

HOME ASSIST Service Provider Referral Form



CLIENT DETAILS

Title	Given names	Surname
Telephone	Date of birth	
Street address		
Suburb	State	Postcode

CLIENT DEMOGRAPHICS

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
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"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> NEITHER Aboriginal or Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but NOT Aboriginal
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 SUPPORTS

Benefit Type	<input type="checkbox"/> Aged Pension <input type="checkbox"/> Veterans' Affairs Pension <input type="checkbox"/> Other <input type="checkbox"/> Disability Support 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
	Email address for invoices
Is the client receiving support through the NDIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continue to page 2

PROPERTY DETAILS

Property accommodation	<input type="checkbox"/> Property owned by client and/or spouse <input type="checkbox"/> Rental property <input type="checkbox"/> Property owned by other family <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"/> Have a carer <input type="checkbox"/> Do not have a carer		
Carer residency status	<input type="checkbox"/> Co-resident carer <input type="checkbox"/> Non-resident carer		
Title	Given names	Surname	
Telephone	Date of birth		
Street address			
Suburb	State	Postcode	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say		
Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)		
Relationship to Client			

EMERGENCY CONTACT DETAILS

Title	Given names	Surname	
Telephone			
Relationship to Client			

REQUESTED MODIFICATIONS

Requested modifications (please list)

Continue to page 3

Requested modifications (continued)	
MAC referral code	
Diagrams attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this modification required for hospital discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated date of discharge	
REFERRER DETAILS	
Referrer name	
Referrer position	
Referrer phone number	
Referrer organisation	
Referrer email	
Client consent for referral	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referrer Signature	
Date	

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

Ipswich City Council is collecting your personal information so we can assess your eligibility for services, 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, Queensland State Government departments, Australian Commonwealth Government departments, external service providers, auditing bodies, the Aged Care Assessment Team and My Aged Care. 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.

Last reviewed June 2021