

Practical Support Program

Application Form

This application form is to be completed by a Health Professional. Refer to Cancer Council SA Practical Support Program guidelines for more information. Please fax the completed form to 08 82914268 **OR** scan and send via email to practicalsupport@cancersa.org.au. For enquiries, please contact **Cancer Council 13 11 20**.

Application ID No: CS-	Date:
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REFERRER DETAILS

Name of Referrer:	Position:
Email:	Phone:
Hospital/Agency:	

CLIENT INFORMATION (person with cancer)

Name:	Date of birth:	
Address:		
Suburb:	State:	Postcode:
Email		
Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No CALD background? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify: _____ Language: _____		
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Carer/legal guardian/other contact details: _____		
Emergency contact:		
Relationship to client:	Phone:	
Eligible for services from: <input type="checkbox"/> Palliative Care <input type="checkbox"/> Disability Support <input type="checkbox"/> My Aged Care		
Other: _____		
List current services provided: _____		

MEDICAL DETAILS

Cancer type:	Date of diagnosis (if known):
Cancer stage: <input type="checkbox"/> Early/localised <input type="checkbox"/> Metastasis/widespread/advanced <input type="checkbox"/> Recurrence <input type="checkbox"/> Terminal	
Currently undergoing treatment or completed in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the diagnosis and/or treatment currently impacting the client's physical function? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide as much detail as possible (e.g. why unable to perform tasks).	

Any other medical issues impacting client's functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ASSESSMENT OF SOCIAL AND FINANCIAL RESOURCES

PSYCHOSOCIAL

Support Network—living situation alone with partner with dependants

Number and age of dependant children _____

What assistance can be provided by identified support network (include reasons if an adult living in the house is unable to assist)?

FINANCIAL CIRCUMSTANCES

Does client have capability to self-fund practical support? Yes No

If not, why? Reduction in household income Increase in expenses

Other (please describe)

PRACTICAL SUPPORT REQUIRED (refer to attached Guidelines for scope of services)

Is the client ready for support now? Yes No

If no, please indicate when client should be contacted to discuss this application:

Home help—specify services required:

Family support/child care—specify child care required and dates of birth of child/ren to be cared for:

Gardening—specify requirements:

Exceptional circumstances—please describe:

I confirm I am submitting this form on behalf of a person with cancer who, following my assessment and in my professional judgement requires practical support due to the impact of their cancer diagnosis.

I confirm the client is aware of and has consented to the use of their personal information for the purpose of Cancer Council SA processing this Practical Support Program referral, including liaising with service providers to deliver the service.

Signature of Referrer:

Date:

OFFICE USE ONLY

Approved by:

Date:

Collection Statement

Your privacy is as important to Cancer Council SA as it is to you. That's why any personal information you give us will be treated with respect and in strict confidence. Personal information is collected to assess and process your application. Your Personal information may also have been collected to process donations, issue tax receipts and to send you updates. We may disclose your information to agents, contractors and third parties who provide services to us, and in doing so we take reasonable steps to ensure any information held by our service providers is protected. A full copy of our Privacy Policy is at www.cancersa.org.au/privacy with details about how you can access and correct your personal information and how we handle any privacy complaints. Or call us on 1300 65 65 85 for more details about our commitment to your privacy.

Practical Support Program Guidelines

The Practical Support Program provides short-term practical relief for individuals with cancer and/or their families where treatment for cancer is having a significant impact on the functioning of the family or the person's capacity to remain independent at home. The program delivers a maximum value of \$500 of basic practical services per person.

Cancer Council SA is unable to assist the person and his/her family with ongoing practical support once the \$500 limit is reached. However, a further application for assistance can be submitted for an individual after two (2) years if they are having ongoing treatment or a further episode of disease.

Program eligibility/criteria

Eligibility is determined by assessment of practical needs within the context of the family's resources and following assessment of the individual's eligibility for any other available community social support resource. A referral to the program assumes all other options for practical support have been exhausted.

An individual referred to the program must meet the following **criteria**:

- aged under 65 years (or 50 years if Aboriginal or Torres Strait Islander)
- confirmed diagnosis of cancer
- undergoing further investigations, cancer treatment, or has completed cancer treatment within the last six months
- is experiencing practical hardship as a result of impaired physical function and a significant lack of social and financial resources.

Who is not eligible?

- Individuals who can self-fund or whose family and/or friends can provide practical or financial support to reduce the practical hardship.
- Individuals over 65 years (or 50 years if Aboriginal or Torres Strait Islander) who are eligible for or in receipt of Commonwealth-funded aged care services through My Aged Care (e.g. CHSP, HSP).

Services covered

A select range of practical support services are provided based on the individual need(s) identified. Whilst the program endeavours to provide these services state-wide, in certain circumstances a service cannot be offered due to a lack of service providers in a particular location. More than one service can be accessed provided the total value of services does not exceed \$500 including GST.

Domestic assistance (home help)

Domestic home help services up to a maximum of \$500 offered under the program can cover house cleaning (dusting, vacuuming/mopping of floors, cleaning of bathroom/toilet areas), laundry (washing, hanging up/bringing in laundry, ironing), changing of bed linen, cleaning of kitchen area and surrounds including refrigerators and wipe down of benches/cupboards.

The client's cleaning products and equipment will be used—in the interests of worker safety, it is a requirement that equipment provided (such as vacuum cleaner, broom, mop and bucket) is in good condition and safe working order, and that the home is smoke-free while the worker is present.

The program **does not cover** window cleaning, spring cleaning and/or industrial cleans.

Gardening

Gardening services up to a maximum of \$500 cover basic gardening such as lawn mowing, weeding, hedging and pruning, and all equipment is provided by the gardener.

The program **does not cover** tree trimming/removal, gutter cleaning or rubbish removal.

Family assistance

Provision of short term care up to a maximum of \$500, either in-home or through a registered child care centre to enable individuals to attend treatment.

Exceptional circumstances

If a referrer identifies the person with cancer is experiencing extraordinary practical hardship that is not covered by the Practical Support Program outlined above, the referrer should contact the **Information and Support Line** on **13 11 20** for advice.

Who can make an application?

Applications are made by:

- **Cancer Council 13 11 20** Information and Support nurses, Cancer Council SA social workers and counsellors
- Oncology or treatment centre social workers
- Cancer network nurses
- Other health professionals or welfare officers.

How to make an application?

Applications must be made using the Practical Support application form in alignment with the Program Guidelines.

The application should be emailed to **practicalsupport@cancersa.org.au** or faxed to **08 8291 4268**. Please ensure the application form is completed in full prior to submission as incomplete forms will be returned to the referrer before any processing can occur.