CORE COMMUNITY SERVICES LTD

Aged & Disability Care Home Modifications & Maintenance

Phone: (02) 8717 1522 Email: mods@corecs.org.au

REFERRAL FORM

Date:

SERVICE REQUIRED Please select all that apply:

☐ Occupational Therapy Assessment ☐ Home Modifications ☐ Home Maintenance ☐ Site Visit fees may apply

DETAILS OF WORK REQUIRED: (PLEASE ATTACH SCOPE OF WORK, PHOTOS, DRAWINGS & SPECIFICATIONS)

CLIENT/PARTICIPANT DETAILS

Please complete ALL sections below:

TITLE: GIVEN NAME: SURNAME: DOB:

ADDRESS: POSTCODE:

COUNTRY OF BIRTH: LANGUAGE SPOKEN: ABORIGINAL OR TORRES STRAIT ISLANDER ☐ YES ☐ NO

EMAIL: MOBILE:

IS THE CLIENT A RECIPIENT OF: ☐ CHSP (please provide MAC referral code) ☐ HCP (please provide email to share quote/ invoice) ☐ STRC (please provide email to share quote/ invoice) ☐ NDIS (complete participant details below) ☐ SELF FUNDED Invoice includes GST

MAC REFERRAL CODE: EMAIL INVOICES TO:

CARE MANAGER'S NAME: CARE MANAGER MOBILE:

PARTICIPANT'S NDIS DETAILS

Please complete ALL sections below:

PARTICIPANT NDIS NUMBER: PLAN START DATE: PLAN END DATE:

☐ SELF MANAGED ☐ NDIA MANAGED ☐ PLAN MANAGED

SUPPORT COORDINATOR: EMAIL: MOBILE:

RESIDENCE:

☐ HOME OWNER ☐ PRIVATE TENANT Attach authorisation form ☐ PUBLIC TENANT

ARE THERE ANY WH&S ISSUES FOR HMM STAFF: ☐ NO ☐ YES Please list below

ADVOCATE DETAILS

NAME: RELATIONSHIP:

EMAIL: MOBILE:

DATE OBTAINED: PRIMARY CONTACT: ☐ YES ☐ NO

REFERRER DETAILS

REFERRER'S NAME:

SERVICE PROVIDER:

EMAIL: MOBILE: