Aged Care Rights – provided below		
Aged Care Quality Standards - <a href="https://www.agedcarequality.gov.au/providers/standards">https://www.agedcarequality.gov.au/providers/standards</a>		
Do you have an Advance Care Directive? If not would you like some information sent to you?		

**TBCC/MMCPN/HACC Information**

How did you find out about the services offered by the Taillem Bend Community Centre?  
Family:            Friends:            Radio/newspaper:    Service Provider:    Other:

**Thank you for completing this form, we appreciate your time.**

Please return it to the Taillem Bend Community Centre 141 Railway Terrace (PO Box 203) Taillem Bend SA 5260 or email it to [info@tbcc.org.au](mailto:info@tbcc.org.au)



## Charter of Aged Care Rights

I have the right to:

1. Safe and high quality care and services;
2. Be treated with dignity and respect;
3. Have my identity, culture and diversity valued and supported;
4. Live without abuse and neglect;
5. Be informed about my care and services in a way I understand;
6. Access all information about myself, including information about my rights, care and services;
7. Have control over and make choices about my care, and personal and social life, including where the choices involve personal risk;
8. Have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions;
9. My independence;
10. Be listened to and understood;
11. Have a person of my choice, including an aged care advocate, support me or speak on my behalf;
12. Complain free from reprisal, and to have my complaints dealt with fairly and promptly;
13. Personal privacy and to have my personal information protected;
14. Exercise my rights without it adversely affecting the way I am treated.
15. I have the right to withdraw consent at anytime by notifying the Tailern Bend Community Centre.

### Consumers

Consumers have the option of signing the Charter of Aged Care Rights (the Charter). Consumers can receive care and services even if they choose not to sign.

If a consumer decides to sign the Charter, they are acknowledging that their provider has given them a copy of the Charter, and assisted them to understand:

- information about consumer rights in relation to the aged care service; and
- information about consumer rights under the Charter.

### Providers

Under the aged care law, providers are required to assist consumers to understand their rights and give each consumer a reasonable opportunity to sign the Charter. Providers must give consumers a copy of the Charter that sets out:

- signature of provider's staff member;
- the date on which the provider gave the consumer a copy of the Charter; and
- the date on which the provider gave the consumer (or their authorised person) the opportunity to sign the Charter;
- the consumer (or authorised person)'s signature (if they choose to sign); and
- the full name of the consumer (and authorised person, if applicable).

*The provider will need to retain a copy of the signed Charter for their records.*

If you agree with the Charter of Aged Care Rights please sign below

#### Consumer

#### Provider

Consumer (or authorised person)'s signature (if choosing to sign)

Signature and full name of provider's staff member

Full name of consumer

Denise McLoughlin  
CHSP Project Officer  
TBCC

Samantha Hicks  
MMCPN Project Officer  
MMCPN

/ / 2020

Full name of authorised person (if applicable)

Date on which the consumer (or authorised person) was given a copy of (and signed) the Charter

/ / 2020

/ / 2020