



Details

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)		

1 My Age Care Details

My Age Care ID					
Medicare Number					
Pension Number		Pension Type: Aged Disability other			
My Age Care package level		CHSP	Level 1	Level 2	Level 3 Level 4
Does the package include transport?		Yes	No		

Or 2 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 Circle answers

Gender: Female Male Not Stated LGBTI - Lesbian Gay Bisexual Transgender Intersexual
Are you from a culturally and linguistically diverse (CALD) background? Yes No
Education - highest level reached:

Transport Circle answers

Do you own a car?	Yes	No	
Do you have a current drivers license?	Yes	No	With Restrictions
Do you have family/friends that help with transport?	Yes	No	Sometimes
Do you require a companion to travel?	Yes	No	Sometimes
Can you get on/off a bus	Yes	No	With assistance

Personal Details Circle answers

Marital Status Single Divorced Married Defacto Never Married Separated Widowed
Living Arrangements Couple Homeless/No household Couple with Dependent(s) Live Alone Group(related adults) other
Accommodation Setting (Tick one) 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 Detail

Indigenous Status (Tick) <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 <input type="radio"/> Neither Aboriginal or Torrens Strait Islander orgin
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**TAILEM BEND COMMUNITY CENTRE
COMMONWEALTH HOME SUPPORT PROGRAM (CHSP)
MURRAY MALLEE COMMUNITY PASSENGER NETWORK (MMCPN)**



Country of Birth	Australia	Other
Main Language spoken at home	English	Other Dialect
Interpreter required	Yes	No

Income / Entitlements Detail Circle Answer

Main Source of Income	Disability Support Pension Unemployment Pension	Aged Pension or benefit Other income
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DVA Status	DVA Gold card holder Not a DVA card holder	DVA White card holder Other
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Employment Status	Caring Casual Full time Not in paid employment Not working/not looking for work	Parenting Part time
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Support Needs/Functional Status/Care & 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 (Circle Choice)	High level of support required	Low level of support required	Medium level of support require
	No challenging behaviour		

Dementia	Yes	No
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Other Disabilities	Autism	Intellectual	Deaf/Blind (dual sensory)	Hearing (sensory)
	Mobility	Physical	Speech (sensory)	Vision (sensory)
	Other			

Requires wheelchair access	Yes	No
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Doctor / Specialists name	phone number
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Please list your medications, or please attach your chemist list.



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	Name Address Phone Number Relationship Contact in an emergency yes no

CHSP Services

What services would you like to receive (please circle)

Home maintenance	Gardening	Gutter / Windows	Other
Goods & Assistive Equipment	Kitchen Aids	Bed Sticks	Walker Other
Group Activities	Classes	Bus Trips	
Social Support individual	Regular phones chats updating outings & home maintenance		
Modification	Grab Rails	Bathrooms	Kitchen other

Goals/Reablement

What is important to me:

What is something I would really like to achieve future goals or experiences?

Consent to Sharing Personal Information

Do you consent to TBCC/MMCPN (in accordance with the Information Sharing Guidelines (ISG) sharing information with other CHSP/NDIS/MMCPN or 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 contacting TBCC/MMCPM Staff

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

TBCC / MMCPN Information

How did you find out about the services offered by the Taillem Bend Community Centre?

Family Friends Radio / Newspaper Service Provider My Age Care Other

Date

Signature

Thankyou 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



Australian Government
Department of Health



Australian Government
Aged Care Quality and Safety Commission

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 Tailem 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

Denise McLoughlin
CHSP Project Officer

Samantha Hicks
MMCPN Coordinator

Full name of consumer

/ / 20

Full name of authorised person (if applicable)

Date on which the consumer (or authorised person) was given a copy of (and signed) the Charter
_____/_____/ November 20

Date