



<b>Completed by Ageing and Disability Services</b>	
Date received by Intake:	Intake worker initials:
Assigned OIC:	Police Case Number:
Assigned Lead ADS Case manager:	Risk level:

## Ageing and Disability Services REFERRAL & REPORTING FORM

### Part A: Type of Referral/Report- The following types of referrals or reports can be made to ADS.

Indicate what type of referral/report you are making:

- Case Management Referral:**  
 Senior (65yrs +)       Adult (18-64yrs) with a physical or intellectual disability.  
 Self-neglect concern for senior or adult with a disability
- Senior Abuse Report:**  
 Physical Abuse       Emotional (verbal) Abuse       Sexual Abuse  
 Financial Exploitation       Neglect

**Senior Abuse Register Act 2008:** Any person with information indicating that a senior (65years and older) is suffering abuse, has suffered abuse, or faces a substantial risk of suffering abuse, must report that information to the Registrar. Professionals are mandated to report under the Act

### Part B: Client information- For Senior Abuse Reports the 'client' is the senior

Client name:     
First Name Last Name Middle Name

Date of Birth (mm/dd/yy)  Male  Female

Home Address:

Telephone No:  Email:

Power of Attorney or Receiver (if applicable):

Telephone No:  Email:

Client's Primary Contact Person:

Relationship to Client:

Telephone No:  Email:

Client's GP:  Contact Info:

## Part B: Referral/Report Details

State the reason(s) for this report or referral: Be specific as possible with names, dates, incidents, injury, behaviors and other relevant circumstances. Include any physical or mental health concerns.

Are you concerned about client's cognition?  Yes  No

Past Concerns (if any):

Client disclosure or preferences:

Was the client informed of the report/referral?  Yes  No

List other helping agencies the client is involved with, if any and known.

Additional services required for the client (if any or if known)

Financial Assistance     Home Care Services     Care home placement

Legal     Respite     MWI

Housing     Other:

**Part C: Information on person submitting referral/report**

Name :

Email:

Telephone Number:

Agency (if applicable):

Relationship to client:

Signature:

Date: