

**Carer name and personal details**

Date of request ...../...../.....

Time taken to complete this form			
	Hours	Minutes	

**CAMIS Form 1**

**1 Carer's Name**

Last	
First	
Title	
Known as	

**2 Carer's address**

No + Street			
	Suburb	State	Postcode

**3 Phone**

Home	
Bus	
Mobile	

**4 Personal details of carer**

Date of birth	.../.../.....	Age	.....
Male	.....		<input type="checkbox"/>
Female	.....		<input type="checkbox"/>
Country of birth			<input type="checkbox"/>
Language at home			<input type="checkbox"/>
English is 2 <sup>nd</sup> language	.....		<input type="checkbox"/>
Aborigine or TSI	.....		<input type="checkbox"/>
Deceased	.....		<input type="checkbox"/>

**CAMIS Form 2**

**1 Date caring role commenced**

...../...../.....

**2 Time spent caring**

Hours per week

**3 Carer's situation**

*Tick as many as apply*

- Communication assistance needed.....
- Live in carer .....
- Socially isolated .....
- High stress .....
- Health problems .....
- 
- Informal supports
- 

**4 Carer's marital status**

*Tick one only*

- Divorced .....
- Married (registerd/de facto) .....
- Never married .....
- Separated .....
- Widowed .....
- Not stated/ inadequately described .....

**5 Carer's Work**

*Tick one only*

- Casual .....
- Full time .....
- Not in paid employment .....
- Part time .....
- Seasonal .....
- Not stated/ inadequately described .....

*CAMIS Form 2 (continued)*

**6 Carer's Government benefit**

*Tick one only*

- Aged pension - full .....
- Aged pension - part .....
- Carer payment (pension) .....
- Disability support pension - full.....
- Disability support pension - part.....
- No government pension or benefit.....
- Other government pension or benefit...
- Unemployment related benefits .....
- Veterans' Affairs pension - full .....
- Veterans' Affairs pension - part .....
- Not stated/ inadequately described .....

**7 Carer's DVA cardholder status**

*Tick one only*

- DVA Gold card .....
- DVA White card .....
- Not a DVA card holder .....
- Not stated/ inadequately described .....

**8 Carer allowance**

- Carer allowance DNCB .....

**9 Carer's Home ownership**

*Tick one only*

- Home owner .....
- Public tenant .....
- Private tenant .....

**10 Carer's need for respite**

*Tick one only*

- High (constantly at great risk) .....
- Moderate (difficulty managing).....
- Low (relatively stable) .....

**11 Depression of carer**

- Diagnosed and being treated.....
- Identified by MRRT .....
- Not depressed .....

**Carers Association of the ACT Inc - Carer Respite Centre Request**

**Person Cared For - name and attributes**

**CAMIS Form 3**

**1 Name of person cared for**

Last	
First	
Title	
Known as	

**2 Address of person cared for**

No + Street			
	Suburb	State	Postcode

**3 Phone of person cared for**

Home	
Bus	
Mobile	

**4 Personal details of person cared for**

Date of birth	.../.../.....	Age..	.....
Country of birth			
Language at home			

- Male .....
- Female .....
- English is 2<sup>nd</sup> language .....
- Aborigine or TSI .....

**CAMIS Form 4**

**1 Co-residency of carer**

*Tick one only*

- Co-resident .....
- Non-resident carer .....
- Not stated/ inadequately described .....

**2 Relationship of PCF to Carer**

Spouse/Parent/Child/OtherRelative/Friend/  
Neighbour/Sibling/Other

**3 GP of Person cared for**

Name	
<i>Phone</i>	
Home	
Bus	
Mobile	

**4 Other contact**

Name&Phone	
Home	
Bus	
Mobile	

**5 Does CFP go to work?**

- Seasonal
- Casual
- Permanent

**6 Person cared for: Government benefit**

*Tick one only*

- Aged pension - full .....
- Aged pension - part .....
- Carer payment (pension) .....
- Disability support pension - full.....
- Disability support pension - part.....
- No government pension or benefit.....
- Other government pension or benefit...
- Unemployment related benefits .....
- Veterans' Affairs pension - full .....
- Veterans' Affairs pension - part .....
- Not stated/ inadequately described .....

**7 Person cared for: DVA cardholder status**

*Tick one only*

- DVA Gold card .....
- DVA White card .....
- Not a DVA card holder .....
- Not stated/ inadequately described .....

**8 Other items**

Ambulance fund .....

**9 Other agencies who are supporting care group**

- Advocacy .....
- CACP .....
- Community Nursing .....
- Community Options .....
- FABRIC .....
- Family/informal/voluntary .....
- Home Help .....
- Respite Care ACT .....
- Other (please specify) .....

**CAMIS Form 5**

**1 ACAT assessment**

- Assessed .....
- Date 

...../...../.....
- 2624 Form **High Level** .....
- 2624 Form **Low Level** .....

**2 Diagnosis**

Date of diagnosis	...../...../.....
Geriatrician	
MMSE	

**3 Depression of cared for person**

- Diagnosed and being treated.....
- Identified by MRRT .....
- Not depressed .....

**4 Person cared for: need for support**

*Tick one only*

- High (constantly at great risk) .....
- Moderate (difficulty managing).....
- Low (relatively stable) .....

**5 Disability/ condition**

*Tick as many as apply Circle primary disability*

- Acquired brain injury .....
- Autism .....
- Chronic illness .....
- Confusion .....
- Dementia Alzheimers .....
- Dementia Lewy Body .....
- Dementia Pick's disease.....
- Dementia Subcortical .....
- Dementia Vascular .....
- Dementia Other .....
- Developmental delay (child under 6 yrs)
- Frail aged .....
- Hearing .....
- Intellectual disability .....
- Learning disability .....
- Learning specific/ ADD.....
- Living with HIV/AIDS.....
- Memory loss .....
- Multiple disability .....
- Neurological .....
- Palliative care .....
- Physical disability .....
- Psychiatric disability .....
- Speech .....
- Terminal illness .....
- Vision .....
- Other (please specify) .....





**CAMIS Form 8**

**1 Request for Service Date/Time/Emerg/Std**

**2 Service provided by Agency**

**3 Service type (see list)**

**4 Type of purchase**

*Tick one only*

Purchase of places in existing service...

Fee reduction in existing service.....

"Buying in" one-off private services.....

**5 Source of referral**

**6 Schedule**

Hours/day		Referred	.../.../.....
Days/week		Start	.../.../.....
Total hours		End	.../.../.....
		Review	.../.../.....
Estimated expenditure			\$.....

**7 Program**

NRCP.....

FACS.....

Emergency.....

Respite Links.....

**8 Item of service completed**

		Date	.../.../.....
Carer's contribution			\$.....
Actual expenditure			\$.....

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		Date	.../.../.....
Carer's contribution			\$.....
Actual expenditure			\$.....