**Date:**   **Client’s name:**

**Date of birth:**   **Address:**

**Local Health District (if known):**

**Case manager:**   **Service:**

**Does the individual meet Adahps criteria:**

a) Residents of: Central Coast, Hunter New England, Illawarra Shoalhaven,   
 Mid North Coast, Northern NSW, Northern Sydney, Nepean, Blue Mountains, Northern Rivers,   
 South Eastern Sydney, South Western Sydney, Sydney and Western Sydney LHDs:

* Has moderate to severe HAND (HIV-associated neurocognitive disorders) or Yes No  
  other HIV-related cognitive impairment (such as PML or Cerebral Toxoplasmosis)
* Has significant functional impact related to HIV Yes No
* Has a case manager Yes No

b) Residents of: Far West NSW, Southern NSW, Murrumbidgee and Western NSW LHDs:

* Has HIV and co-morbidities Yes No
* Has complex psychosocial issues Yes No

**Assistance required**

*(More than one can be selected. Service examples are described on page 2)*

Personal care  Domestic assistance

Shopping  Community access

Meal preparation  Transportation

Medication adherence  Positive reinforcement

Respite for carer  Other:

**Health information**

CD4 count: Viral load: Neuropsychological assessment? Yes No

Has the applicant been hospitalised in the past 6 months: Yes No

If yes, reason?

**Has the individual applied for or are they receiving other funding?**

**ACAT:** Yes No N/A  Approved  Application No:

**COMPAKS:** Yes No N/A  Approved  Participant No:

**NDIS:** Yes No N/A  Approved  NDIS number:

**Other:**

**When is brokerage required by?** **Hrs per week**:

*Note: It can take 2-3 weeks to review application and arrange services*

**Required time** *(Insert into the table below):*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday  E.g. 9-11am | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Other:**

Case manager’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BROKERAGE SERVICES FUNDED BY ADAHPS

**Personal care**:   
Supervision and physical assistance with: showering, bathing / personal hygiene,   
dressing and undressing using dressing aids.

**Domestic assistance**:   
Prompting and assistance with household duties.

**Medication:**   
Prompting for medication adherence, assisting collection of medication from pharmacy.Includes Positive reinforcement.

**Shopping**:   
Assistance with transport to shops, individual attention, support and/or physical assistance  
with shopping for personal items and groceries.

**Community access**:   
Travel training; encouragement and support to take part in social and community activities   
that promote and protect the client’s lifestyle, interests and wellbeing.

**Transportation**:   
Limited to and from medical appointments.

**Meal preparation**:   
Assistance, as necessary, in preparing meals and special diets for healthy living.   
Preparing and storing food.

**Respite**:   
Ensuring carer is supported and provided with regular breaks, taking client out of home

or staying in with client while their carer goes out.

**One-off assistance**:   
Can be considered on a case by case basis.

|  |
| --- |
| *Adahps Use Only* **ASSESSMENT**  **WHO-DAS 2.0 score:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Approved:** Yes  No  If no, reason:  **Adahps Co-ordinator Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** |

**BROKERAGE PROVIDED**

**Agency**: **Cost per week:** $