

## CARER RESPITE SERVICES (CRS)

### ELIGIBILITY AND PRIORITY OF ACCESS SCREENING TOOL

**NAME:**  
**Carer:**  
**Care Recipient:**

**Contact Number:**

**Date:**

	<b>ELIGIBILITY SCREENING QUESTIONS</b>	<b>YES</b>	<b>No</b>
<b>CARER</b>	Does the carer live in the Wimmera region?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>LGA:</b> Horsham Rural City Council <input type="checkbox"/> Hindmarsh Shire <input type="checkbox"/> Yarriambiack Shire <input type="checkbox"/> West Wimmera Shire <input type="checkbox"/>		
	Does the carer provide regular and sustained support to a family member or friend in an unpaid capacity?	<input type="checkbox"/>	<input type="checkbox"/>
	Will the caring role be ongoing for at least 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
<b>CARE RECIPIENT</b>	The care recipient meets one of the following criteria (please select):		
	Disability <input type="checkbox"/>		
	Mental illness <input type="checkbox"/>		
	Chronic condition <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Frail aged <input type="checkbox"/>		
	Palliative <input type="checkbox"/>		
	Dementia <input type="checkbox"/>		
	The care recipient lives in the community and not in a facility	<input type="checkbox"/>	<input type="checkbox"/>
<b>OUTCOME</b>	Is the carer eligible for services from CRS? <b>(must answer yes to all questions to meet eligibility criteria)</b>	<input type="checkbox"/>	<input type="checkbox"/>
	If no, why not? { FORMTEXT }  What, if any, information has been provided regarding more appropriate services for the carer? { FORMTEXT }		

**Referral request:**

Brokerage (service provider request)

Carer Respite Coordination

Information

(Priority screening not required)

(Complete priority screening now)

(Priority screening not required)

**ASSESSMENT PART A**

**Name of carer: { FORMTEXT }**

Has the carer received case management support from Carer Respite Services before?

YES  NO

**(indicates that relevant organisational information has previously been provided)**

Has the carer received brokerage only support from Carer Respite Services before?

YES  NO

**Service/s requested**

**Current circumstances triggering contact**

<b>Assessments Completed</b>		<b>Referrals made</b>	
SCTT-Functional Screen	<input type="checkbox"/>	ACAS	<input type="checkbox"/>
ACAS = { FORMTEXT }	<input type="checkbox"/>	HACC	<input type="checkbox"/>
HACC	<input type="checkbox"/>	RESPITE PROVIDER (name).....	<input type="checkbox"/>
Eligibility & Priority Assessment = { FORMTEXT }	<input type="checkbox"/>	PINARC	<input type="checkbox"/>
Safety Link	<input type="checkbox"/>	DVA	<input type="checkbox"/>
DNS	<input type="checkbox"/>	DNS	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

Assessed by:	Time taken for assessment:	Date:
--------------	----------------------------	-------

Was consent for agreed service received from carer during this contact?

YES  NO

Is the priority rating accurate?

YES  NO

If no, please explain reason why you feel priority rating is not indicative of carer need

<b>OUTCOME</b>	<b>Yes</b>	<b>No</b>
<b>Does the carer require contact with a carer respite coordinator?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does the carer require brokerage only support?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Requires assistance to book or access residential respite?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mailing lists</b> Education <input type="checkbox"/> Carers Capers <input type="checkbox"/> Activities <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Has the referrer been informed of outcome?</b>	<input type="checkbox"/>	<input type="checkbox"/>

	PRIORITY SCREENING QUESTIONS	YES	NO	EXPLANATORY NOTES
<b>CARER</b>	Has the carer been assessed and approved for Carer Allowance or HACC eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	If approved by HACC/Centrelink, accept as having a 'disability'.
	Does the carer provide assistance with Activities of Daily Living, including prompting or supervising (ADL's can include showering, feeding, grooming etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	0 <input type="checkbox"/>	<b>Low = 1</b> (CR mostly independent) <b>Medium = 2</b> (CR requires assistance and/or prompting with most ADL's) <b>High = 3</b> (CR requires full assistance with ADL's)
	Does the carer care for more than one person?	2 <input type="checkbox"/>	0 <input type="checkbox"/>	Indicates intensity of care
	Does the carer have other demands upon them?	2 <input type="checkbox"/>	0 <input type="checkbox"/>	Indicates risk of carer stress. Demands such as paid employment, dependent children etc.
	Does the carer have active outside interests? Does the carer receive family support? Are there alternative care options for CR?	0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/>	1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	Indicate carer has some positive factors to potentially manage stress
	Is the carer experiencing a high level of stress? Is this directly related to their caring role?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	0 <input type="checkbox"/> 0 <input type="checkbox"/>	Indicates risk of relationship breaking down
	Is the carer's health poor, or at risk? Is this a direct result of their caring role?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	0 <input type="checkbox"/> 0 <input type="checkbox"/>	Indicates risk of relationship breaking down
	Does the care relationship have a negative impact on carer? (please circle most relevant score)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	0 <input type="checkbox"/>	<b>0</b> = good relationship <b>1</b> = mostly good with occasional difficulties <b>2</b> = difficult relationship causing distress
<b>CARE RECIPIENT</b>	Is the care recipient's condition deteriorating and/or subject to frequent changes?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	A YES answer indicates potential periods of high stress
	Does the care recipient require specialist support services?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	For example, services appropriate to diagnosis
	Is the care recipient able to be left without supervision?	0 <input type="checkbox"/>	2 <input type="checkbox"/>	Indicates intensity of care
	Does the care recipient receive supports from other community services?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	If case managed, refer back to case manager
<b>CARER &amp; CARE RECIPIENT</b>	Is the carer or care recipient potentially isolated due to language, culture or ethnicity?	2 <input type="checkbox"/>	0 <input type="checkbox"/>	Indicates risk of carer isolation from the service system. I.e CALD/ATSI
	Can the carer or CR pay for required services?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	May require financial assistance

<b>PRIORITY RATING</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>SCORE = {FORMTEXT }</b>	<b>24-15</b>	<b>7-14</b>	<b>1- 6</b>
<b>RESPONSE WITHIN</b>	<b>0-2 week</b>	<b>2-6 weeks</b>	<b>6- 10 weeks</b>