

Profile: Living Arrangements

If information not applicable or not known, record 99

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

Living Arrangements

Record: (1) Lives alone. (2) Lives with family. (3) Lives with others.

Comments on living arrangements, including family arrangements:

Accommodation

Record: (1) Private residence—owned/purchasing. (2) Private residence—private rental. (3) Private residence—public rental. (4) Private residence—mobile home. (5) Independent living unit within a retirement village. (6) Boarding house/private hotel. (7) Short term crisis, emergency or transitional accommodation facility. (8) Domestic-scale supported living facility. (9) Supported accommodation facility. (10) Residential aged care facility. (11) Psychiatric/mental health community care facility. (12) Public place/temporary shelter. (13) Private residence rented from Aboriginal community. (14) Temporary shelter within Aboriginal community. (19) Other. (99) Not stated/inadequately described.

Comments on accommodation:

Employment Status

Record: (1) Employed/self-employed. (2) Sheltered. (3) Child/Student. (4) Home duties. (5) Unemployed. (6) Retired for age. (7) Retired for disability. (8) Other.

Comments on employment:

Financial and Legal Profile

Mental Health Act Status

Record (1) Voluntary. (2) Involuntary. (3) CTO. (4) N/A.

Other Legal Order (circle one) Yes No

If yes, specify:

Comments

Decision Making Responsibility

Record: (1) Self. (2) Enduring POA. (3) Guardian.

Is the person capable of making their own decisions? (circle one)

Yes No Not sure

(If 'not sure' or 'no', consider the need for assistance, the need for cognitive assessment and the implications for consent.)

Financial Decisions

Record: (1) Self. (2) POA. (3) Administrator. (4) Parent or Guardian.

Trade-Offs

Because of limited income, during the last month have you made any trade-offs between purchasing any of the following: prescribed medications, necessary medical care, adequate food or home care? (circle one)

Yes No Not sure

(If yes, discuss issues with consumer and consider need for counselling (eg, financial, gambling) and need for material support.)

Carer Profile

Carer Availability

Record: (1) Has a carer. (2) Has no carer. (3) Not Applicable—the consumer is a carer.

Carer Residency Status

Record: (1) Yes—co-resident carer. (2) No—non-resident carer. (3) Not Applicable—the consumer has no carer.

Relationship of Carer to Care Recipient

Record: (1) Wife/female partner. (2) Husband/male partner. (3) Mother. (4) Father. (5) Daughter. (6) Son. (7) Daughter-in-law. (8) Son-in-law. (9) Other relative—female. (10) Other relative—male. (11) Friend/neighbour—female. (12) Friend/neighbour—male.

If there are carer issues, complete a separate INI on the carer.

Department of Human Services

1620402C

Victoria The Place To Be

Office Use Only: Summarise issues and arising action using the Summary and Referral Information form

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Name:

Designation/Agency:

Sign:

Date:

Contact number:

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date:

Name:

Sign: