

Healthy Age Friendly Homes Programme | Referral Form

PARTICIPANT DETAILS (BLOCK CAPITALS)		
Full Name:		
Address: NB: Include Eircode		
	Homeowner <input type="checkbox"/> Local Authority Tenant <input type="checkbox"/> Private Rented <input type="checkbox"/> Other <input type="checkbox"/>	
Date of Birth: IMPORTANT		Age:
Contact Numbers:	L:	M:
Email Address:		
Date of Referral:		
First Language:		Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>
ESSENTIAL: Participant gives/has given consent (verbal or written, directly or via referrer) for their details to be passed to the Healthy Age Friendly Homes Team and Local Coordinator for the purpose of participating in this Programme as outlined overleaf. Yes <input type="checkbox"/> No <input type="checkbox"/>		

REFERRER DETAILS (BLOCK CAPITALS)	
Full Name:	
Occupation or Relationship:	
Job Title & Agency: (if applicable)	
Contact No.	Email Address:

OPTIONAL - ADDITIONAL RELEVANT DETAILS (BLOCK CAPITALS)													
Reason for Referral:													
Interested In:	<table border="0"> <tr> <td>Home Adaption Grants</td> <td><input type="checkbox"/></td> <td>Health</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assisted Technology</td> <td><input type="checkbox"/></td> <td>Rightsizing/downsizing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Community</td> <td><input type="checkbox"/></td> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>	Home Adaption Grants	<input type="checkbox"/>	Health	<input type="checkbox"/>	Assisted Technology	<input type="checkbox"/>	Rightsizing/downsizing	<input type="checkbox"/>	Community	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Assisted Technology	<input type="checkbox"/>	Rightsizing/downsizing	<input type="checkbox"/>										
Community	<input type="checkbox"/>	Other	<input type="checkbox"/>										
Heard about us from?													
Any relevant medical, family or social history:													
Any risks identified: Yes <input type="checkbox"/> No <input type="checkbox"/>	e.g. dogs, mental health issues, substance abuse, infectious diseases												

SUBMIT THIS APPLICATION

By Email (referrals only): referralshafh@meathcoco.ie

(in the subject line please state **HAFH Referral** followed by the participant name)

General Enquiries: healthyagefriendlyhomes@meathcoco.ie

By Post: Healthy Age Friendly Homes, Meath County Council, Kells Civic Offices, Headfort Place, Kells, Co. Meath.

About Us

The Healthy Age Friendly Homes Programme aims to support older people to live in their own home with dignity and independence, for as long as possible. The programme's ambition is to enable everyone to live longer healthier lives by keeping care close to home and expanding the range of health and social care services in the community. It is about providing a range of alternatives for older people who may otherwise transition into long term residential care prematurely. To do this we have appointed a **Local Healthy Age Friendly Homes Coordinator** in all local authorities. Each Local Coordinator will case manage a support package for each person referred, linking the supports from the variety of public, voluntary, private and community agencies in the area.

The purpose of this referral is to identify an older person who could benefit from some extra help and support in order to stay living in their own home. The Local Coordinator will carry out a home based assessment and, in partnership with the older person, will identify and design a range of supports to enable the older person to continue living independently. **This will not affect any current home help, medical card, pension or other services being received.**

In order to see if this approach has been successful and to find out if this is a successful way of working, the local coordinator will gather information on the current housing, health, social and technology supports that the older person has/has not access to. This information will help the coordinator facilitate the older person to access a range of additional supports and information. Upon receipt of this referral each participant will receive an acknowledgement letter from their Local Coordinator outlining the next steps in the process.

Contact Us:

National Office

Telephone: 046-924 8899

General Enquiries: healthyagefriendlyhomes@meathcoco.ie

Referrals: referralshafh@meathcoco.ie

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