***Please note failure to complete this document correctly may result in delays of accommodation confirmation.***

**Step 1:** Call Kanggawodli on (08) 8342 2250 to check availability.

**Step 2:** Once availability has been confirmed, please read the following instructions to ensure you complete the Kanggawodli Accommodation Request correctly for **both the client and the escort**.

**Step 2:** Complete all sections in the ‘Request for Accommodation’ form; including a completed PATS form, copies of any current concession cards and a copy of current Medicare card. Ensure that if the client requires an escort, this is clearly documented on both the request form and the PATS form as per the instructions on the back of the [PATS Form](https://www.pats.sa.gov.au/for-medical-professionals/#pats-forms).

**Step 3:** Once the form is completed and information is provided, please scan and email to: [Health.Kanggawodli@sa.gov.au](mailto:Health.Kanggawodli@sa.gov.au) we will no longer be accepting faxed requests.

**Step 4:** Wait to receive confirmation from Admissions Officer via either phone call or email.

***Note that as the Referring Agency Contact Person you will be responsible for the discharge plan of both the client and the escort***.

**Details for completing the form:**

***Section 1: Referring Agency Information***

* When completing the Kanggawodli Accommodation Request please ensure you provide detail in *Reason for Accommodation* we need this to accurately assess whether a client can be accepted.
* To comply with Kanggawodli’s criteria for accommodation please ensure you provide adequate detail in, *Is the service the client requires available in your location?* If the services are available in your location you MUST explain why the client is not accessing the nearest service.
* Please ensure an arrival date and estimated discharge date are completed.

***Section 2: Client Details***

* Ensure you complete each area entirely before submitting; a Kanggawodli Accommodation Request needs to be completed for both the client and the escort.

***Section 3: Support Requirements***

* Please complete all areas to the best of your knowledge, this assists the Admissions Officer to make an accurate assessment of the client and escort.

***Documentation Required:***

* Ensure all documents listed are included when sending the Kanggawodli Accommodation Request through. Any request sent through without the correct documents will be returned to the referring agency unless prior approval has been sought.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **USE THE INSTRUCTION SHEET ABOVE TO COMPLETE THIS FORM- Ensure you complete a form for both client and escort.**  **Please email your completed form to** [**Health.Kanggawodli@sa.gov.au**](mailto:Health.Kanggawodli@sa.gov.au)  **To confirm availabilities and for urgent requests please call Kanggawodli (08) 8342 2250** | | | | | | |
| ***SECTION 1: REFERRING AGENCY INFORMATION*** | | | | | | |
| **Referring Agency:** | | **Contact Person:** | | | | |
| **Role:** | | | | |
| **Phone:** | | **Email:** | | | | |
| **Reason for Accommodation:** *Please note this needs to be completed in detail.* | | | | | | |
| **Is the service the client requires available in your location?** *If YES,**please explain why client is not accessing nearest service.* | | | | | | |
| **Arrival Date to Kanggawodli:** | | **Estimated Discharge Date from Kanggawodli:** | | | | |
| ***SECTION 2: CLIENT/ ESCORT DETAILS (*please circle*)*** | | | | | | |
| **Name(s):** | | **Surname:** | | | | |
| **Date Of Birth:** | | **Gender:** | | | | |
| **Home /Community:** | | **Language Spoken:**  **Interpreter Required: YES**  **NO** | | | | |
| **Address:** | | | | | | |
| **Suburb:** | **Postcode:** | | | **Phone:** | | |
| **Concession/Health Care Card CRN:** | | | | | **Expiry:** | |
| **Medicare No:** | | | **Ref no:** | | **Expiry:** | |
| **Dietary Requirements/Allergies:** *Please note that the Chef may use alcohol in the preparation of some dishes.* | | | | | | |
| **Does the client require an escort?** *If YES, please complete a Kanggawodli Accommodation Request for them also.* | | | | | | |
| **If YES please circle how the escort will be assisting the client:** *Note it is the responsibility of the referring agency to ensure that the escort is aware of their responsibility to the client.*  **Impairment Active Role of Carer Necessary Assistance** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| ***SECTION 3: SUPPORT REQUIREMENTS*** | | | | | | |
| **Discharged from acute care?** | | | | | | **YES NO** |
| **Medically and mentally stable?** | | | | | | **YES NO** |
| **Is the client continent?** | | | | | | **YES NO** |
| **Mental Health / aggression issues?** | | | | | | **YES NO** |
| **Known drug and alcohol abuse?** | | | | | | **YES NO** |
| **Awaiting residential care placement?** | | | | | | **YES NO** |
| **Walk independently?\*** | | | | | | **YES NO** |
| **Independent showering?\*** | | | | | | **YES NO** |
| **Independent dressing?\*** | | | | | | **YES NO** |
| **Has the client/escort received a Well Health Check in the last 12 months?** | | | | | | **YES NO** |
| ***Note: Hostel Staff DO NOT provide personal care to the clients.***  ***\*Wheelchairs, shower chairs and walking aids are not available for use.*** | | | | | | |
| ***DOCUMENTATION REQUIRED BEFORE CONFIRMATION:*** | | | | | | |
| **PATS Form**  **Kanggawodli Accommodation Request**  **Appointment details provided**  **Copy of current Concession or Health Care Card and Medicare Card**  **Medical Summary/Discharge Summary (Will assist Aboriginal Health Practitioner and/or Nursing Assessments on admission)** | | | | | | **YES NO**  **YES NO**  **YES NO**  **YES NO**  **YES NO** |

**AUTHORISATION - Office use only Accepted/Declined**