

Participation Assistance Service Intake Form

TIME OUT SERVICE (carer & person with disability)

First Name:		Intake By:
Surname:		Date:
Date of Birth:		
Gender:		
Relationship to care recipient:		
Phone Number:		<input type="checkbox"/> Consent to collect and use personal information:
Email:		
How did you find out about Travellers Aid?	<input type="checkbox"/> Existing Client <input type="checkbox"/> Other >	CARER CARD: <input type="checkbox"/> YES <input type="checkbox"/> NO / unsure

Additional ACE Report Data

DATA	CARER	CARE RECIPIENT/PWD
Gender:		
Indigenous Status:	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander
Main language spoken at home:		
Interpreter required:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gender Preference:	<input type="checkbox"/> Interpreter <input type="checkbox"/> Volunteer	<input type="checkbox"/> Interpreter <input type="checkbox"/> Volunteer

PERSON RECEIVING SERVICE BY STAFF OR VOLUNTEER ASSESSMENT

NOTE: ONLY IF THE PERSON REQUIRES A STAFF MEMBER TO ASSIST THEM WITH PERSONAL CARE

Surname:		Intake by:
First Name: (add preferred name / nickname)		Date:
Date of Birth		<input type="checkbox"/> Consent to collect and use personal information
How did you find out about Travellers Aid?	<input type="checkbox"/> Existing Client <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Disability (primary) Do you require communication assistance?		
Medical Conditions: (Diabetes, Asthma, Anaphylaxis, Epilepsy... etc)		
Travel or safety considerations:	Mobility Profile: <input type="checkbox"/> Walking (please specify No of Metres) <input type="checkbox"/> Mobility Equipment	
Risks:		
Do you have a carers card or companion card?	<input type="checkbox"/> YES (please specify which one) <input type="checkbox"/> NO	

EMERGENCY CONTACTS

(Secondary Caregiver & / Other/s disability support worker, support coordinator... etc)

Name:	Name:
Relationship:	Relationship:
Contact No:	Contact No:

Australian Functional Measure (AFM)

“The Australian Functional Measure (AFM) measures care burden. It is administered by direct observation and /communication with the carer. It is based on the Functional Independence Measure (FIM) This is to be used to reflect the degree of assistance required by the care recipient and / carer.”

TAA will be using only the physical and cognitive items relevant to the participation service

Preferred Name: <i>(nicknames)</i>	
Places of Interest / Comfort items:	
Things / Places to avoid:	
Ratio of care:	

Functional Measure

Split into 3 categories

Care Required <small>(Please state if it would be physical assistance or they can independently do it themselves)</small>	Independent <small>(volunteer)</small>	Modified Independence <small>(CSO)</small>	Maximum Assistance <small>(To be confirmed / advise we cannot safely support them with only one CSO)</small>
Meal Assistance			
Dressing Upper Body			
Dressing Lower Body			
Toileting <small>(Specify the kind of assistance they need)</small>			

Communication

Please note if they use a specific communication method e.g., sign language, augmentative and alternative communication devices

Expression			
Social Interaction			
Memory			

Behaviour Resource Utilisation Assessment

This is designed to capture the implications of the person's behaviour for TAA staff in terms of the levels of monitoring and supervision required.

Four Scoring Options

(Might fall in between scores)

1	<i>Extensively</i>	24 Hour lookout, requires monitoring
2	<i>Intermittently</i>	Requires supervision and appropriate intervention, staff needs to be aware
3	<i>Occasionally</i>	Requires monitoring but not supervision
4	<i>N/A</i>	Non required, no behavioural issues of concern

Please tick one box per row

		1	2	3	4
Problem wandering or intrusive behaviour	<i>Includes wandering, attempting to abscond from staff or venue, interfering with other people or their belongings</i>				

Verbally disruptive or noisy	<i>Includes abusive language and verbalised threats towards TAA staff or other people. Also includes a person whose behaviour causes sufficient noise to disturb other people. That noise may be either (or a combination of) vocal, or non-vocal noises such as rattling furniture or other objects</i>				
Physically aggressive or inappropriate	<i>Includes any physical conduct that is threatening and has the potential to harm another TAA member or other people. It includes, but is not limited to, hitting, pushing, kicking, or biting and throwing furniture/ damaging property. Also included is disinhibition i.e., inappropriate touching or grabbing of TAA staff of other people</i>				
Emotional dependence	<i>Is limited to the following behaviours:</i> a) Depression b) Anxiety c) Irritability				

SUPERVISOR/MANAGER USE ONLY

Staff Booking

<i>Tick One</i>	<input type="checkbox"/> CSO	<input type="checkbox"/> VOLUNTEER
Name of Staff assigned		
Meeting Date /Time		
Additional details (Access to care plan, mobile check in app, PPE package or anything needed)		

Booking Completion

<input type="checkbox"/> CSO <input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> COMPANION <input type="checkbox"/> CAREGIVER <input type="checkbox"/> CARE RECIPIENT	<input type="checkbox"/> DONATIONS
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