



**STEP 3 - MY NEEDS**

Does the participant own a pet? (provide details)

Smoking?      Aversion to smoke? Y      N      Will a vehicle be kept at the premises overnight? Y      N

Allergies

Please complete, or attach, the latest OT Functional Assessment.

**Mobility/ Transfers (include assistance and equipment used)**

Transfer

Mobility

Transport/ Community Access

Weight

Height

**Self-care (include assistance and equipment used)**

Bathing

Toileting (continence/ aids)

Dressing

Grooming

**Self-management**

Meal preparation

Laundry

Using telephone/computer/iPad/tablet

Household cleaning

Shopping

Banking/ financial management

Medication management

Communication (include aids/ equipment used)

**Behaviours of Concern**

(Include: type of behaviour, PBSP, previous incidents/ property damage, restrictive practices, ability to share with other/ previous experience sharing with others.)

**STEP 4 - EOI COMPLETED BY:**

Name

Position

Date

Consent Form Completed? Y      N

**CONSENT TO SHARE INFORMATION FORM**

This form must be completed and returned before Youngcare can make enquiries on your behalf.

Name

Date of birth

Gender M F

Address

State

**Next of Kin / Advocate / Guardian**

Name

Relationship to client

I {write name} \_\_\_\_\_ authorise a member of staff from Youngcare to request/share information pertaining to their involvement with me/or a member of my family with the following agencies/people:

SIL or Concierge provider/potential SIL or Concierge provider

Owner and Body Corporate

Property Manager

Government body (e.g. NDIA, NRSCH)

Family/Guardian or NOK

Support coordinator

Allied Health

Service/support provider

Other: \_\_\_\_\_

The request/sharing of information is to enable the representative from Youngcare to work with the information obtained in the best interests of myself/family. Youngcare agrees that this information will only be used for the purposes outlined above.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Please print name

Date:

A copy of this document should be provided to the person providing the consent

To complete this form, hit SUBMIT to email form to Youngcare or, SAVE FORM to save for later.