

RESPITE SELF REFERRAL INFORMATION SHEET

Thank you for your interest in making a referral to the Mental Health Foundation (MHF) Respite Program.

The Respite Program aims to provide:

- Support to residents in their day to day living.
- A safe environment for people living with mental illness to participate in planning and decision making processes that will enable increased opportunities for individual social skills development.
- An enjoyable, relevant series of social, educational and other activities for the residents that lead to greater opportunities to enhance their quality of life and participate more fully in the community.

To be eligible for respite you must:

- Have a mental illness and be over the age of 18 years.
- Be self-managing in general house hold tasks,
- Self-manage all treatment and medication regimes or have support workers who provide this service.
- Be willing to participate in the program,
- Abide by the house rules,
- Sign a Consent to Release Information form,
- Be able to live in a house unsupervised,
- Have your own permanent accommodation,
- Not be violent, a threat to others, suicidal, self-harming or acutely psychiatrically disturbed.

Referral and assessment Information

After the referral is received, MHF staff will contact you to meet up, and assess whether respite is a suitable option for you. If successful, we will negotiate a date for you to be admitted into the respite program.

The MHF reserves the right to reassess a consumer when his or her mental health needs have changed.

New residents and residents who have not accessed the program during the last 12 months **MUST** be referred by a health professional and will be admitted into the program from Monday to Friday only. Repeat residents can access the program for up to two weeks.

The program is not a crisis accommodation service.

We are not able to provide 24 hour supervision or clinical support. It is expected that residents will maintain regular contact with their mental health service clinical manager or other clinical supports.

A donation of \$15 per week is requested, and on admission there is an additional \$15 refundable key deposit required.



SELF REFERRAL FORM

This form should be completed by the person wishing to enter the Respite Program or their carer.

The form can be completed electronically or handwritten. Please answer all questions. Full and frank disclosure is expected when completing the form. This will help us to provide the best possible care during your stay.

1. Today's Date:

2. Please provide the following information about yourself:

Male Female

Name		Date of Birth	
Address		Postcode	
Does the person identify with either of these cultural backgrounds?	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Diverse Cultural and Linguistic Background		
Country of Birth		Preferred Language	
Phone		Mobile	

3. Please indicate if you use any of these ACT Mental Health Services.

<input type="checkbox"/> City Mental Health	<input type="checkbox"/> MITT North
<input type="checkbox"/> Belconnen Mental Health	<input type="checkbox"/> MITT South
<input type="checkbox"/> Woden Mental Health	<input type="checkbox"/> Older Persons Mental Health
<input type="checkbox"/> Tuggeranong Mental Health	<input type="checkbox"/> Other <i>(Please Specify Below)</i>

4. Please provide name and contact details of your next-of-kin or carer.

Name		Relationship	
Phone	Mobile	Email	

5. Why do you want to stay at the respite house?

6. Where will you live/stay after your stay in the respite house?



7. Please list all medications that you currently take.

Medication	Dose	Frequency

8. Have you had a change of medication in the last month?

- No
 Yes *(Please Provide Details)*

Previous Medication	Dose	Frequency

9. Does you have any other medical conditions or allergies? *(eg to food or medication)*

- No
 Yes - please provide specific details

10. Do you smoke tobacco? No Yes

11. Do you drink alcohol? No Yes

12. Have any of you details changed since you last admission? *(E.g. Emergency contacts, address, phone number, etc.)*

- No
 Yes – *(please provide details)*