

Out & About LGBTI Community Visitor Scheme
New client referral form – third party
 - CONFIDENTIAL -

Third party referring person	
Date	
Organisation (if applicable)	
Referrer's name	
Position / relationship to client	
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 <input type="checkbox"/> Commonwealth Home Support Program <input type="checkbox"/> NDIS <input type="checkbox"/> Other <input type="checkbox"/> None
Service provider's emergency contact information	
Name	
Position	
Phone BH / AH	
Details of client requesting a visitor	
Full name	
Preferred name	
Date of Birth	
Country of origin	
Preferred language	
Home address	
Postal address (if different)	
Phone number	
Mobile phone number	
Email address	

Client's emergency contact information	
Name	
Relationship	
Phone number/s	
Client background	
Reason for referral	
Family background	
Work background	
Hobbies and interests	
Current visitors and relationships	
Suggested attributes of volunteer (age, gender, 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.	
Does the client have any health needs that may impact visits? <i>This could include mobility, communication, hearing, speech, eyesight, continence, dementia and/or challenging behaviour.</i>	
Special Needs Groups	
The following information is requested by the Department of Social Services and will be kept in the strictest of confidence. Does the client identify as being from a special needs group, as specified under the Aged Care Act 1997? (Please tick)	
<input type="checkbox"/>	Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Culturally and linguistically diverse
<input type="checkbox"/>	Financially or socially disadvantaged
<input type="checkbox"/>	Care-leavers (forgotten Australians, former child migrants and Stolen Generations)
<input type="checkbox"/>	Veteran, or spouse/widow of veteran
<input type="checkbox"/>	Lives in rural or remote area
<input type="checkbox"/>	Lesbian, gay, bisexual, transgender, intersex or questioning
<input type="checkbox"/>	Homeless or at risk of becoming homeless
<input type="checkbox"/>	Parent separated from their children by forced adoption or removal
Please send referrals to:	
Ada Castle, Out and About Program Manager, Switchboard Victoria PO Box 21291, Little Lonsdale st, Melbourne 8011 03 9663 2474 0466 218 921 outandabout@switchboard.org.au	

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

Out and About is a service of Switchboard Victoria. This free program is funded by the federal Department of Health and the RACV Community Foundation.