

# ACVVS Care Recipient Referral

## Aged Care Volunteer Visitors Scheme

The Aged Care Volunteer Visitors Scheme (ACVVS) is available to recipients of Australian Government subsidised residential aged care services or aged care Support at Home services. This includes care recipients on a waiting list/National Priority System for residential care or Support at Home services.

An ACVVS referral can be completed by an Aged Care Provider or ACVVS coordinator. It can also be completed by the age care recipient or their representative.

Questions within this form will assist in the matching process. **This information is confidential and will only be used for matching and \*de-identified reporting purposes.**

<b>Date of Referral</b>	Enter Text
<b>Care Recipient Details and Friendship Preferences (if applicable)</b>	
First Name	Enter Text
Preferred Name	Enter Text
Surname	Enter Text
Date of Birth	Enter Text
*Gender	Enter Text
Preferred Pronouns	Enter Text
Country of Origin	Enter Text
Preferred language(s)	Enter Text
Reason for referral	Enter Text
Background and Interests	Enter Text
Religion / Faith	Enter Text
Current visitors	Enter Text
Suggested Activities	Enter Text
<b>*Care Recipient Aged Care Status</b>	
Living in Residential Aged Care Home	<input type="checkbox"/>
Approved and waitlisted for Residential Aged Care	<input type="checkbox"/>

Receiving a Support at Home services	<input type="checkbox"/>
Approved and waitlisted for Support at Home services	<input type="checkbox"/>
<b>*Type of Visit Requested</b>	<input type="checkbox"/>
One-on-one in-person (primary type of visits under ACVVS)	<input type="checkbox"/>
One-on-one virtual (exceptional circumstances only)	<input type="checkbox"/>
Group visits – residential care only (maximum ratio 1 volunteer to 3 recipients)	<input type="checkbox"/>
<b>*Please indicate if the older person being referred is from any of the below diverse, complex vulnerability and cultural groups (tick as many as apply)</b>	
Aboriginal and/or Torres Strait Islander	<input type="checkbox"/>
Veteran or war widows	<input type="checkbox"/>
Culturally ethnically and linguistically diverse background	<input type="checkbox"/>
Person who is financially or socially disadvantaged	<input type="checkbox"/>
Person experiencing homelessness or at risk of becoming homeless	<input type="checkbox"/>
Parent separated from their children by forced adoption or removal	<input type="checkbox"/>
Adults survivors of institutional child sexual abuse	<input type="checkbox"/>
Care leavers including Forgotten Australians and former child migrants	<input type="checkbox"/>
Lesbian, gay, bisexual, trans/transgender, intersex or are gender/bodily diverse	<input type="checkbox"/>
Person living with a disability or mental ill health	<input type="checkbox"/>
Person living with cognitive impairment, including dementia	<input type="checkbox"/>
Neurodivergent	<input type="checkbox"/>
Person who is deaf, deafblind or hard of hearing	<input type="checkbox"/>
Person who is blind or may have limited eyesight	<input type="checkbox"/>
Person living with mobility issues	<input type="checkbox"/>
Person that has difficulty speaking	<input type="checkbox"/>
Person who lives in rural, remote or very remote areas	<input type="checkbox"/>

Is an interpreter required? If so, please specify type (eg: sign language, other languages etc)

Enter Text

Is the recipient interested in participating in outings? To ensure ACVVS volunteer wellbeing and successful outings, please advise of any considerations not mentioned above (eg: ability to use toilet independently, ability to independently consume food/beverages, etc).

Enter Text

If a health orientated lock down occurs at a residential aged care home, face-to-face visits will be postponed temporarily for safety reasons, and supplemented by the offer of virtual visits. Please indicate what types of virtual visit the care recipient would prefer:

Phone Call  Video Chat  Written

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**Visitor Preference – please indicate the preference of the recipient for volunteer visit**

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Gender

Enter Text

Age bracket

Enter Text

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**Additional Matching Information**

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Please include any other health or background information and/or preferences that will help match the aged care recipient with a compatible volunteer. Additional information about the care recipient could include:

- Diversity, Complex Vulnerability and Cultural preferences;
- Language preferences;
- Physical ability limitations;
- Details of their connection to country (for First Nations and/or CALD recipients);
- Volunteer preference (e.g.: from a particular LGBTIQ+ group, religion or background);
- Hobbies, preferences and daily interests;
- Military service (army, navy, air force); and
- Definition of their rural or remote status.

**Enter Text – up to 250 words**

**Support at Home recipients ONLY**

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Home Address

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Phone

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**Who has given verbal/written consent to submit this referral**

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Recipient

Next of Kin/Power of Attorney

Other

Name Enter Text

Relationship/Position Enter Text

Organisation Enter Text

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**Referrer Details**

Name Enter Text

Relationship to recipient Enter Text

Organisation Enter Text

Phone Enter Text

Email Enter Text

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**Emergency Contact Details**

Name Enter Text

Relationship to recipient Enter Text

Phone Enter Text

Email Enter Text

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**Aged Care Provider Details**

Name of Provider Enter Text

Contact Person Enter Text

Address Enter Text

State Enter Text

Email Enter Text

Phone Enter Text

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**Please return the completed form to the ACVVS Network Member in your State or Territory**

For further information visit <https://www.health.gov.au/our-work/aged-care-volunteer-visitors-scheme-acvvs>