

Transitional Accommodation & Rehabilitation Program **Referral Form**



Information below is for general knowledge only. Brightwater will recommend suitable program for the client.

BW Program	TAP (Marangaroo) Funded by DoH/ICWA (23 places)	TRP Oats Street Funded by DoH (48 places) & ICWA (5 places)
Client Cohort	Age 16 - 64 People with a range of disabilities including those with acquired brain injury and neurological, physical, cognitive, and psychosocial. Semi-secure building access.	Age 18 - 65 People with acquired brain injury (acute, subacute, chronic)
Services Provided	Accommodation, rehabilitation and nursing supports funded by DoH/ICWA to support functional gains, community transition and to reduce care support needs overall.	Accommodation, rehabilitation and nursing supports funded by DoH/ICWA to support functional gains, community transition and to reduce care support needs overall.
Admission Pathway	Direct from WA Hospital (Metro or WACHS)	Direct from WA Hospital (Metro or WACHS) or Community

Consultation regarding program eligibility (TAP/TRP), SIL house suitability and waitlist is encouraged:

- Services – Team Lead, Client Engagement Ashleigh Dopson - disabilityreferrals@brightwatergroup.com

Date of referral:

Patient information

Name: _____		Hospital: _____	
Gender: _____		Ward: _____	
Ward Social work name: _____			
Social Worker Contact details: _____			
URMN: _____		DOB: _____	
Client Address: _____		Client Contact Details: _____	
NoK /Primary Contact: _____		NoK contact details: _____	
Does client have any children. Inc ages:	No Yes / Ages:	Who is caring for dependant children: _____	
Aboriginal and/or Torres Strait Islander person?	No Yes Unknown	Cultural background and/or communication needs (interpreter?): _____	
Is the client an Australian Permanent Resident:	No Yes Unknown	Was client in the work force	No Yes Unknown
Client's level of education:	Primary Secondary Tertiary	Was client born in Australia:	No Yes Unknown
Date medically cleared for discharge: _____		Date of admission: _____	

Disability and mental health status

Disabilities, Diagnosis and Co-Morbidities:

Diagnosis, Date and nature/cause of brain injury:
 Previous brain injury (prior to current diagnosis) and date:

Primary Diagnosis for NDIS:
 Secondary Disability for NDIS:
 Health and mental health diagnoses/comorbidities:

Barriers to discharge

Income	Housing	Supports
Access to funding	Alternative decision maker required	
Other (please specify):		

Areas currently requiring functional support (Source: WHODAS)	None	mild	moderate	severe	Extreme or can't do
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Cognition – understanding and communicating

Mobility – moving and getting around

Self-care – attending to hygiene, dressing, eating, staying alone

Getting along – interacting with other people

Life activities – domestic, leisure, work, education

Participation – joining community and social activities

History of mental health facility admission

Yes
No

Details if Yes:

Mental Health Order in place?

Yes
No

Details if Yes:

Input from Community Mental Health Team

Yes
No

Linked with a community team prior?
(if yes, which team?):

Will a CTO be required upon discharge?
Yes No

Suicide and self-harm risk

Yes
No

Details if Yes:

Forensic/Criminal matters

Current
Historical

Details if Yes:

Copies of current forensic orders attached, (including restraining orders)

Current AOD concerns

Yes
No

Details if Yes:

Is this person engaged with relevant services?
Yes No Unknown

Behaviour/safety concerns	Yes No	Absconding Wandering Verbal Aggression Physical aggression AoD misuse Smoking	Impulsivity Intrusive High Anxiety/panic Self-harm Sexualised behaviours	Falls risk Swallowing issues Allergies Micro alerts Other																								
Strategies to support behaviours of concern	Attach Behaviour Support Management Plan or brief overview of strategies to support BoC, if available.																											
Restrictive practices identified in their behaviour support plan	<table border="1"> <tr> <td data-bbox="654 560 893 616">Environmental</td> <td data-bbox="893 560 1197 616">Mechanical</td> </tr> <tr> <td data-bbox="654 616 893 660">Physical</td> <td data-bbox="893 616 1197 660">Seclusion</td> </tr> <tr> <td data-bbox="654 660 893 705">Chemical</td> <td data-bbox="893 660 1197 705">No behaviour support plan in place</td> </tr> </table>				Environmental	Mechanical	Physical	Seclusion	Chemical	No behaviour support plan in place																		
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Physical	Seclusion																											
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Bariatric and/or transfer support needs	Yes No	Details if Yes (weight, transfer plan, equipment needs, staff ratio etc):																										
Clinical support needs Include/attach clinical management information if available and relevant/informative (e.g., wound care plan, diabetes management plan). External services such as Silver Chain may be required to meet clinical needs as disability transition care is funded for disability support only.	Yes No	Details if Yes (e.g. complex wound care, diabetes management, stoma care, ventilator, tracheostomy, suctioning, oxygen, enteral meal regime, dysphagia/mealtime, catheter care)																										
Assistive technology used e.g., wheelchair, sling hoist, communication device	Yes No	Details if Yes (e.g., list equipment needed; and indicate if hospital hire/loan, NDIS funds or patients own are required for discharge): <table border="1" data-bbox="654 1388 1495 1724"> <thead> <tr> <th data-bbox="654 1388 877 1467" rowspan="2">Equipment Type:</th> <th colspan="4" data-bbox="877 1388 1495 1433">Source</th> </tr> <tr> <th data-bbox="877 1433 1053 1467">Hospital loan</th> <th data-bbox="1053 1433 1212 1467">NDIS funds</th> <th data-bbox="1212 1433 1372 1467">Patients own</th> <th data-bbox="1372 1433 1495 1467">Other</th> </tr> </thead> <tbody> <tr> <td data-bbox="654 1467 877 1523"> </td> <td data-bbox="877 1467 1053 1523"> </td> <td data-bbox="1053 1467 1212 1523"> </td> <td data-bbox="1212 1467 1372 1523"> </td> <td data-bbox="1372 1467 1495 1523"> </td> </tr> <tr> <td data-bbox="654 1523 877 1579"> </td> <td data-bbox="877 1523 1053 1579"> </td> <td data-bbox="1053 1523 1212 1579"> </td> <td data-bbox="1212 1523 1372 1579"> </td> <td data-bbox="1372 1523 1495 1579"> </td> </tr> <tr> <td data-bbox="654 1579 877 1635"> </td> <td data-bbox="877 1579 1053 1635"> </td> <td data-bbox="1053 1579 1212 1635"> </td> <td data-bbox="1212 1579 1372 1635"> </td> <td data-bbox="1372 1579 1495 1635"> </td> </tr> </tbody> </table>			Equipment Type:	Source				Hospital loan	NDIS funds	Patients own	Other															
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Consumables	Yes No	Details if yes (e.g., list consumables that may be required and source on discharge):																										

Recommended support ratio in the community
as per NDIS or other evidence:

Recommended ratio:

Day :

Overnight : *please note if active or inactive

Transfers (if different to above):

Discharge planning

What was the person's pre- admission support and accommodation arrangement (tick all that apply)?

Private rental

With family

Public rental/community housing

ILO

Own home

Drop in supports

Aged Care

Homeless

SIL

Other (specify):

Anticipated discharge accommodation plan

Private residence - existing

SIL

Private residence - to be found

ILO

Home modifications

MTA

Aged Care

Drop in supports

SDA

Other (specify):

Supported mental health accommodation (specify where referred):

NDIS status

NDIS participant number:

Support Coordinator details:

Ineligible for NDIS

Access request/outcome pending

Access met

Awaiting hospital evidence/documentation

Awaiting Home and Living panel decision

Awaiting plan meeting – new participant

Awaiting plan meeting – existing participant with changed circumstance

Plan being developed after planning meeting date

Plan in place awaiting discharge option

If known, advise current SIL funding ratio or core supports (one or the other):

SIL ratio:

Core supports: hours per day

Plan review or requesting plan change following unsatisfactory plan outcome

Other (specify): eg CoSA funding

Finances/income status

The daily rate for participants is approximately \$70 to cover board and lodging costs.

Fee support by Department of Health is considered on a case-by-case basis. Note: ward staff will be required to work with provider, patients and/or financial decision maker to facilitate evidence of financial situation

Will fee support need to be considered?

- Yes
- No

For referrals to TAP & TRP where fee support is likely to be requested, FH2H@health.wa.gov.au must be copied in to the referral. Fee support decisions cannot be made in a timely way if Department of Health are not informed prior to vacancy being offered.

Does the person receive the Disability Support Pension?

- Yes
- No
- Application in progress

If in progress, date of submission:

Other benefits received e.g. Jobseeker, debt issues:

Guardianship/ Administration/ Trust Manager:

Guardian/EPG details:

SAT pending

Administrator/EPA details:

Own decision maker

Client's usual GP/Medical Centre (name & contact details):

History of Brightwater Programs/services

Has client previously accessed Brightwater services/programs including TAP Marangaroo, TRP Oats street, SIL group homes, NDIS Capacity Building services

Y If yes please list services accessed and when:

N

Consent for referral

Consent for information to be shared with Long Stay Working Group
Consent for information to be shared with Brightwater

Verbal consent given by:

Date:

Any other key information

(e.g. previous unsuccessful discharges, outcome/progress of other referrals, links to services, informal supports, interpreter required etc.):

PLEASE INCLUDE NDIS EVIDENCE, PBS PLAN, CURRENT NDIS PLAN, HOSPITAL DISCHARGE ASSESSMENT AND RELEVANT CLINICAL PLANS WITH REFERRAL FORM – REFER TO CHECKLIST BELOW

Completed by: Position:

Hospital Contact: Email/Phone:

NDIS Coordinator Contact (if relevant site): Email/Phone:

Please forward this completed form TAP & TRP referrals to disabilityreferrals@brightwatergroup.com

The Brightwater Disability Services- Engagement Coordinators will be in touch about assessing your patient's eligibility for the program

Documentation checklist

Documents to be included with this referral form (as relevant)

DOCUMENT Tick box if sent/applicable	WHY REQUIRED
Current NDIS plan including plan breakdown email	<ul style="list-style-type: none"> • to support exit from TAP/TRP
NDIS Hospital Discharge Assessment Report or community FCA (HDAR/DAT/FCA)	<ul style="list-style-type: none"> • to support intake assessment • to support TAP/TRP team to facilitate • NDIS planning meeting
Access Request Form	<ul style="list-style-type: none"> • to support intake assessment • to support TAP/TRP team to facilitate • NDIS planning meeting
Behaviour Support plan/ recent behaviour chart/ behaviour management strategies plan	<ul style="list-style-type: none"> • to support intake assessment • to support TAP/TRP team to support the participant
SAT orders/EPA/EPG	<ul style="list-style-type: none"> • to support consent and agreement processes for admission
PSOLIS RAMP/BRA, Alerts, Treatment Support and Discharge Plan	<ul style="list-style-type: none"> • to support intake assessment • to support TAP/TRP team to support the participant
Medication profile	<ul style="list-style-type: none"> • to support intake assessment including identification of chemical restrictive practice • to identify potential barriers in transition from hospital to community disability setting requiring discussion
Diabetes management plan Seizure management plan Wound care plan	<ul style="list-style-type: none"> • to support intake assessment • to identify potential barriers in transition from hospital to community disability setting requiring discussion
Other	