

ACVVS Care Recipient Referral

Aged Care Volunteer Visitors Scheme

The Aged Care Volunteer Visitors Scheme (ACVVS) is available to recipients of Australian Government subsidised residential aged care services or aged care home care packages. This includes care recipients on a waiting list/National Priority System for residential care or home care packages.

An ACVVS referral can be completed by an Aged Care Provider or ACVVS coordinator. It can also be completed by the age care recipient or their representative.

Questions within this form will assist in the matching process. **This information is confidential and will only be used for matching and *de-identified reporting purposes.**

Date of Referral

Care Recipient Details and Friendship Preferences (if applicable)

First Name

Surname

Preferred Name

Date of Birth

*Gender

Country of Origin

Preferred language(s)

Reason for referral

Background and Interests

Religion / Faith

Current visitors

Suggested Activities

*Care Recipient Aged Care Status

Receiving a Home Care Package (HCP)

Approved and waitlisted for Home Care Package (HCP)

*Type of Visit Requested

One-on-one in-person (primary type of visits under ACVVS)

One-on-one virtual (exceptional circumstances only)

***Please indicate if the older person being referred is from any of the below diverse, complex vulnerability and cultural groups (tick as many as apply)**

- | | |
|--|--------------------------|
| Aboriginal and/or Torres Strait Islander | <input type="checkbox"/> |
| Culturally and linguistically diverse background | <input type="checkbox"/> |
| Person who lives in rural or remote area | <input type="checkbox"/> |
| Person who is financially or socially disadvantaged | <input type="checkbox"/> |
| Veteran | <input type="checkbox"/> |
| Person experiencing homelessness or at risk of becoming homeless | <input type="checkbox"/> |
| Care leavers (Forgotten Australians) | <input type="checkbox"/> |
| Parent separated from their children by forced adoption or removal | <input type="checkbox"/> |
| Lesbian, gay, bisexual, transgender and Intersex | <input type="checkbox"/> |
| Person living with a disability | <input type="checkbox"/> |
| Person who is deaf or hard of hearing | <input type="checkbox"/> |
| Person who is blind or may have limited eyesight | <input type="checkbox"/> |
| Person living with mobility issues | <input type="checkbox"/> |
| Person that has difficulty speaking | <input type="checkbox"/> |
| Person living with cognitive impairment, including dementia; and | <input type="checkbox"/> |
| Person experiencing mental health conditions, and/or who have been exposed to significant trauma | <input type="checkbox"/> |

Is an interpreter required? If so, please specify type (eg: sign language, other languages etc)

Is the recipient interested in participating in outings? To ensure ACVVS volunteer wellbeing and successful outings, please advise of any considerations not mentioned above (eg: ability to use toilet independently, ability to independently consume food/beverages, etc).

If a health orientated lock down occurs at a residential aged care home, face-to-face visits will be postponed temporarily for safety reasons, and supplemented by the offer of virtual visits. Please indicate what types of virtual visit the care recipient would prefer:

Phone Call

Video Chat

Written

Visitor Preference – please indicate the preference of the recipient for volunteer visit

Gender

Age bracket

Please include any other health or background information and/or preferences that will help match the aged care recipient with a compatible volunteer. Additional information about the care recipient could include:

- Diversity, Complex Vulnerability and Cultural preferences;
- Language preferences;
- Physical ability limitations;
- Details of their connection to country (for First Nations and/or CALD recipients);
- Volunteer preference (e.g.: from a particular LGBTIQ+ group, religion or background);
- Hobbies, preferences and daily interests;
- Military service (army, navy, air force); and
- Definition of their rural or remote status.

Enter Text – up to 250 words

Home Care Package recipients ONLY

Home Address

Phone

Who has given verbal/written consent to submit this referral

Recipient

Next of Kin/Power of Attorney

Other

Name

Relationship/Position

Organisation

Referrer Details

Name

Relationship to recipient Care Manager Centre Manager NOK GP/Nurse Friend

Organisation

Phone

Email

Emergency Contact Details

Name

Relationship to recipient Care Manager Centre Manager NOK GP/Nurse Friend

Phone

Email

Aged Care Provider Details

Name of Provider

Contact Person

Address

Email

Phone

**Please return the completed form to our ACVVS Coordinator
by email: general@auscc.org.au**



G/F, 4 Watts Street, Box Hill, VIC 3128

<https://www.auscc.org.au/events>

For further information visit <https://www.health.gov.au/our-work/aged-care-volunteer-visitors-scheme-acvvs>
