

Appendix G: Referral Form to SWICC



Referral Form to SWICC (State Welfare Incident Coordination Centre)

This form is required for all ++ cases who are NOT an inpatient in a hospital. Prior to completing the form confirm the persons understanding of quarantine/isolation.



Personal Details				
Full Name		Click or tap here to enter text.		
Date of Birth				
Current Address				
Phone number				
Does the person identify as Aboriginal or Torres Strait Islander?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the person identify as CALD?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the person in a rural / remote location		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you give consent to share your personal information for follow up processes/referral for support if required? <ul style="list-style-type: none"> WA Health Dept of Communities Other government, non-government support agencies 		<input type="checkbox"/> Yes	<input type="checkbox"/> No* *If the individual is deemed high risk but <u>does not</u> consent to a referral, discuss with your Team Leader / CNM and mark box below. <input type="checkbox"/> High risk referral discussed, and action noted in PHOCUS record	
SECTION 1: SWICC - State Welfare Incident Coordination Centre (Accommodation and Welfare)				
<i>"We need to check you have appropriate facilities to isolate/quarantine"</i>				
		Yes	No	
1. Are there other people living/staying at the location address where you will be quarantining/isolating? (This includes children and any dependent adults e.g. elderly/frail, person with disability)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accommodation required out of community – Kununurra is ok
2. Do you have access to a separate bedroom or bathroom?		<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter notes
3. Can you avoid being in the kitchen / living area?		<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter notes
4. If current facilities are unsuitable, are you able to locate and find another suitable premise?		<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter notes
5. Do you need support at home for any of the following?	Meal/grocery delivery	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter your notes
	Delivery of other essential items (eg: medications, clothing)	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter your notes
	Memory loss / cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter your notes
	Mobility or functional impairment	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter notes
Any ticked orange box, send referral to SWICC through client record on PHOCUS using the 'Engage' function and email: covidsupport@communities.wa.gov.au Ensure Risk Assessment Form is attached.				