



**RYDE/HUNTERS HILL HOME
MODIFICATION AND
MAINTENANCE SERVICE**

Locked Bag 2069
North Ryde NSW 1670

Tel: 9952 8305
Fax: 9952 8309



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

The City of Ryde Home Modification & Maintenance Service is a HACC funded project.

Client Details:

Mr Mrs Ms Other

Date of Referral:.....

Surname: First Name: D.O.B.

Address: Post Code:

Phone Number: Client to be contacted..... Yes No

Contact Person:

Must be completed if the client has been diagnosed with Dementia

Name: Relationship..... Phone Number.....

Carer: Paid yes/no

Name..... D.O.B..... Country of Birth.....

Relationship..... Co-resident Yes/No Suburb..... Post Code.....

Language spoken at home.....

Job Details:

Urgent ASAP In turn

Reason for urgency or other notes.....

Does client receive other HACC services Yes/No

Details if Yes.....

Referring Agency:

OT's Name

Phone: Fax: Mobile:.....

Email:.....

HACC Client Status		Nationality/Language Spoken		Source of Income	
	Aged Person		Australian		Aged Pension
	Carer		Aboriginal/TSI		Disability Pension
	Disabled		Other:		Self-Funded
	Dementia	Country of birth:			Other
	Other:	Language spoken:			DVA
		Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Accommodation Status		Living Arrangements	
	Home Owner		Spouse/Partner
	Private Tenant		Alone
	Other:		Other Relatives/Persons
Type of Structure:			Other:

Work Requested:

Attached are diagrams (including measurements) and summary.
All work must comply with the relevant standards.

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Client's Consent and Signature	
I declare that all the information provided on this form is, to the best of my knowledge, true and correct	
Signed:	
Date:	

Privacy Notification

In completing this form you will be prompted to supply information that is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, the Council may be unable to process your request. Council is required under the Act to inform you about how your personal information is being collected and used. If you require further information please contact Council's Customer Service Centre on 9952 8222 and ask for an information sheet to be forwarded to you.

Screening Tool-*Must be completed*

Can client do housework without help?

- Yes, always (can clean floors etc)
- Yes, sometimes (can do light housework but need help with heavy housework)
- No, (completely unable)
- Not stated (inadequately described)

Can client get to places out of walking distance without help?

- Yes, always (can drive own car or travel alone on buses or taxis)
- Yes, sometimes (need someone to help or go with them when travelling)
- No, (completely unable to travel unless specialised vehicle arranged eg ambulance)
- Not stated (inadequately described)

Can client go out for shopping for groceries or clothes (if have transport) without help?

- Yes, always (can take care of all shopping needs themselves)
- Yes, sometimes (need someone to go with them on all shopping trips)
- No, (completely unable to do any shopping)
- Not stated (inadequately described)

Can client take own medicine without help?

- Yes, always (in the right doses at the right time)
- Yes, sometimes (able to take medication if someone prepares it for them or reminds them to take)
- No, (completely unable to take own medicine)
- Not stated (inadequately described)

Can client handle own money without help?

- Yes, always (write cheque, pay bills, etc)
- Yes, sometimes (manage day to day buying, but needs help to write cheques etc)
- No, (completely unable to handle money)
- Not stated (inadequately described)

Can client walk without help?

- Yes, always (except for a cane)
- Yes, sometimes (needs help from a person or with aid of walker, crutches etc)
- No, (completely unable to walk)
- Not stated (inadequately described)

Can client take bath/shower without help?

- Yes, always
- Yes, sometimes (may need help getting into and out of bath/shower)
- No, (completely unable to bathe themselves)
- Not stated (inadequately described)

Communication-*Client needs help to communicate, please circle*

No Yes, with help Yes, always Not stated

Dressing- *Can dress themselves without help-please circle*

No Yes, with help Yes, always Not stated

Eating - *Client can eat without help, please circle*

No Yes, with help Yes, always Not stated

Toileting –*Client can manage the toilet without help, please circle*

No Yes, with help Yes, always Not stated

Getting out of bed/moving around – *Does client need help, please circle*

No Yes,with help Yes.always Not stated