

Appendix 2: Census forms

Please note that two coding errors in Form B (questions 8 and 14) have been corrected to reflect the data the data dictionary values and do not match the forms used for data collection.



Form A: Service outlet data

If you have any questions about how to fill in this form please refer to the 'CACP 2002 census - Guidelines'.

1a. Service outlet number

1b. Name of service outlet

1c. Street address of service outlet

State/Territory *Postcode*

2. Details for a person we can contact if we have any queries about your completed census forms

Name

Position e-mail

Phone () Fax ()

3. Is your organisation a 'not for profit' or 'for profit' organisation?

Not for profit 1 For profit 2

4. Which code best describes your organisation? (please tick one only)

Local, State or Commonwealth government 3 Religious 1

Ex-services/Veteran's service 2 Other 4

5. Do your Care Recipient Agreements include information on the management of care recipients' personal information including guarantees that:

- all reasonable steps will be taken to protect the confidentiality of personal information held by the service outlet and
- each care recipient is informed about what happens to information collected about them.

Yes 1 No 2

6. Does your service outlet include information on internal and external complaints procedures in the Care Recipient Agreement between your service and your care recipients?

Yes 1

No 2

7. For each type of CACP allocated to your service outlet, please indicate (if applicable):

- the number of packages allocated;
- the agreed Aged Care Planning Region for delivery of the packages

This information can be obtained from the Community Care Service Agreement(s) or Deed of Agreement relating to your service outlet.

	Name of first region	Name of second region
Name of Aged Care Planning Region:		
Type of package:	Number of packages in first region:	Number of packages in second region:
General packages:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Packages for Aboriginal and Torres Strait Islander people:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Packages for people from culturally and linguistically diverse backgrounds (NESB):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Housing linked packages:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other financially and socially disadvantaged packages:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other packages (please specify type):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Note: If you have more than two other types of packages or more than two regions, please attach details.

8. At present, to what extent does your service outlet broker (or sub-contract) other agencies or individuals to provide the following types of CACP assistance on your behalf? (Please tick one for each type)

Brokerage (or sub-contracting) is the payment of other organisations and self-employed sub-contractors to provide direct community service on behalf of the service outlet.

		Our service provides all of this type of care directly	Our service brokers/sub-contracts some of this type of care	Our service brokers/sub-contracts all of this type of care
Case management/care coordination	a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Personal care	b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Domestic assistance	c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other CACP assistance	d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Thank you for your time and help in completing this form.

7. Is the care recipient of Aboriginal or Torres Strait Islander origin?

Information about Indigenous status should be collected in sufficient detail to distinguish between people of Aboriginal and Torres Strait Islander origin. If a care recipient is of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.

If you do not record the information to this level, but the ACAT assessment does show that the care recipient is of Aboriginal or Torres Strait Islander origin please tick 'Indigenous, not further defined'.

- Yes, Aboriginal 1 }
Yes, Torres Strait Islander 2 } 3 code for data entry if both boxes are ticked
- Indigenous, not further defined 5
- Unknown 6
- No 4
-

8. In which country was the care recipient born? (Please tick one only)

Please select from the following list. If the country in which the person was born does not appear in this list, please write the name of the country under 'Other (please specify)'.

- | | | |
|--|---|--|
| Australia <input type="checkbox"/> 1101 | Italy <input type="checkbox"/> 3104 | China (excl. Taiwan) <input type="checkbox"/> 6101 |
| England <input type="checkbox"/> 2102 | Greece <input type="checkbox"/> 3207 | Poland <input type="checkbox"/> 3307 |
| Scotland <input type="checkbox"/> 2105 | Croatia <input type="checkbox"/> 3204 | Malta <input type="checkbox"/> 3105 |
| Wales <input type="checkbox"/> 2106 | Germany <input type="checkbox"/> 2304 | India <input type="checkbox"/> 7103 |
| Northern Ireland <input type="checkbox"/> 2104 | Netherlands <input type="checkbox"/> 2308 | Viet Nam <input type="checkbox"/> 5105 |
| Ireland <input type="checkbox"/> 2201 | New Zealand <input type="checkbox"/> 1201 | Not known <input type="checkbox"/> 9999 |
- Other (please specify) →
-

9. Does the care recipient experience personal financial hardship?

For a definition of financial hardship please refer to the Guidelines.

- Yes 1 No 2
-

10. Has the care recipient been diagnosed with dementia?

This code should only be reported if the person has been formally diagnosed as having dementia by the Aged Care Assessment Team (ACAT) or a medical practitioner.

- Yes 1 No 2
-

11. Is the care recipient a veteran of the Australian Defence Force or allied defence forces, or a spouse, widow or widower of a veteran? *(Please tick all relevant cards)*

In general, a veteran is a defence force person who has served at a time of declared war, or has service in overseas operations of a warlike or peacekeeping nature that qualify for entitlement under veteran's benefits. Spouses and widow/ers can be identified by the status of their veteran partner.

- No 4
- Not known 9
- Yes
- If yes, what is their DVA card-holding status?**
- Yes - Gold card 1
 - Yes - White card 2
 - Yes - Orange card 5
 - Yes - No card 3
 - Yes - type unknown 6

12. What type of accommodation does the person live in while receiving assistance from your service? *(Please tick one only)*

- Private residence
- Private residence—owned/purchasing 1
- Private residence—private rental 2
- Private residence—public rental or community housing 3
- Private residence—not specified 10
- Independent living within a retirement village 4
- Boarding house/rooming house/private hotel 5
- Short-term crisis, emergency or transitional accommodation 6
- Public place/temporary shelter 8
- Other 9
- Unknown 99

13. Does the care recipient live with other related or unrelated person(s)? *(Please tick one only)*

- Lives alone 1
- Lives with family 2
- Lives with others 3
-

14. Does the care recipient have a carer, i.e. someone such as a family member, friend or neighbour, that provides regular and sustained care and assistance to the care recipient without payment other than a pension or benefit?

Has a carer 1

Has no carer (*go to Question 17*) 2

15. Does the carer live with the care recipient?

If a recipient has both a co-resident (e.g. a spouse) and a non-resident carer (e.g. a daughter or son), the coding response to this question should be related to the carer who provides the most significant care and assistance related to the care recipient's capacity to remain living in their home.

Co-resident carer 1

Non-resident carer 2

A **Co-resident carer** is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A **Non-resident carer** (or visiting carer) is a person who provides care and assistance on a regular and sustained basis to a person who lives in a different household.

16. What is the relationship of the carer to the care recipient? (Please tick one only)

Please record the relationship of the carer to the person for whom they care. If the care recipient has more than one carer (e.g. a spouse and a son), the coding response should relate to the carer who provides the most significant care and assistance related to the person's capacity to remain at home. For example, if the care recipient is cared for by their daughter, tick daughter.

Wife/female partner 1

Daughter 5

Other female relative 9

Husband/male partner 2

Son 6

Other male relative 10

Mother 3

Daughter-in-law 7

Friend/neighbour—female 11

Father 4

Son-in-law 8

Friend/neighbour—male 12

Unknown 99

17. Does the care recipient sometimes or always need the assistance or supervision of another person in any of the following areas? (please tick all relevant areas):

Record those areas of activity that, in the opinion of CACP staff, the care recipient needs the assistance or supervision of another person, from either formal agencies or informal carers, regardless of whether the assistance is provided or not, and also regardless of whether the care recipient would agree to receive assistance in these areas.

Eating 1

Getting in or out of a bed or chair 8

Showering/bathing 2

Walking and related activities
(either around the home or away from home, excludes
needing transport assistance) 9

Dressing 3

Using public transport 10

Toileting 4

Managing incontinence 5

Understanding others or making oneself
understood by others (excludes independent use of
aids and equipment, eg hearing aids, speech aids and
assistance from interpreters) 11

Maintaining or changing body position 6

Carrying, moving or manipulating objects
related to the tasks of daily living 7

No assistance needed from another
person in any of these areas 12

18 a. Are you claiming the CACP community care subsidy for this client?

Yes 1 No - the person is a supplementary care recipient 2

18 b. What was the date on which your service first claimed the CACP community care subsidy in the name of this person (if applicable)?

d d m m y y y y

19. What was the date on which the care recipient first received CACP assistance (as specified within the care recipient's care agreement) from your service outlet, as part of their CACP?

The date recorded should reflect the date on which the care recipient is first provided with assistance according to the Care Recipient Agreement.

In many instances, CACP staff will have met with the care recipient in order to assess specific needs for assistance, provide information about the CACP programme and the service that would deliver this assistance, and/or provide some short-term assistance to the care recipient (such as social or emotional support). The date recorded here should, however, reflect the date on which the care recipient is first provided with assistance according to the Care Recipient Agreement.

For many care recipients, the Date of commencement of care plan assistance will be the same date on which the service outlet begins to claim the Community Care Subsidy in respect of a care recipient.

For further information please refer to the Guidelines

d d m m y y y y

20a. Is there a Care Recipient Agreement between your agency and the care recipient?

Yes 1 No (Go to Question 21) 2

20b. If so, is it signed by the care recipient or their representative?

Signed 1 Unsigned 2

21. Has the care recipient had a care plan review within the last 12 months?

Care plan review does not include the initial assessment and development of a care plan, nor does it include ongoing monitoring of the person and their care plan, which is a function of the case manager's role.

Not applicable—care recipient has not been in receipt of a CACP for 12 months 0

Yes 1

No 2

Questions 22 to 28 relate to the census week

22. Please record the total amount(s) of types of assistance that the care recipient received from the service outlet during the census week.

The type (and amount) of CACP assistance received by a care recipient should be recorded for each service delivery event.

