



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility: Adahps

**SUPPORTED ACCOMMODATION
REFERRAL
(YARALLA)**

When completed email to: seslhd-abc@health.nsw.gov.au

Client Details

Date of referral:	Is the client aware of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?
Family Name:	Given Name:
DOB:	Country of birth:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown <input type="checkbox"/> Not Specified	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary <input type="checkbox"/> Gender Non-conforming <input type="checkbox"/> Prefer not to say	
Alias:	Phone:
Address:	
Preferred Language:	Interpreter required?
Aboriginal or Torres Strait Islander:	
Medicare No:	Valid to:
Centrelink Benefit Type:	CRN:
Current Housing Situation <input type="checkbox"/> No Perm Accommodation <input type="checkbox"/> Tenancy/Sharing (rental, own) <input type="checkbox"/> Supported (Aged Care, AOD etc) <input type="checkbox"/> Other (specify):	
Emergency Contact:	
Relationship:	Contact details:

Eligibility Criteria

NSW Resident HIV Positive
 HIV related brain impairment (HAND, HAD, PML) HIV related complex needs which prevent independent living
 Non-smoker

Smoking

Does the client smoke cigarettes or use a vape?: Yes No
 If Yes -> Advise the client they need to engage in a smoking cessation course and/or Nicotine Replacement Therapy

Housing Need

Short term respite and stabilisation Medium to Long Term



SES010480

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

NHSIS1215A 120224

SUPPORTED ACCOMMODATION REFERRAL
(YARALLA)
SES010.480



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____ / ____ / ____

M.O.

Facility: Adahps

ADDRESS

**SUPPORTED ACCOMMODATION
REFERRAL
(YARALLA)**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Current Support Services

HIV Treating Facility: Contact Details:

HIV Treating Physician: Contact Details:

GP: Contact Details:

Psychiatrist: Contact Details:

Psychologist: Contact Details:

Case Manager: Contact Details:

Social Worker: Contact Details:

Other:

Legal Details

Guardianship: Yes No If Yes -> Details:

Financial Management: Yes No If Yes -> Details:

Legal Order: Yes No If Yes -> Details:

Probation/Parole: Yes No If Yes -> Details:

Previous Criminal Conviction: Yes No If Yes -> Details:

History of Violence: Yes No If Yes -> Details:

Summary

Brief summary of current HIV situation and history:

Please be aware that it may take 6-8 weeks from date of vacancy/application to admission

Health

Date first diagnosed with HIV:

Viral Load: Date of latest test: CD4 Count: Date of latest test:

Alcohol and drug use: Yes No If yes, type of support:

Mental Health: Yes No If yes, type of support:

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING



SES010480



FAMILY NAME

MRN

GIVEN NAME

MALE

FEMALE

D.O.B. ____/____/____

M.O.

Facility: Adahps

ADDRESS

**SUPPORTED ACCOMMODATION
REFERRAL
(YARALLA)**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

TB: Yes No

Hep B: Yes No

Hep C: Yes No

Neuropsychological Report Available: Yes No

Neuropsychological Assessor's Name:

Date of Report:

Occupational Therapy Report Available: Yes No

Occupational Therapist's Name:

Date of Report:

Social and Other

History (related to supported accommodation need):

Current situation:

Reasons why current situation is not appropriate (include risk):

Vulnerability (social and physical):



SES010480

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____ / ____ / ____

M.O.

ADDRESS

Facility: Adahps

**SUPPORTED ACCOMMODATION
REFERRAL
(YARALLA)**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Appropriateness of supported accommodation at Yaralla

How would the client benefit from living at Yaralla?

Risks to client and others in the facility (aggression, domestic violence, alcohol or drugs, sex offender, etc):

Stairs and mobility (can they manage 22 steps?):

Other alternatives considered and risks associated:

NDIS application details:

Prior application to Yaralla House:

Referrer Details

Name:

Organisation:

Address:

State:

Postcode:

Phone:

Email:

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

