



Home Assist

Self Referral Form



Title	<input type="text"/>	Given Names	<input type="text"/>	Surname	<input type="text"/>
Telephone	<input type="text"/>			Date of Birth	<input type="text"/>
Address	<input type="text"/>				

Gender: Male Female

Country of Birth: Australia
 Other (please specify below)

Preferred Language: English Other (please specify below)

Interpreter Required:
 No Yes

Indigenous Status:
 Aboriginal but NOT Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 NEITHER Aboriginal or Torres Strait Islander
 Torres Strait Islander but NOT Aboriginal

Living Arrangements:
 Lives alone Lives with family
 Lives with others Lives with spouse

Accommodation:
 Privately owned by client and/or spouse
 Rental property
 Department of Housing
 Property owned by other family

Benefit Type:
 Disability Support Pension
 Aged Pension
 Veterans' Affairs Pension
 No pension/self funded

Packages:
Are you receiving a Home Care Package?
 No Yes

Are you receiving support through the NDIS?
 No Yes

Existence of Carer:
 Have a carer Do not have a carer

Carer Residency Status:
 Co-resident carer Non-resident carer

Carer Details:
Receiving Carers' Pension? Yes No

Given Names	<input type="text"/>	Surname	<input type="text"/>
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Date of Birth	<input type="text"/>	Telephone	<input type="text"/>
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Relationship to Client (please specify below)

Emergency Contact Details:

Given Names	<input type="text"/>	Surname	<input type="text"/>
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Telephone

Relationship to Client (please specify below)

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

Client Signature:

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, Department of Veteran's Affairs, Referring Agency, General Practitioner, External Service Provider(s), Auditing Bodies, 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 your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.

