



Australian Government



Veterans' Home Care Standard Assessment

Veteran's details

Date

Full name

Title

Gender Male Female

Date of birth

Your age Years

DVA file number

Address

Postcode

Telephone number ()

Homecare eligible? Yes No

Gold Card? Yes No

White Card? Yes No

Card eligibility

Veterans' Home Care Consent Information

Veterans' Home Care is a Department of Veterans' Affairs (DVA) program that provides low level home care services for eligible veterans, war widows and widowers.

Access to services is based on an assessment of your needs. You may be required to pay a small fee to service providers for home care services. All forms completed during your assessment remain the property of DVA.

I am asking these questions so that you can be provided with appropriate home care services to meet your needs. Information collected during the assessment may be provided to DVA, health and community care service providers and organisations contracted to DVA to undertake research or evaluation. DVA and all parties contracted by DVA are legally required to protect your privacy under the *Privacy Act 1988* and related legislation.

I certify that I have provided the above advice to and he/she has indicated that he/she understood the advice and agreed to commence the assessment.

Name of person completing the assessment

Signature

PART A: Common

Address for delivery of services (if different from Veterans address)

	Postcode
--	----------

Contact name

--

Contact address

	Postcode
--	----------

Contact telephone

--

Additional contact telephone

--

Contact relationship

--

Carer name

--

Carer address

	Postcode
--	----------

Carer telephone

--

Carer fax

--

Carer relationship

--

Current living arrangements

Alone With partner/spouse With family With others Not stated/Not adequately described

Source of referral

Local doctor Self Family member Community Nurse
Discharge planner Friend HomeFront HACC provider Other

Reason for referral

--

Indigenous status

Not indigenous Aboriginal Torres Strait Islander
Aboriginal & Torres Strait Islander Not stated/Inadequately described

In-home assessment required?

Yes No

Is there any reason why a phone assessment cannot be conducted with the veteran?

--

In-home assessment date

/ /

What help are you currently receiving on a regular basis?

Delivered meals Community respite Private housekeeper Private gardener
Community transport Personal care assistance Community nursing Community aged care package
Social support Oxygen supply Day care Day hospital
Other - please specify

--

Who provides this help?

Friend/ neighbour Private nursing service HACC services Family member Community organisation

Other - please specify

Local doctor name

Local doctor phone

PART B: General Assessment

Why do you need assistance from Veterans' Home Care?

Temporarily unwell Health problems Change in care arrangements Other

Could you briefly outline why you need help to stay independent in your home?

Comments

Have you had any of the following assessments over the past 12 months?

HomeFront Home & Community Care Health Assessment by Doctor Aged Care Assessment Team
Community Nurse Assessment Veterans' Home Care Other

Any other background information?

How would you rate your current health?

Poor Fair Good Excellent

Does your ability to walk/move affect the way you manage in the home?

Yes No

Comments

Does your ability to walk/move affect the way you manage in the community?

Yes No

Comments

Have you had any falls in the last 6 months, that required medical assistance?

In the home?
Yes No

Outside the home?
Yes No

Instrumental Activities of Daily Living

How do you manage shopping and banking?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

Can you prepare your own meals?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

Are you able to do light housework?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

Are you able to do heavy housework?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

Are you able to do minor home maintenance?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

IADL
Score

/15

Activities of Daily Living

Do you need help to bath or shower yourself?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

Are you able to dress and undress yourself?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

Are you able to groom yourself?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

Are you able to get in and out of bed on your own?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

Are you able to access or use the toilet/commode?

Independent 0
Usually requires help 2

Sometimes requires help 1
Unable to do these tasks 3

ADL
Score

/15

Does your bladder or bowel function affect your lifestyle?

Bladder?
Yes No

Bowel?
Yes No

How many people in your local area could you depend on for help if required?

None One to two

More than two

How often do you have contact with people other than the family?

None Daily

Less than twice a week

More than twice a week

Do you provide care on a regular basis to a spouse, partner or family member?

Yes No

PART B - General comments

Form with 7 horizontal dotted lines for general comments.

PART C: Respite

Type of respite requested

Emergency In-home Residential

IN-HOME/ EMERGENCY

Reason for respite comment

Form with 4 horizontal dotted lines for reason for respite comment.

Services requested comment

Form with 4 horizontal dotted lines for services requested comment.

RESIDENTIAL

Reason for respite comment

Form with 4 horizontal dotted lines for residential reason for respite comment.

Reason for residential care

Carer needs a break Carer on holidays Carer in hospital Other

Other sources of community respite sought but unavailable

Form with 4 horizontal dotted lines for other sources of community respite.

Start date

Start date input field with slashes: / /

End date

End date input field with slashes: / /

Number of hours and days of the week required

Is the person requiring care on a waiting list for CACP or residential care?

No Plan

CACP

Residential

Proposed provider

ACAT assessment date

	/		/	
--	---	--	---	--

ACAT assessed level

High

Low

Carer strain comments

Dementing illness comments

Challenging behaviours comments

Mental illness comments

PART D: In-home

Health risk factors Hearing deficit Visual deficit Other communication deficit(s) Pain Alcohol or substance abuse

Activities of Daily Living Score

ADL dependency level High Low

Comments (include the name of any instrument used to arrive at the ADL score)

Instrumental Activities of Daily Living Score

IADL dependency level High Low

Comments (include the name of any instrument used to arrive at the IADL score)

Cognitive Mini Mental State Examination Score

Comments on any cognitive issues affecting the veteran

Comments regarding the veteran's ability to understand

Comments regarding any behavioural issues the veteran has

Comments regarding any psychiatric issues affecting the veteran

Depression Score

Comments regarding any depression related issues affecting the veteran

Carer Strain Score

Carer Strain comments (include any instruments used to arrive at the score)

Service/Referral Recommendations

In-Home assessment required? Yes No

Date in-home assessment required

Recommended services

Domestic Assistance Start date End date Recommended hours Frequency Weekly Fortnightly

Comments

Home and Garden Maintenance Start date End date Recommended hours Frequency Fortnightly 4 weekly 13 weekly

Comments

Personal Care Start date End date Recommended hours Frequency Weekly Fortnightly

Comments

Respite Care – Emergency Start date End date Recommended hours Frequency Weekly

Comments

Respite Care – In-Home Start date End date Recommended hours Frequency Weekly Fortnightly 4 weekly 13 weekly

Comments

Respite Care – Residential Start date End date Recommended hours Frequency Weekly Fortnightly 4 weekly 13 weekly

Comments

Referrals

ACAT → Referral date

Community Nursing → Referral date

Community Education Services → Referral date

Community Transport → Referral date

Community Visiting → Referral date

HomeFront → Referral date

Independent Living Centre → Referral date

Doctor → Referral date

Delivered Meals → Referral date

OT Assessment → Referral date

Other DVA → Referral date

Other → Referral date

→ Please specify other type

Physiotherapy Assessment → Referral date

Rehabilitation Appliances Program → Referral date

Veterans' Affairs Network → Referral date

General comments

Preventative strategies suggested

Please provide an estimate of the time taken to complete this form.

Include:

- The time actually spent reading the instructions, working on the questions and obtaining the information;
- The time spent by all employees in collecting and providing this information.

hrs

mins