

SUPPORTED INDEPENDENT LIVING

(LONG TERM, SHORT TERM & RESPITE)

INFORMATION PACK AND REFERRAL FORM





ABOUT US & WHY ARE WE BETTER

CareX Australia is a leading provider of Disability and Aged Care services in NSW with a continuing passion for safe and excellent service delivery. We recognise our consumer's care needs on time, advocate for them and deliver services according to the mutually agreed care plans. We also believe in the importance of cultural competence in the delivery of care. Hence, we recognise the significant contributions made by our consumers, staff, Indigenous organisations, and other members and organisations in the community in shaping our culturally appropriate services.

At CareX, we acknowledge that each individual is unique and we believe in person-centered care, which is tailored to meet individual needs and goals. Services designed by our leading clinicians help our consumers to protect their rights and choices, increase their independence, and encourage them to discover and participate in new opportunities and support them to live their life, their way. Our clinicians and other staff members focus on each consumer's strengths and interests with a person - centred recovery approach to maximise their opportunity in meeting life goals.

OUR VISION

Life in abundance for everyone

MISSION

CareX Australia is established with a dedication to share love, care and compassion with respect to all Australians. 'X' in CareX signifies the never - ending positive transformation we assure for our consumers. Our mission is to promote health and wellbeing, and improve the standard of living of people, families and communities we associate with.

- ▶ We strive to find individuals & families in need and transform their lives.
- ▶ We strive to build a fairer world where we all can thrive.
- We believe in equality for everyone.
- ▶ We believe that we are part of the great healing ministry.
- ▶ We provide person centred care with empathy, wisdom, and innovation.
- ▶ We provide and promote culturally competent care.
- We invest ourselves in relationships that promote mutual flourishing.
- ▶ We are loyal and trustworthy custodians of the resources entrusted to us.

OUR VALUES







ABOUT SUPPORTED INDEPENDENT LIVING (SIL)

SIL services are funded under the National Disability Insurance Scheme (NDIS) or Continuity of Support (CoS) funding. Our SIL services are suitable for people between the age of 18 and 65 who live with physical or psychosocial disability. Our SIL services provide great opportunity for people with disability to live independently, either in our group/shared accommodation settings or as a single occupant in their own home, while receiving day to day living supports. There are three levels of support provided under our SIL arrangement:

- Lower needs This support provides supervision of living arrangements as a whole including occasional to intermittent prompting to undertake household tasks and/or self- care activities. This supervision is not usually provided 24/7.
- Standard needs This support provides 24/7 support including active assistance or supervision of most daily tasks and regular inactive overnight support.
- Higher needs This support provides intensive 24/7 support including continual, active assistance with all daily tasks, specialised behaviours support and active overnight support.

SIL services are tailored to individual needs based on their funding and can include:

- 24/7 personal care and living supports by our well trained staff
- Assistance with cooking, cleaning and laundry
- Active or sleep-in support during night by our staff
- Assistance with household budgeting and managing money
- Provide support to attend appointments and other occasions
- Support to visit family and friends
- Assist with grocery shopping
- Provide support to catch public transport
- Support household and community participation
- Support with creating new social links

SIL AGREEMENT

CareX Australia will enter in to a service agreement with all our participants when they come in and it will be reviewed as changes in the participant's circumstances occur.

CONDITIONS OF LIVING IN OUR SIL

- All participants and visitors must adhere to house rules. If you are unsure, please see our house leader.
- All participants and visitors must treat our staff and volunteers with respect at all times.
- CareX Australia aim to provide liberty for all participants to enjoy a peaceful and undisturbed life in our SIL facility.
- Smoking inside our SIL facilities are prohibited, however, participants and visitors are allowed to use designated smoking areas within the premises.
- All participants must respect the privacy of staff, volunteers, other participants and visitors.



- Participants are responsible for furnishing their own rooms; however, the cost associated with furnishing the property's common areas will be shared amongst all participants.
- Pets are not allowed in our SIL facilities unless prior approval has been granted by the management.

HOUSEHOLD EXPENSES

Household expenses are covered by contributions from rental assistance payment and disability support pension. All participants will be provided with a statement of expense each quarter or on request as required. These daily expenses may include, but are not limited to:

- Utilities (water, gas, electricity, telephone landline and internet)
- Household maintenance and repairs
- Cleaning and waste disposal
- Groceries and food
- Furniture
- Gardening
- Pool maintenance (if applicable)

HANDLING OF PARTICIPANT'S MONEY

Even though our staff can support participants with managing their personal expenditure as per their choice, the participants have full authority and control over their personal money. Personal expenses may include, but are not limited to:

- Attending leisure activities and eating out
- Clothing, linen and footwear
- Developmental or educational activities
- Hobbies and gifts
- Incontinence products and toiletries
- Medical and therapy services
- Expenses for personal travel
- Maintenance of pets



A. CONSENT FOR RELEASE OF INFORMATION

WRITTEN CONSENT:

I hereby consent to CareX Australia to obtain verbal or written information about me from my GP and or consultant, other members my current or previous treating team, allied health professionals, next of kin, other family members and or legal guardian or any person whom I authorise to release relevant information related to this application. I understand that I can withdraw this consent at any time by contacting the management of CareX Australia.

Participant's Name:
Signature:
Date:
Witness's Name:
Signature:
Date:

VERBAL CONSENT (Referrer's Use only - To use only if the participant is unable to provide a written consent)

I have discussed the proposed referrals with the participant being referred or authorised representative and I am satisfied that the participant understands the proposed uses and disclosures and has provided his/her informed consent to these.

Referrer s Name:	
Position:	
Contact email/phone:	
Signature:	
Date:	
If no verbal or written consent available, CareX Australia Staff to fill the Name of the Referrer: Organisation:	below part
Position:	
Reason why no consent was obtained:	

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B. PARTICIPANT'S PERSONAL DETAILS

First name:	Surname:	
Preferred Name:	DOB:	Age:
Gender:N	Nationality: Con	tact:
Is the participant aborigination	al/Torres Strait Islander? 🛛 Yes 🗌 No	1
Current Address:		
NOK/Emergency contact p	person's name:	
	ant:	
	email:	
	uardianship/Public Trustee? 🛛 Yes 🗌 I	
If yes, specify:		
Is there a financial manag	gement orders in place? 🛛 Yes 🗌 No	
If yes, specify:		
Current financial situation	::	
Income from work \Box	DSP Payment	Parenting Payment 🛛
New start Payment 🛛	Carers Allowance	Sickness Benefit
Others D provide details:	:	
Where does the participal	nt currently live?	
	C. NDIS PLAN DETAILS	
NDIS participant number:		
	managed 🛛 Plan Nominee 🗌 Plan Mar	
Plan manager/provider de	etails (if applicable):	
Name:		_
Relationship:		_
Contact number:	email:	
Plan start Date:	Plan end Date: Revie	w Date:



D. PARTICIPANT'S GOALS AND CURRENT SUPPORT

Participant's current supports from NDIS and/or other services:

Participant's goals: Level of support required: SIL - Low Care SIL - Standard Care 🗌 SIL - Complex Care□ Please attach a recent occupational therapist or/and physiotherapist assessment (if available) E. REFERRER'S DETAILS Name: _____ Organisation: Address: Contact number: Email: Do you have consent from the participant to make this referral? Yes No Signature of person making this referral: Date _____



F. DOCUMENT CHECKLIST

- □ NDIA approved plan
- □ Behaviour support plan
- □ Letter from your treating team or GP with medical history, current diagnosis, treatment plan and list of medications
- Discharge summary if hospitalised in the last 12 months
- □ Recent OT/physio assessment
- □ Recent risk assessment completed by a clinician (if available)
- Safety plan
- □ Mental Health Review Risk Assessment
- □ Seizure support plan (if applicable)
- □ Details of Forensic History (if applicable)
- □ Community Treatment Order (if applicable)
- Physical Health Assessment completed by treating team or GP
- □ Any other relevant Documents

Thank you for your interest in CareX Australia. Please send the referral form and all other relevant documents to admin@carexaustralia.com.au

We will be in touch with you within next business day. However, in the meantime if you require urgent support or have questions, please contact our office on 1800 957 946 or George Koshy Prince (Executive Director – Clinical Services) on 0451 901 085.

How do we handle your information: All information gathered through this referral form will be kept confidential and handled in accordance with our privacy policy. We will not disclose them to any third parties outside of CareX Australia service providers except as may be permitted or required by law.