Eligibility Criteria

Applicants need to meet all THREE criteria under Part A and TWO out of THREE criteria in Part B to be eligible for PAV.

**Part A**

**Criterion 1: The applicant agrees to daily monitoring (mandatory for all PAV clients)**
- □ Yes □ No Does the applicant need daily monitoring?
- □ Yes □ No Does the applicant understand what daily monitoring is?
- □ Yes □ No Does the applicant understand their responsibility to push the daily call button each day and agree to this?

**Criterion 2: The applicant is capable of using and is willing to wear the PAV pendant at all times**
- □ Yes □ No Does the applicant understand the PAV service including emergency response?
- □ Yes □ No Is the applicant willing to wear the PAV pendant at all times?

*Use the next three questions to help you determine if the applicant has the cognitive ability to effectively participate in PAV.*
- □ Yes □ No Does the applicant have memory problems or get confused?
- □ Yes □ No Does the applicant have behavioural problems for example aggression, wandering or agitation?
- □ Yes □ No Does the applicant have a known diagnosis of dementia?
- □ Yes □ No Do you believe the applicant has the cognitive ability to effectively participate in PAV?

**Criterion 3: The applicant lives alone OR is alone for most of the day or evening OR lives with a person who would be unable to get to the phone in an emergency or is unable to use the phone**
- □ Yes □ No Does the applicant live alone?
- □ Yes □ No Is the applicant alone for most of the day or evening, and at risk of a medical emergency?
- □ Yes □ No Does the applicant live with a person who would be unable to get to the phone in an emergency or is unable to use the phone?

A ‘Yes’ answer to any of the above questions indicates that the applicant has met this criterion.

If the applicant has not met the three mandatory criteria above the applicant IS NOT eligible for PAV. DO NOT proceed with assessment. INSTEAD consider other options that may be appropriate for the applicant.

**Assessment notes** (describe any specific applicant information – living situation, amount of contact with others, memory or behavioural issues which affect the client meeting any of the above criteria)
PAV Assessment

To be used by assessment officers from PAV designated organisations to assess, determine and record the eligibility of applicants for the PAV Service

Consumer

Name: __________________________

Date of Birth: dd/mm/yyyy    /    /

Sex: __________________________

UR Number: __________________________

or affix label here

Part B

Criterion 1: The applicant has experienced at least one fall that has required medical attention in the last six months or is at risk of falls?

☐ Yes  ☐ No  Has the applicant had a fall inside/outside the home in the last 6 months?

☐ Yes  ☐ No  Hospitalisation of the applicant?

☐ Yes  ☐ No  General practitioner involvement or emergency department presentation?

☐ Yes  ☐ No  Assistance from other people to assist the applicant to stand?

☐ Yes  ☐ No  Is the applicant at risk of falls?

Note: If ‘Yes’ to any of the above then you may wish to consider a referral to a falls & balance clinic or similar, home maintenance services or vision assessment services to decrease the risk of falls.

Criterion 2: The applicant suffers from a major medical or chronic condition that puts them at risk of medical emergencies, or that has some ongoing effect on their health or wellbeing

Has the applicant experienced any of the following medical or chronic conditions that required hospital admission in the previous six months or puts them at risk of a serious medical event?

Respiratory condition: ☐ Yes  ☐ No  Emphysema

☐ Yes  ☐ No  Asthma requiring continuous medication and affecting function

☐ Yes  ☐ No  Chronic obstructive pulmonary disease

☐ Yes  ☐ No  Neurological condition causing significant impairment to sensory or motor function (provide notes below)

Cardiac condition: ☐ Yes  ☐ No  Heart attack or angina attack

☐ Yes  ☐ No  Heart failure

☐ Yes  ☐ No  Syncope (fainting)

☐ Yes  ☐ No  Blackouts

☐ Yes  ☐ No  Postural hypotension

☐ Yes  ☐ No  Parkinson's disease (advanced)

☐ Yes  ☐ No  Diabetes where function is severely affected

☐ Yes  ☐ No  Arthritis where function is severely affected

☐ Yes  ☐ No  Renal failure

☐ Yes  ☐ No  Stroke

Other condition that required hospitalisation in the last six months that has affected function or puts the person at risk of a serious medical event (provide notes below)

Disability ☐ Yes  ☐ No  Does the applicant have a disability that stops them from physically getting to or using the phone, or puts them at risk of falls?

