



PO BOX 186
WELLAND, SA 5017
CARING CANINE COMPANIONS
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VISITOR REPORT FORM
2nd Quarter – April, May, June 2025
(Please use separate form for each Aged Care Facility visited)

VOLUNTEER VISITOR'S NAME: _____ **Dog's Name:** _____

NAME OF AGED CARE FACILITY VISITED: _____

SUBURB OF AGED CARE FACILITY VISITED: _____

Date		Enter <u>only names of REFERRED recipients</u> visited, card left or phoned. Add any comments overleaf.	Office Use		
	One-on-One		This Period		
	Group visits		V#		
	One-on-One		Multi ACFs Tot		
	Group visits		V#		
	One-on-One		OOP		
	Group visits				
	One-on-One		V# per Rec		
	Group visits		Code	O	G
	One-on-One				
	Group visits				
	One-on-One				
	Group visits				
	One-on-One				
	Group visits				
	One-on-One		6 Months		
	Group visits				
	One-on-One				
	Group visits				
	One-on-One				
	Group visits				
	One-on-One				
	Group visits				

These visits have been made by me on behalf of the Caring Canine Companions Program & the ACVVS Scheme

Date: _____

Are "Out of Pocket" expenses required? **YES/NO** If YES, please supply Bank details if not already supplied or have changed

NAME ON ACCOUNT: _____ NAME OF BANK: _____

BSB: _____ ACCOUNT NUMBER: _____

Please return your Report Form to the postal address or by email by 15th July 2025. If this form is received after this date "Out of Pocket Expenses" MAY NOT be paid.

HOW TO COMPLETE THIS FORM

Reporting to the Department of Health requires the number of times each referred resident is visited. To qualify for funding, 20 visits must be made to a referred resident during the financial year (1 July to 30 June). Please **contact us** if you are unable to visit 20 times, are on leave or unwell.

1. Please enter the date of your visit. **DO NOT** enter dates if you do not visit.
2. In the third column enter names (from your list) of referred residents visited or card left - either against the one-on-one row or the Group row. **DO NOT** enter names of residents who do not have a referral. If you wish, you can add these into the 'Comments' section below.
3. **If you visit more than 12 times in the quarter**, please add another form and number it "page 2".
4. Please let us know as soon as possible if one of your referred residents passes away.

IMPORTANT: Please ensure you return this form with all details of your visits, regardless of whether you are claiming Out of Pocket Expenses. Even if you did not visit during the quarter, you must still submit the form and provide an explanation for not visiting in the comments section. ****It is a requirement of our funding that every visitor completes and returns the Visitor Report forms within 2 weeks after the end of the quarter. ****

Comments

[illegible]