This information should not be recorded, however, for assistance that is provided that:

- is outside of the allowable CACP services in the Aged Care Act 1997;
- is beyond the level of service provided to meet the care recipient's assessed needs (e.g. additional domestic assistance or respite);
- complements the assistance provided under the CACP; or
- meets the care recipient's assessed needs but is beyond the financial capacity of the service outlet, and for which the service outlet has entered into a private agreement with the care recipient.

Service outlets may agree to arrange and/or provide this additional assistance, and are entitled to fully recover costs associated with this additional assistance. This assistance, however, should not be reported for the purposes of the CACP census week collection.

The total amount of assistance, for types of assistance measured in hours, should be reported in hours and minutes, to the nearest fifteen minute period. Total amounts of less than fifteen minutes should be rounded up to fifteen minutes.

The time spent providing each type of assistance on each occasion of service delivery should be recorded by the service outlet in five minute units, e.g. 5 minutes, 25 minutes, 30 minutes etc.

The types of assistance measured by quantity are Delivered meals, Formal linen services, and Transport.

The service outlet should record the total amount of Delivered meals received by the care recipient during the census week as the total number of delivered meals received, regardless of the number of deliveries involved in providing those meals.

The service outlet should record the total amount of assistance with Formal linen services received by the care recipient during the census week as the total number of laundry deliveries.

The service outlet should record the total amount of assistance with Transport received by the care recipient during the census week as the total number of one-way trips.

<p>Personal care (e.g. feeding, bathing, toileting, dressing, mobility and help with medication)</p>	1	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	hours		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	minutes
<p>Domestic assistance (e.g. cleaning, washing, ironing)</p>	2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	hours		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	minutes
<p>Social support (e.g. assistance primarily directed at meeting the care recipients need for social contact and accompaniment)</p>	3	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	hours		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	minutes
<p>Meal preparation/other food services (e.g. cooking and food storage)</p>	4	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	hours		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	minutes
<p>Temporary respite care (Where the primary purpose is to substitute for the usual informal carer, excluding residential respite)</p>	5	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	hours		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	minutes
<p>Rehabilitation support (Where CACP worker is playing an active role in implementing a professionally determined rehabilitation plan)</p>	6	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	hours		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	minutes
<p>Home maintenance (e.g. changing light bulb, repairing roof, mowing lawn, removing rubbish)</p>	7	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	hours		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	minutes
<p>Delivered Meals (does not include meals prepared in care recipients own home)</p>	8	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	No. of meals			
<p>Formal linen service (for linen provided <u>and</u> laundered)</p>	9	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	No. of deliveries			
<p>Transport</p>	10	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	No. of one-way trips			
<p>CACP case management/care coordination</p>	11	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	hours		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	minutes

Question 28 relates to services provided by other government programmes during the census week

28 a. If known, does the person currently receive any of the following types of assistance from another government programme on a regular basis (excluding services that you purchase for the person using CACP funds)? (Please tick all relevant programmes)

If a care recipient purchases assistance from a programme at full cost (i.e. without any government-funded contribution), then do not record that type of assistance under 28a or 28b.

- | | |
|--|---|
| Personal care <input type="radio"/> 1 | Nursing care <input type="radio"/> 13 |
| Domestic assistance <input type="radio"/> 2 | Allied health care <input type="radio"/> 14 |
| Social support <input type="radio"/> 3 | Centre-based day care <input type="radio"/> 15 |
| Meal preparation/other food services <input type="radio"/> 4 | Provision of goods and equipment <input type="radio"/> 16 |
| Respite care <input type="radio"/> 5 | Counselling/support <input type="radio"/> 17 |
| Home maintenance <input type="radio"/> 7 | Financial assistance to buy continence aids <input type="radio"/> 18 |
| Delivered meals <input type="radio"/> 8 | Other <input type="radio"/> 19 |
| Formal linen service <input type="radio"/> 9 | No - does not receive any of these types of assistance from another programme (go to end) <input type="radio"/> 0 |
| Transport <input type="radio"/> 10 | |
| Home modification <input type="radio"/> 12 | Don't know (go to end) <input type="radio"/> 99 |

28 b. If the person receives any of the types of assistance listed above from another government programme (i.e. not purchased for the person using CACP funds), which programme(s) provides that assistance listed above (if known)? (Please tick all relevant programmes)

If a care recipient purchases assistance from a programme at full cost (i.e. without any government funded contribution), then do not record that type of assistance under 28a or 28b.

- | | |
|---|---|
| Home and Community Care (HACC) <input type="radio"/> 1 | Day Therapy Centre Programme <input type="radio"/> 4 |
| Department of Veterans' Affairs <input type="radio"/> 2 | CSDA-funded disability support services <input type="radio"/> 5 |
| National Respite for Carers Programme <input type="radio"/> 3 | Continence Aids Assistance Scheme <input type="radio"/> 6 |
| Don't know <input type="radio"/> 9 | Other programme(s), please specify: |

Thank you for your time and help in completing this form.