Criterion 3: The applicant is taking six or more different medications on a permanent basis that are prescribed by a medical practitioner.

☐ Yes  ☐ No  Does the applicant take six or more different medications on a permanent basis that are prescribed by a medical practitioner?

If the applicant meets all criteria in Part A and two of the three criteria in Part B then the applicant is eligible for PAV.

Assessment notes (describe other specific medical, chronic, neurological, or other conditions/include conditions that may affect the client meeting any of the above criteria)

Produced by the Victorian Department of Health and Human Services, 2018

This information collected by: __________________________  __________________________

Name: __________________________  Position/Agency: __________________________

Sign: __________________________  Date: dd/mm/yyyy    /    /  Contact number: __________________________
PAV Assessment

To be used by assessment officers from PAV designated organisations to assess, determine and record the eligibility of applicants for the PAV Service

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number: ________________________________
or affix label here

Technical Information (include all technical information if client is connected to a standard telephone service)

☐ Yes ☐ No Is there more than one telephone socket in the house?

☐ Yes ☐ No Is there a power point within 1 metre of the originating phone socket?

☐ Yes ☐ No Is this power point on the same wall as the telephone socket?

☐ Yes ☐ No Can this power point be used exclusively for the PAV unit?

☐ Yes ☐ No Is the telephone able to dial in and out?

☐ Yes ☐ No Are there any other services connected to the telephone line, for example facsimile, home alarm or Internet?

(only include the following if the applicant is connected to the National Broadband Network or does not have a home telephone service)

☐ Yes ☐ No Is there a regular and reliable electricity source to continuously power the PAV unit?

☐ Yes ☐ No Is there Mobile network coverage in the residence?

☐ Yes ☐ No Are there any personal considerations that could affect the installation of a personal alarm, for example, is the applicant deaf, hearing impaired or does the applicant have complex communication needs?

Assessment notes (describe any specific communication issues that may necessitate the need for modified equipment)

Nominated Contact Information

Note: These may be the same as those gained under Consumer Information. However, PAV nominated contacts must:

- Be able to attend to the client promptly; and
- Agree to participate as a contact and sign the consent form.

| Person 1 Name: ___________________________ | Person 2 Name: ___________________________
| Contact address: __________________________ | Contact address: __________________________ |
| Phone numbers | Phone numbers |
| Home: __________________________ | Home: __________________________ |
| Work: __________________________ | Work: __________________________ |
| Mobile: __________________________ | Mobile: __________________________ |
| Relationship to client: __________________________ | Relationship to client: __________________________ |

| Person 3 Name: ___________________________ | Person 4 Name: ___________________________
| Contact address: __________________________ | Contact address: __________________________ |
| Phone numbers | Phone numbers |
| Home: __________________________ | Home: __________________________ |
| Work: __________________________ | Work: __________________________ |
| Mobile: __________________________ | Mobile: __________________________ |
| Relationship to client: __________________________ | Relationship to client: __________________________ |

Produced by the Victorian Department of Health and Human Services, 2018
**Personal Alert Victoria (PAV) Response Service**

Is a referral to the PAV Response Service required?

- [ ] No
- [ ] Yes

If Yes:

- [ ] Yes Does the applicant understand that they will need to give a copy of their house keys to the PAV Response Service?
- [ ] Yes Does the applicant understand that the PAV Response Service will put the keys in a securely locked safe on the applicant’s property?

**Personal Alert Victoria (PAV) Consent for Service**

**Record of Applicant Consent**

This applies to the applicant stated on this form ONLY. The assessor completes this section on behalf of the applicant.

If the software allows, the applicant signs the form. If not, a hard copy of this consent page must be kept by the assessing organisation.

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- [ ] I have been provided with information about the PAV program including the PAV information booklet.

**I agree to:**

- [ ] Wear and use the PAV pendant at all times
- [ ] Participate in daily monitoring
- [ ] Look after the PAV equipment
- [ ] Undertake a reassessment if my circumstances change
- [ ] Return the unit if no longer required, e.g. if I move into residential care or a supported living situation
- [ ] I understand that if there are any changes to my living arrangements or health, a reassessment may lead to recommended additional services or may result in cancellation of this service?

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(If software allows)

- [ ] The applicant agrees to all the requirements and a signed hard copy of the consent has been collected by the assessment organisation.

**Assessment organisation details**

- [ ] Date of assessment: / /
- [ ] Assessor Name:

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| Assessment undertaken on behalf of: |

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