

In order to assess the eligibility of a client for practical support **ALL** information requested **MUST** be completed. Incomplete forms will be returned to the referrer.

## DETAILS OF PATIENT *(please print clearly)*

I confirm that the patient is aware of and has consented to the use of their personal information for the purpose of Cancer Council WA contacting them to deliver services. I confirm that the client has given verbal consent for referral, collection and storage of personal details.  Yes  No

Title: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Gender:  Male  Female  Unknown Date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Aboriginal or Torres Strait Islander:  Yes  No

I, the referrer, confirm that I am submitting this form on behalf of a patient with cancer, who, following my assessment and in my professional judgement, is in genuine need of practical support.

Signature of referrer: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_ Position: \_\_\_\_\_

Workplace name: \_\_\_\_\_

Workplace address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

I, the patient, confirm that the information on this application form is a correct assessment. I consent to Cancer Council WA using this information for the purpose of accessing the Practical Support Program.  Yes  No

Signature of patient (or representative): \_\_\_\_\_ Date: \_\_\_\_\_

***Please ensure the client understands that this is not an emergency service. Service provision can take up to 10 working days from the receipt of referral to service implementation.***

## MEDICAL INFORMATION *(Data is mandatory - refer to program criteria)*

Cancer diagnosis (please be specific): \_\_\_\_\_

Stage of diagnosis:  Early/localised  Metastasis/ widespread/ advanced  Recurrence  Terminal

Treatment centre: \_\_\_\_\_ Diagnosis date: \_\_\_\_\_

Type of treatment: \_\_\_\_\_

Estimated start/finish dates for treatment: \_\_\_\_\_

Other significant health issues: \_\_\_\_\_

Has referrer sighted the diagnosis:  Yes  No

## COMMUNITY SERVICES

Is the client eligible for, or already accessed, any of the following services? (Please complete)

Service	Eligible? <i>(please tick)</i>	Approached? <i>(please tick)</i>	Accessed? <i>(please tick)</i>
CHSP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Silver Chain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other services approached: _____			

## SOCIAL SUPPORT NETWORK

Does the patient have family who can assist? (Please provide details)

Does the patient have a social support network that can assist? (Please provide details)

Does the patient have the financial capacity to access the service privately? (Please provide details)

## DETAILS OF SITUATION AND SUPPORT REQUIRED

This section **MUST** be completed. Please provide as much information as possible about family and living situation, the type of help required, and any other significant issues.

- Home help (light cleaning)     
  Gardening (light gardening only)     
  Child care

Details:

## ELIGIBILITY CRITERIA

Practical support is intended as short-term practical relief, where the treatment for cancer is having a serious direct effect on the functional capacity of the family or the person's capacity to remain independent at home. **Cancer Council WA's Practical Support Program is funded through community donations.** It receives no government support. In light of this, we ask referrers to be discerning when applying for practical support so that our limited funding is able to assist those who require it most.

The assistance is for the delivery of basic practical support services **up to a maximum value of \$350.**

Cancer Council WA pays this directly to the service provider on invoice. This is not an entitlement, and eligibility is determined by assessment of practical needs within the context of the family's resources. The fact that a cancer patient is undergoing treatment is not grounds for automatic approval of applications.

Simple housekeeping and gardening services and a very limited level of child care services are available through the program. No other types of service will be considered.

### To be eligible for assistance applicants must be:

A person who is undergoing active treatment for a confirmed, current cancer diagnosis, or who has completed active cancer treatment within the last six months, and is experiencing hardship as a result of a significant lack of social resources.

### Who is not eligible:

- Those who do not have a confirmed, current cancer diagnosis, or those who have finished active cancer treatment more than six months ago.
- Those who are in receipt of any other funded practical support service or other care package.
- Those who have family or friends who are able to provide support.
- Those who have already accessed the full amount of funding available through the Practical Support Program.
- Those who have the capacity and means to fund the required services privately.

## WHAT HAPPENS NEXT?

- This application will be assessed based on the level of information provided.
- If the application is successful and the services are provided, payment will be made directly to service providers.

### If approved:

The Practical Support Program officer will match the patient with a service provider and will contact the service provider to request for the services to be implemented. Patients will be notified by letter when the maximum level of funding has been reached.

### If not approved:

The Practical Support Program officer will notify referrer via email. Referrers are required to notify patients of the outcome.

This form should be submitted via email to **practicalsupport@cancerwa.asn.au**, or via fax to **08 6389 7821**.  
(please note that if faxing this form, all pages must be supplied)

Cancer Council WA must be notified if the client's circumstances change during the provision of these services.

**For all other enquiries contact our Cancer Council Nurses on 13 11 20.**

### Collection Statement

We need to collect personal information to process your application/registration, provide services, inform you about our activities and conduct normal business. By providing your personal information, you agree that it will be used and disclosed by Cancer Council WA in accordance with this statement and our Privacy Policy, available via <http://www.cancerwa.asn.au/notices/privacy>. If you do not agree, (i) you must not provide your personal information; (ii) you may not be able to apply/register; and (iii) we may not be able to provide certain services/products or communicate with you. We only disclose your personal information to external third parties (such as Cancer Councils in other Australian states or territories, or overseas cloud storage or software providers) where those parties assist us in carrying out our ordinary business operations and always in accordance with our Privacy Policy. We may use your personal information for our own direct marketing purposes, unless you opt out, (which you can do at any time in accordance with our Privacy Policy). Our Privacy Policy outlines how you may access and seek correction of your personal information, how you can complain about a breach of your privacy and how we deal with that complaint.