

# CARE RECIPIENT PROFILE (Chinese Community Social Services Centre)

## REFERRER

|       |       |
|-------|-------|
| Name: | Date: |
|-------|-------|

## CONSENT (Recipient or Next of Kin must give consent)

|       |                            |
|-------|----------------------------|
| Name: | Relationship to Recipient: |
|-------|----------------------------|

## RECIPIENT'S DETAIL

|  |   |  |
|--|---|--|
| <b>Title:</b>  | <b>Family Name:</b> (English) (Chinese) | <b>Given Name:</b> (English) (Chinese) |
| <b>DOB:</b>  | <b>Country of Birth:</b>                | <b>Religion:</b>                       |
|  |   | <b>Gender: F / M</b>                   |
| <b>Preferred Language(s):</b>  |   |  |
| Is this recipient receiving an Australian Government Aged Care Pension? Yes / No |   |  |
| Can the recipient go on outings without personal care support? Yes / No          |   |  |
| Reason for Referral:   |   |  |
| Background – Family and Culture:   |   |  |
| Work Background:   |   |  |
| Hobbies and Interests:   |   |  |
| Current Visitors (e.g. a family member visits once a week):                      |   |  |
| Activity Suggestions:  |   |  |

|                           |                            |
|---------------------------|----------------------------|
| Home Address:             |                            |
| Phone:                    |                            |
| Emergency Contact Person: | Relationship to Recipient: |
| Mobile Number:            | Home Phone:                |

## **SPECIAL NEEDS GROUP**

\*Questions are required by the Dept. of Social Services as specified under the *Aged Care Act 1997*. Information is strictly confidential, it is conveyed to Dept. of Health as anonymous data only.

### **Does the recipient identify as being part of any of these groups:**

|  |          |
|--|----------|
| People from Aboriginal and Torres Strait Island Communities                                  | Yes / No |
| People from Culturally and Linguistically Diverse Backgrounds (CALD)                         | Yes / No |
| People who live in rural or remote areas   | Yes / No |
| People who are financially or socially disadvantaged   | Yes / No |
| Veterans   | Yes / No |
| People who are homeless or at risk of becoming homeless                                      | Yes / No |
| Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations) | Yes / No |
| Parents separated from their children by forced adoption or removal                          | Yes / No |
| Lesbian, gay, bisexual, transgender and intersex people                                      | Yes / No |

## **HEALTH STATUS**

**Does the recipient have any health issues which may impact visits?** (e.g. mobility, hearing, eyesight, continence, dementia, challenging behaviour, etc.)

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## **VISITOR PREFERENCES**

**Gender:** F / M

**Language or Cultural Preferences:**

**Age Preferences:** Any / 18 – 25 / 26 – 35 / 36 – 45 / 46 – 55 / 55+