

Healthy Age Friendly Homes Programme | Referral Form

(Please see overleaf for further information on this scheme and details of how to submit application)

REFERRER DETAILS (BLOCK CAPITALS)

Full Name & Signature:	BLOCK CAPITALS	SIGNATURE
Occupation/Organisation:		
Contact No.		
Email Address:		
Date of Referral:		

PARTICIPANT DETAILS (BLOCK CAPITALS)

Full Name:	BLOCK CAPITALS	SIGNATURE (where possible to obtain)
Address: NB: Include Eircode		
Date of Birth: IMPORTANT		
Contact Numbers:	L:	M:
Email Address:		
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"/>

ADDITIONAL RELEVANT DETAILS (BLOCK CAPITALS)

Reason for Referral:	
Any relevant medical, family or social history:	
Additional relevant information (e.g. special needs, disabilities, clinical warnings etc.):	

Further Information:

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 nine local authorities (see table below). 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.

Submit Your Application:

Area	Local Healthy Age Friendly Co-ordinator
National Office	jhusband@meathcoco.ie & elizabeth.kenny@meathcoco.ie IMPORTANT: Email submissions can go to the national office OR to directly by email to the relevant co-ordinator, but for all postal submissions please forward to:- Meath County Council, Buvinda House, Dublin Road, Navan, Co. Meath, C15 Y291.
Cork	Marie Nolan - Email: marie.nolan@meathcoco.ie
Dublin City	Eimear McCormack - Email: eimear.mccormack@meathcoco.ie
Fingal	Danielle Monahan - Email: danielle.monahan@meathcoco.ie
Galway	Francis Kane - Email: francis.kane@meathcoco.ie
Limerick	Jillian Robinson - Email: jillian.robinson@meathcoco.ie
Longford	Mary Carey - Email: mary.carey@meathcoco.ie
South County Dublin	Mary Roach - Email: mary.roach@meathcoco.ie
Tipperary	Tracey Thompson – Email: tracey.thompson@meathcoco.ie
Westmeath	Ann Moran – Email: ann.moran@meathcoco.ie