CORE COMMUNITY SERVICES

Aged & Disability Care Home Modifications & Maintenance

Phone: 8717 1522 **Email:** mods@corecs.org.au

REFERRAL FORM

Date:

SERVICE REQUIRED

Please select all that apply:

☐ Occupational Therapy Assessment ☐ Home Modifications ☐ Home Maintenance

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

CLIENT/PARTICIPANT DETAILS

Please complete ALL sections below:

TITLE: **GIVEN NAME:** **SURNAME:**

ADDRESS: **POST CODE:**

EMAIL:

TELEPHONE: **MOBILE:**

MAC REFERRAL CODE:

IS THE CLIENT A RECIPIENT OF: ☐ CHSP ☐ HCP - LEVEL 1, 2, 3, 4 ☐ NDIS ☐ NOT FUNDED

RESIDENCE: ☐ HOME OWNER ☐ PRIVATE TENANT ☐ PUBLIC TENANT

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

ADVOCATE DETAILS

WRITTEN (NOMINATION OF ADVOCATE FORM SIGNED AND ATTACHED): ☐ YES ☐ NO

VERBAL AUTHORITY FOR ADVOCATE: NAME:

EMAIL:

TELEPHONE: **DATE OBTAINED:**

REFERRER DETAILS

REFERRER NAME:

SERVICE:

EMAIL:

TELEPHONE: **MOBILE:**