

**Out & About LGBTI Community Visitor Scheme
New client referral form**

Referrer	
Date	
Name of organisation	
Referrer's name	
Position / relationship	
Email	
Phone	
Please sign to confirm you have consent from the client to provide this information	_____
What service is the client being provided?	<input type="checkbox"/> Home Care Package <input type="checkbox"/> Residential care
Provider's Emergency Contact Information	
Name	
Position	
Phone BH / AH	
Client details	
Full name	
Preferred name	
Date of Birth	
Country of origin	
Preferred language	
Home address	
Postal address (if different)	
Phone number	
Mobile phone number	
Client emergency contact information	
Name	
Relationship	
Phone number/s	

Referral details	
Reason for referral	
Family background	
Work background	
Hobbies and interests	
Current visitors and relationships	
Suggested attributes of volunteer (age, personality etc)	
Suggested activities for client and volunteer?	
Is the client able to participate in outings without personal care support?	
Are you aware of any alerts noted on the client's file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client have a criminal history ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

If yes to either of the above, please provide details.	
<p>Health status: Does the client have any issues that may impact visits?</p> <p>This could include mobility, hearing, speech, eyesight, continence, dementia and/or challenging behaviour. This information is vital to ensuring a suitable match</p>	
Special Needs Groups	
<p>The following information is requested by the Department of Social Services and will be kept in the strictest of confidence.</p> <p>Does the client identify as being from a special needs group, as specified under the Aged Care Act 1997? (Please tick)</p>	
	Aboriginal and Torres Strait Islander origins
	Culturally and linguistically diverse background
	Financially or socially disadvantaged
	Care-leavers (forgotten Australians, former child migrants and Stolen Generations)
	Veteran, or spouse/widow of veteran
	Lives in rural or remote area
	Lesbian, gay, bisexual, transgender or intersex
	Homeless or at risk of becoming homeless
	Parent separated from their children by forced adoption or removal
Please send referrals to:	
<p>Ada Castle Out and About Coordinator (Mon – Thur) Switchboard Victoria PO Box 21291, Little Lonsdale st, Melbourne 8011 03 9663 2474 0466 218 921 outandabout@switchboard.org.au</p>	

Please note, Switchboard Victoria reserves the right to decline prospective clients

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