



Home Assist

Service Provider Referral Form



CLIENT DETAILS

Title:	First Name:	Surname:	
Date of Birth:		Age:	
Street Address:			
Suburb:		Postcode:	
Phone Number/s:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Living Arrangements:	<input type="checkbox"/> Lives alone	<input type="checkbox"/> Lives with spouse	<input type="checkbox"/> Lives with family <input type="checkbox"/> Lives with others

CLIENT DEMOGRAPHICS

Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify)	
Preferred Language:	<input type="checkbox"/> English	<input type="checkbox"/> Other (please specify)	
Interpreter Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Indigenous Status:	<input type="checkbox"/> Aboriginal but not Torres Strait Islander	<input type="checkbox"/> Torres Strait Islander but not Aboriginal	
	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	<input type="checkbox"/> Neither Aboriginal or Torres Strait Islander	

CLIENT SUPPORTS

Benefit Type:	<input type="checkbox"/> Aged Pension	<input type="checkbox"/> Disability Support Pension	<input type="checkbox"/> Veterans' Affairs Pension	<input type="checkbox"/> No Pension/Self Funded
DVA Card:	<input type="checkbox"/> Gold	<input type="checkbox"/> White	<input type="checkbox"/> None	
Is the client receiving a Home Care Package?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Home Care Package details:	Package Provider:			
	Package Manager Name:			
	Package Manager Phone:			
	Package Manager Email:			
Is the client receiving support through the NDIS?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

PROPERTY DETAILS

Property Ownership:	<input type="checkbox"/> Property owned by client and/or spouse	<input type="checkbox"/> Property owned by other family
	<input type="checkbox"/> Rental property	<input type="checkbox"/> Department of Housing
Property Documentation:	<input type="checkbox"/> Rates notice attached (proof of ownership required for properties outside of Ipswich City Council)	
	<input type="checkbox"/> Property owner authorisation form attached (for rental properties requiring fixed modifications, including family rentals)	

CARER DETAILS

Existence of Carer:	<input type="checkbox"/> Has a carer	<input type="checkbox"/> Does not have a carer
Carer residency status:	<input type="checkbox"/> Co-resident carer	<input type="checkbox"/> Non-resident carer
Receiving Carer's Pension:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carer Title:	Carer First Name:	Carer Surname:
Carer Date of Birth:	Carer Phone Number:	
Carer Suburb:	Carer Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Carer Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify)
Relationship to Client:		

EMERGENCY CONTACT DETAILS

Emergency Contact details are the same as the fields above (carer details) <input type="checkbox"/>		
Title:	First Name:	Surname:
Phone Number:	Relationship to Client:	

REFERRER DETAILS

Referrer Name:	Referrer Position:
Referrer Agency:	Referrer Phone Number:
Referrer Email:	
Client Consent for Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	Referrer Signature:

REQUESTED MODIFICATIONS

Request Date:

Requested Modifications (please list):

MAC Referral Code (if applicable):

Diagrams Attached: Yes No

Is this modification required for hospital discharge?: Yes No

Estimated date of discharge:

For assistance completing this form contact Home Assist by telephone on (07) 3810 6662.
Please return completed form to Home Assist via email homeassist@ipswich.qld.gov.au

IMPORTANT NOTICE – Privacy Statement

Ipswich City Council is collecting your personal information so that we can assess your eligibility for the Home Assist Program, provide services and generally administer the Home Assist Program. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to Ipswich City Council Contractors, Department of Communities, Queensland Health, Department of Health & Ageing, Department of Veteran's Affairs, Referring Agency, General Practitioner, External Service Provider(s), Auditing Bodies, Aged Care Assessment Team and National Minimum Data Set. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.

