Custodian In Home Services appreciates that everyone is unique, please help us to get to know you by answering the following:

| **Client’s Details** | |
| --- | --- |
| **Client First Name** |  |
| **Client Last Name** |  |
| **Client Date of Birth** |  |
| **Address** |  |
| **Home Phone** |  |
| **Mobile Phone** |  |
| **Email Address** |  |
| **Relationship status** |  |

| **Client’s Representative or Emergency Contact Details** | |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Relationship to Client** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email** |  |
| **Preferred method of contact** | ☐ **Phone**  ☐ **Email**  ☐ **Physical Post** |

| **About Client** | |
| --- | --- |
| **Living Situation** | ☐ **Own home (alone)**  ☐ **Own Home (with family)**  ☐ **Temporary Accommodation**  ☐ **Other:** |
| **Aboriginal or Torres Strait Islander descent?** | ☐ **Yes**  ☐ **No** |
| **Primary Formal Diagnosis** |  |
| **Secondary Formal Diagnosis** |  |
| **Allergies**  *Please list as applicable* |  |
| **Medical diagnosis and medicine that may affect the support provided**  *Please list as applicable* |  |
| **Name and contact number for Client's Doctor**  *Please list as applicable* |  |
| **Any legal issues that may affect service eg. Apprehended Violence Order**  *Please list as applicable* |  |

| **Communication** | |
| --- | --- |
| **Type**  *Please provide details for “Other”* | ☐ **Verbal**  ☐ **Non-Verbal**  ☐ **Communication Aids required**  ☐ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Are you of a culturally or linguistically diverse background?**  *Please provide details* | ☐ **Yes**  ☐ **No** |
| **Language(s) Spoken**  *Please provide details* | ☐ **English**  ☐ **Other**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Is an Interpreter required?**  *Please provide details* | ☐ **No**  ☐ **Yes- Hearing Impaired**  ☐ **Yes- Language** |

| **My Aged Care Funding Information** | | | | |
| --- | --- | --- | --- | --- |
| **Date of Assessment Decision** |  | | | |
| **Has Custodian In Home Services received a copy of the Assessment Decision and Care and Services Plan and Care and Services Plan developed during your assessment?** | ☐  **Yes** | ☐  **No** |  |  |
| **Level of Package** | ☐  **Level 1** | ☐  **Level 2** | ☐  **Level 3** | ☐  **Level 4** |
| **Primary Supplements to which you are entitled:** | ☐ **Oxygen Supplement**  ☐ **Enteral** **Feeding** **Supplement**  ☐ **Dementia** **and cognition Supplement**  ☐ **Veterans’ Supplement**  ☐ **Other** | |  |  |
| **Other Supplements to which you are entitled:** | ☐ **Hardship** **Supplement**  ☐ **Viability** **Supplement**  ☐ **Other** | |  |  |
| **Basic Daily Fee you must pay:** | **Per day:**  **Per week:**  **Per annum:** | |  |  |
| **Income Tested Fee you must pay:** | **Per day:**  **Per week:**  **Per annum:** | |  |  |
| **Custodian In Home Services confirmed appropriate funding?** | ☐  **Yes** | ☐  **No** |  |  |

# What Services are you interested in?

| ☐ **Assistance with care and housing**  ☐ **Personal care services**  ☐ **Nursing care services**  ☐ **Allied health/therapy services**  ☐ **Specialised support services**  ☐ **Social support services** | ☐ **Domestic assistance**  ☐ **Meals and other food services**  ☐ **Home maintenance services**  ☐ **Home modification services**  ☐ **Goods, equipment and assistive technology**  ☐ **Transport Services** |
| --- | --- |

| **A bit about you and your goals** | | |
| --- | --- | --- |
| To help us understand you better, please fill the below: | | |
| 💪 | My strengths are  (what I am good at)... |  |
| 👍 | I like... |  |
| 👎 | I don’t like…  (please include any sensory considerations) |  |
| 🙂 | You will know when I am happy by... |  |
| 😔 | You will know when I am unhappy by... |  |
| 💬 | I prefer to communicate by... |  |
| 🙂 | What are your goals for the next 12 months? |  |
| 🙂 | How have these goals changed since your previous Support Plan (if applicable) |  |
| 👍 | How do your existing supports from us or other providers help achieve desired outcomes?  Is there any opportunity to use less intrusive options, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes. |  |

| **Consent** |
| --- |
| Please sign below to indicate your consent and agreement to the details set out in this Client Intake Form:  ***If you do not consent/agree, please specify:***  **Signed** for and on behalf of **Custodian Aged Care Pty Ltd ABN 86 651 486 403** (**Custodian In Home Services**), by:  ……………..…………………………….. Date: ……/……/…….. Signature  ……………..……………………………..  Name (please print)  **Signed** by the **Client**:  ……………..…………………………….. Date: ……/……/…….. Signature  ……………..……………………………..  Name (please print)  **Signed** by the **Representative**:  ……………..…………………………….. Date: ……/……/…….. Signature  ………………..……………………………..  Name (please print) |