

SWSPHN Care finder Central Intake

REFERRAL FORM					
Date of referral:	Referrer Name:		Referrer Phone:		
Referrer Email:		Referrer Suburb:			
Client Details					
Title:	Family Name:	First Name:		Middle Name:	
Gender:		Date of Birth:		Estimated Date of Birth:	
NDIS Participant / has a Disability:					
Living arrangements:		Accommodation Setting:		Homeless / transitional	
<input type="checkbox"/> Living alone		<input type="checkbox"/> Private owned		<input type="checkbox"/> Private rental	
<input type="checkbox"/> Living with others		<input type="checkbox"/> Public rental		<input type="checkbox"/> Homeless / transitional	
<input type="checkbox"/> Unknown				<input type="checkbox"/> Other:	
Street:			Suburb:		Postcode:
Phone (Home):			Phone (Mobile):		
Country of Birth:		Aboriginality:		Preferred Language?	
Interpreter Required:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown
Emergency Contact:					
Name:		Relationship:		Phone:	
Referral Details					
Client is eligible for My Aged Care:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client has completed their ACAT assessment:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client is eligible for accessing the Care finder Service:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>To be eligible for the Care finder Service, the client needs to be unable to navigate My Aged Care services on their own and does not have any family members/community members that can assist them in navigating My Aged Care services</i>					
Are there any cultural considerations to consider when assigning a Care Finder?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please Specify:					
Reason for Referral: <input type="checkbox"/> MAC Services <input type="checkbox"/> Housing <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____					
Details of referral:					
Signature of Referrer:					