

*** PLEASE BLOCK PRINT OR CIRCLE ALL ANSWERS ***

CARER CONSENT - FEEL ASSURED THAT YOU MAY CHANGE YOUR CONSENT AT ANY TIME BY PHONE OR LETTER

Under funding obligations, information collected from you is de-identified and forwarded on for statistical purposes. Do you consent to this? YES/NO
 On occasion you may be contacted by Carers Queensland in relation our services, eg retreats, support groups. Do you consent to this? YES/NO
 May we have permission to pass on details relevant to your carer information kit order to 'Carelink' for compilation of your information package? YES/NO
 Does this permission include the ability to pass on your phone number to 'Carelink'? YES/NO

Signed: _____ Who referred you to Carers Qld?: _____

Carer Details

Name: _____ **Hours spent caring per week?** <20 Hrs 20-39 Hrs 40+ Hrs
Address: _____ **Do you Have a DVA Card?** Gold White No Other
 _____ **P/code:** _____ **Are you Employed?** No Casual Full Time Part Time Seasonal
Postal: (or as Above) _____ **Income Scale (\$ Per Week):** Under 500 500-1000 Over 1000
 _____ **P/code:** _____ **Do you receive a Govt pension/benefit?** Yes No
 Please state _____
Phone No.: _____ **Mobile No.:** _____ **Cultural Background:** Aboriginal Torres/Strait Islander Both None
Other Phone: _____ **Email:** _____ **English Proficiency:** High Medium Low None
Age or D.O.B: _____ **Gender:** Male Female **Country of Birth:** _____ **Interpreter Req.:** Yes No
Family Type: Extended Couple+Children Single Parent Couple No Children **Language Spoken at Home:** _____
Marital Status: Never Married Married/De Facto Divorced Widowed Separated **Do you receive support from a family member or friend?**
Accommodation: Own Private Rental Public Rental Other _____ What is your relationship to this person? _____
Is There A Young Carer In Your Family (Aged Up To 25)? Yes No **What other service/s do you receive assistance from?**
Are you The Primary Carer? Yes No **Years Spent Caring:** _____
What is the level of your needs as a carer? High Medium Low _____

Care Recipient Details

Name: _____ **Country Of Birth:** _____
Address: _____ **Cultural Background:** Aboriginal Torres/Strait Islander Both None
 _____ **P/code:** _____ **Main Language Spoken At Home:** _____
Phone No.: _____ **Primary Needs:** Acute Health Extended Care Geriatric Maintenance Care
 Chronic Illness Palliative Care Psychogeriatric Rehabilitation
Age or D.O.B: _____ **Gender:** Male Female **Acat Assessment:** No Assessment/High Care/Low Care
Marital Status: Never Married Married/De Facto Divorced Widowed Separated **Level Of Care Required:** High Medium Low
Accommodation: Own Private Rental Public Rental Other _____ **Challenging Behaviour:** None High Medium Low
Do you receive a Govt pension/benefit? Yes No **Condition of The Care Recipient:** Aged Aids Autism Arthritis
 Aged Pension Carer Allowance Carer Payment Disability Support Cerebral Palsy Dementia Alzheimer's Diabetes Emphysema
 Unemployment Veteran's Affairs Other _____ Head Injury Incontinence Intellectual Disability Mental Illness
Do you Have a DVA Card? Gold White No Other Motor Neurone Multiple Sclerosis Muscular Dystrophy Parkinson's
Are you Employed? No Casual Full Time Part Time Seasonal Spinal Cord Injury Stroke Other _____
Relationship to Carer (the carer is the...) _____
Living Arrangements: Alone With Family With Others
Is The Care Recipient Living With The Carer? Yes No

Carer Information Kit

Do you wish to order a free carer information kit? Yes No **Young carer kit required** (carers under 25 yrs) Yes No
 Relaxation material is included in your carer kit. **Which format would you prefer your relaxation material in?** CD tape
Please circle the preferred language of the carer kit ENGLISH CHINESE TORRES STRAIT ISLANDER GREEK HUNGARIAN ITALIAN
 ARABIC GERMAN MALTESE POLISH ABORIGINAL CROATIAN SERBIAN DUTCH SPANISH VIETNAMESE
Is there any other information required? _____

Please Send Completed Forms to:
 Resources Officer, Carers Queensland via Post : Po Box 179, Holland Park Qld 4121 or Fax : 3843 4599

Office Use Only

Carer Details Recorded : ____ / ____ / ____ Staff Initials : _____ Order Sent : ____ / ____ / ____