



**AGED CARE  
ASSISTANCE**

# HOME CARE OPTIONS CHECKLIST

Tick the Services you would like to utilize for optimal, safe living in your own home.

Next to the sections you tick write in how frequently you might like this kind of assistance and specific days or time of day preference.

When meeting with the potential Service Provider use this document to record what they can and cannot offer (you won't remember all of the conversation you have with them so write it down!)

- Take the completed 'Health Care Needs List', ACCR assessment completed by the ACAT assessors (only required if needing more than 2-3 hours of assistance each week in total) and your Centrelink Asset Assessment to all appointments with potential Service Providers.

## PERSONAL CARE

- ☐ Bathing   ☐ Dressing assistance   ☐ Undressing assistance   ☐ Continence assistance  
☐ Assistance to get up in the morning   ☐ Assistance to settle to bed at night

## EQUIPMENT

- ☐ Purchase, what type \_\_\_\_\_ ☐ Hire, what type \_\_\_\_\_  
le walker, shower chair, toilet raiser, Electric lift chair or bed, extra bed linen,. Toileting bottle, call  
pendent, home security device

## DOMESTIC HELP

- ☐ House cleaning   ☐ Laundry   ☐ Cooking   ☐ Shopping   ☐ Gardening

## MEALS

- ☐ Hot food delivery service, frequency \_\_\_\_\_ ☐ Frozen meals service

## TRANSPORT

- ☐ to and from appointments   ☐ to and from shops  
☐ to attend social events (on own or with an escort)

## SPECIALIST SUPPORT

(in home or at a clinic)

- ☐ Physiotherapy   ☐ Speech Pathologist   ☐ Occupational Therapist   ☐ Podiatry  
☐ Dietitian   ☐ Dental   ☐ Counsellor   ☐ Other \_\_\_\_\_

## SOCIAL SUPPORT

- ☐ Companionship at home   ☐ Someone to take me out  
Frequency \_\_\_\_\_ Frequency \_\_\_\_\_

## RESPIRE CARE

- ☐ In Home   ☐ In Residential Care Facility

## NURSING CARE

- ☐ Wound Care   ☐ Ostomy Care   ☐ Diabetes Management  
☐ Medication management   ☐ Other  
please state \_\_\_\_\_

NOTES: NAME OF SERVICE BEING ASSESSED \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ ph \_\_\_\_\_

BASIC FEES & CHARGES: INCOME TESTED FEES:

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