

Bethany Care Ltd

## Eligibility Criteria

Policy & Procedure 17

Document Review Details	
<b>Date Created</b>	24/10/2006
<b>Date Reviewed</b>	06/03/2018
<b>Reviewed by</b>	Brian Lynch (Quality Assurance)
<b>Date of next review</b>	March 2019
<b>Amendment History</b>	DCR137a – Changed to A to remove references to FRC, QAS and PNA, change to B

# Bethany Care Ltd

## How to use this form

This form should be used when fielding enquiries to access Bethany Care services. It is not necessary that questions be read exactly as they appear on the page. We would rather the questions be used as a reference point to obtain key information from callers. Our aim is make these conversations as natural as possible.

## Client Name:

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stage 1

Eligibility Criteria	Yes	No
1. If applying for respite, are you caring for the care recipient at home?		
2. The client is aged between 5 – 65 years?		
3. Does the client require support due to a substantial reduction of their capacity for communication, social interaction, learning or mobility?		
4. Does the client have a significant intellectual, physical, psychiatric and/or sensory disability? I.e. not a consequence aging like dementia, Alzheimer.		
5. Priority will be given to clients living in the central Gold Coast area, North – Southport-Nerang Rd; South – Burleigh Heads; West – the suburbs of Nerang, Mudgeeraba & Reedy Creek; East – the Coast.		

## Eligibility Decision

**YES** The client received YES responses to the above questions 1-4 and is eligible for a service from Bethany Care subject to waiting list and numerous high priority factors.

**NO** The client received 1 or more 'NO' responses to the above questions 1-4 and is not eligible for a service from Bethany Care. Advise caller of ineligibility. Provide referral to other agencies where possible. ***Please record referrals on BCL Referrals Register.doc***

## Case Details

stage 2

Name of person enquiring:		Relationship to client:	
Name of potential client:		Client Date of Birth:	
Client's Address:		Phone – Home:	
Suburb:		Phone – Mobile:	
		Email:	
Disability of potential client	<u>Please tick</u> <input type="checkbox"/> Epilepsy <input type="checkbox"/> PEG Feeding <input type="checkbox"/> Wheelchair		
Name of primary carer		Their Date of Birth:	
Their Relationship:	Parent / Spouse / brother or sister / grandparent / other:		

**Client Name:** \_\_\_\_\_

stage 3

Priority factors to consider	HIGH		LOW	Notes/Who
	Yes	Partly	No	
Is access to informal supports (neighbours, family, friends etc) limited?				
Is access to formal supports (organizations, agencies) limited?				
Is it difficult for the person to access outside school hours care without additional support?				
Does the carer have a disability?				
Does the carer care for more than one person with a disability?				
Is the carer a sole parent or is in effect a sole parent?				
Is the physical and /or emotional health of the carer at risk without access to regular support?				
Does the age of the carer make it difficult for the carer to provide on-going support?				
Does the carer have other significant family responsibilities?				
Is long term support at risk of breakdown without access to regular respite?				
Do you authorise BCL to talk /discuss your needs with other service providers?				
Does the person receive individualised funding?				

Additional Comments

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stage 4

**Summary**

**YES** Record the level of service required (please tick): HIGH MEDIUM LOW  
 Record the type of service sought: **INDIVIDUAL SUPPORT / DAY RESPITE / CAMPS / OVERNIGHT RESPITE**

*Advise that we will be sending the client some documentation through the post. **Enquire whether the client, family or advocate would require assistance to complete documentation** (QAS 1.3). Advise that the relevant forms are available on our Internet site [www.bethanycare.org](http://www.bethanycare.org).*

**NO** The client received 1 or more 'NO' responses to the above questions and is not eligible for a service from Bethany Care. Advise caller of ineligibility. Provide referral to other agencies where possible. Please record referrals on BCL\_Referrals Register.doc