

Consent for assessment Eligibility for a Specialist Dementia Care Program (SDCP)



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Important information

Name: _____ of **organisation:** _____
has requested that _____ (**client**)
is assessed for eligibility of an SDCP.

Dementia Support Australia (DSA) undertake this assessment. We require consent from you as the guardian/substitute decision maker before we can proceed to assessment.

What is SDCP?

The Specialist Dementia Care Program (SDCP) provides specialist residential care to people with dementia to stabilise and reduce behavioural symptoms.

Placement in the SDCP is not permanent. A person may live in the SDCP for up to 12 months, although this will vary for each person.

This assessment does not guarantee placement.

You are under no obligation to proceed with placement following this assessment.

I consent to referring _____ (**client**)
to Dementia Support Australia for assessment into the Specialist Dementia Care Program.

Relationship to person being referred for SDCP eligibility assessment: _____

Guardian/substitute decision maker name: _____

Signed: _____

Date: _____

Please return this signed document to the person at your residential care provider or in the hospital who is referring for assessment.

Find out more about the Specialist Dementia Care Program and Dementia Support Australia at www.dementia.com.au. You can also learn more at www.health.gov.au/initiatives-and-programs/specialist-dementia-care-program-sdc

If you have any questions about the assessment process you can speak to a Dementia Support Australia Consultant on **1800 699 799** or refer to our website www.dementia.com.au