

Client Details

Title
 Mr Mrs Ms Miss Master Dr

Given Names

Surname Date of Birth

Address

Telephone

Gender: Male Female

Urgent: Yes No

Client/Advocate Consent for Referral:
 Yes No

Country of Birth: Australia
 Other (please specify below)

Preferred Language: English
 Other (please specify below)

English Proficiency: Not at all
 Not Well
 Well
 Very Well

Interpreter Required:
 No Yes

Living Arrangements:
 Lives alone
 Lives with family
 Lives with others
 Not stated

Accommodation: Privately owned
 Rental
 Community Housing

Housing Type: House
 Unit
 Caravan
 Relocatable Unit
 Other (please specify below)

Eligibility Criteria: >60 years
 Frailty
 Disability or condition
 Carer

Benefit Type: Disability Support Pension
 Aged Pension
 Veteran's Affairs Pension
 Other (please specify below)

Existence of Carer: Has a carer
 Does not have a carer

Carer Residency Status:
 Not Applicable
 Co-resident carer
 Non-resident carer

Relationship of Carer:

Telephone:

Current Services

Service Provider/s:

- Nil Service
- Alzheimer's Association
- Blue Care
- CODI
- Diversicare
- HACC Community Care
- Home Assist
- Oz Care
- Meals on Wheels
- RSL Care
- Spiritus Care Services
- Other

Package:

- Not applicable
- EACH
- CACP
- HACC
- VHC
- DVA
- HAS
- Other

Service Types:

- Not applicable
- Domestic Assistance
- Social Support
- Respite
- Centre Based Day Care
- Community Nursing
- Personal Care
- Meals on Wheels
- Transport
- Allied Health
- Other

Referral Source Details (Service Providers Only)

Referral Source:

Referral Date:

Contact Person:

Position:

Contact Number:

Email:

Referral Details

Drawings Attached: Yes No

Referrer Signature:

Client Signature (where applicable):

For assistance completing this form contact Home Assist by telephone on 07 3810 6662.

Please return to: Home Assist
c/ Ipswich City Council
PO Box 191, Ipswich QLD 4305
or email homeassist@ipswich.qld.gov.au
or fax to 07 3810 6741

IMPORTANT NOTICE – Privacy Statement

Ipswich City Council is collecting your personal information on this form in order to assess eligibility for, and to provide services through the Home Assist Program. Your information will not be given to any other agency unless you have given us permission or we are required by law. Your personal information is handled in accordance with the Information Privacy Act 2009.