

Important

- Please complete ALL sections
- Before your client can access any government-funded aged care services, they must first be registered with My Aged Care.
- This form is for use by health professionals when assessing if a personal alarm is required to maximise a person's safety and/or independence in their own home.
- Where this request is being provided as part of a CHSP Allied Health service please upload this form under other attachments in the My Aged Care Provider Portal to facilitate the provision of service.

Customer Details

Name: Phone Number: DOB:

Email for correspondence: Email to the ATTN of: (if not Customer)

Customer My Aged Care Registration

Indigo cannot progress this request until a referral from My Aged Care for GEAT services has been received.

My Aged Care ID: GEAT referral retrieval code:

Health Professional Details

Name: Organisation:

Type: OT PT SP POD RN Other,

Phone Number: Email: Date of Ax:

Eligibility Criteria

EITHER This person lives alone.
OR This person does not live alone but is without assistance.
OR This person does not live alone, but his/her carer is unable to provide or obtain assistance (e.g. due to significant hearing impairment, dementia or mobility problems).

The person should meet one or more of the following criteria:

EITHER This person has a significant risk of medical emergencies.
OR This person has a recent history (within the past 12 months) of falls.
The falls must have been investigated and the cause of the falls eliminated where possible. Therefore, personal alarms should only be considered if there is a continued risk of falls.
OR This person displays a number of factors that would put them at high risk of a fall.
Risk factors include severe visual impairment, severe mobility and balance problems, severe incontinence, and medical conditions which affect balance and mobility (such as Parkinson's or Meniere's Disease).



Recommendation

Indigo may swap the recommended product for a similar product, depending on costs and availability. We will notify you prior to this occurring.

| Type | System | Specifications (Specify product, model, supplier, code and/or website link) |
|----------------------------------|--------------------------------------|--|
| Monitored OR Non-monitored | Home based OR Community/Mobile | |

Please provide **clinical justification** for any add-on features and options such as falls detection, belt pouch/clip, wrist strap and other device accessories.

Set-up and Delivery Details

Alarm set-up and training is to be provided by:

Health professional
N/A or customer self-install
Supplier technician

Deliver to:

Customer's home Health professional >> (at)

Submission Checklist

For faster review and more efficient outcomes for your client, please confirm:

This person (the Customer) has sufficient cognitive and physical function to use recommended item/s. I have discussed mobile phone coverage with this person, and they confirm they are in an area that has good coverage. Customer is aware that any costs to return a personal alarm, as a result of poor phone coverage, or other reason will be at their own expense.

The Customer has given consent for this request to be made and agreed to the Terms of Service.

A referral or a support plan review (SPR) request to My Aged Care for Goods, Equipment and Assistive Technology services has been initiated or is already in place. Health professionals can make a referral with My Aged Care via their website. <https://www.myagedcare.gov.au/make-a-referral>

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- ◆ **Indigo cannot progress this request until a referral from My Aged Care for Goods, Equipment and Assistive Technology services has been received.**
- **If your request is incomplete, Indigo will contact you to confirm the information provided.**

Customer Agreement

Please read this information carefully, fill in the applicable boxes and sign below.

If the customer is unable to sign this form due to physical or cognitive decline, an appropriate third party may authorise this section on their behalf.

Collection and Privacy Statement

We collect your information for the primary purpose of providing Indigo services to enable you greater independence and inclusion through allied health and assistive technology solutions. With your consent, your details will be added to our client management system and will only be accessed for the purpose for which they were collected and by those involved in providing your service. You may choose someone to liaise with us about your services on your behalf by providing us with their contact details. We will only share your information with our suppliers, funders, health practitioners or other relevant providers as part of providing that service. You can withdraw or amend your consent at any time and can request to access and seek correction to the information which Indigo holds about you.

Fees

The Commonwealth Government subsidises aged care services, however customers are also expected to contribute to the cost of their services where they have the capacity to do so. Customers will be informed of their contribution amount at the time the service is arranged, or as soon as a quote is calculated and available. Contributions must be paid upfront before equipment items can be ordered. Capacity is assessed on a 1:1 basis in exceptional circumstances. Please contact us directly should you need to discuss your fees further.

Eligibility

You must first be registered with My Aged Care to access Government funded aged care services. Indigo cannot progress this request until a referral from My Aged Care for CHSP Goods, Equipment and Assistive Technology services has been received.

For further information, you may access our [Privacy Policy](#) and [CHSP Customer Contribution Policy](#) on the Indigo website or by contacting our Intake team.

Declaration

Do you give consent to us recording your information? Yes No

Do you consent for us to liaise with someone else on your behalf? Yes No

If so, please state their details below:

Full Name: Relationship to you: Phone Number:

I understand that I can withdraw my consent at any time, however understand that this could impact my service delivery.

I have been involved in the prescription of equipment items and to the best of my knowledge agree that they will meet my needs.

I understand that where possible I will contribute financially to the cost of my equipment. This amount will be confirmed by Indigo prior to equipment being ordered and supplied.

Customer name: _____

Date: _____

Signed: _____

Terms of Service

CHSP Goods, Equipment & Assistive Technology

Third Party Authority on behalf of Customer (only complete if relevant)

Reason for customer incapacity or inability to sign:

[Empty text box for reason for customer incapacity or inability to sign]

Consent given by authorised representative
Name of authorised representative:
[Empty text box]
Relationship to customer:
[Empty text box]

OR

Informed consent or agreement obtained
by (name of health professional):
[Empty text box]
via (method of collection):
e.g. video call, in person
[Empty text box]
and customer answered "yes" or "no" to above questions by:
e.g. nodding or shaking head, saying yes or no
[Empty text box]

Signed: _____ **Date:** _____ **Contact number:** _____