#

## LIFESTYLE AND LEISURE LINKS PROGRAM INTAKE/ENQUIRY FORM

**REFERRER DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Name:**  |  |
| **Phone:** |  | **Email:** |  |
| **Relationship:** |  | **Organisation:** |  |
| **LGA:** |  | **CIARR:** | **Yes / No / N/A** *(please circle)* |
| **Funding Source:** |  |  |  |
| [ ] NDIS | [ ] Aged Care Package | [ ] OtherDetails:  | [ ] NIL*(the team will contact you to discuss options)* |

**REFERRAL SERVICE TYPE/S:**

|  |  |
| --- | --- |
| [ ] Centre based group | [ ] Community Participation |
| [ ] Shopping | [ ] Meals |
| [ ]  Transport | [ ] Visiting |
| [ ]  Other |  |

**CLIENT’S DETAILS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | **First Name**: |  | **Surname:** |  |
| **Address:** |  |
| **Phone:** |  |
| **D.O.B:** |  | **Birthplace:** |  | **Language:** |  |
| **AC I.D:** |  | **Medicare Number:** |  |
| **Do you identify as:** |
| [ ] Aboriginal | [ ] Torres Strait Islander  | [ ]  Neither |

**Living arrangements:**

|  |  |
| --- | --- |
| [ ] Alone | [ ] Buying/own |
| [ ] With: | [ ] Private Rental |
| [ ]  Other: ……………………………………………………. | [ ] Public Rental |

**Pension Type:**

|  |  |
| --- | --- |
| [ ]  None | [ ]  Disability |
| [ ]  Aged | [ ]  Carer |
| [ ]  DVA | [ ]  Veterans Affair Care – Type………………... |

**CARER’S DETAILS: EMERGENCY CONTACT**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |

|  |
| --- |
| **Who should we contact to offer a service agreement and to arrange an assessment? Would you like anyone to attend the assessment with you? If so, who would you like to attend?** |
|  |

|  |
| --- |
| **Do you have any specific needs to be considered? *E.g. Cultural, individual special needs, communication aids, community considerations?***  |
|  |

|  |
| --- |
| **Are there any behavioural issues of the client/people in the household that we need to be aware of? *E.g. history of drug/alcohol abuse, medical conditions causing violence/aggression?***  |
|  |

|  |
| --- |
| **Medical conditions/details:**  |
|  |

|  |
| --- |
| **Support request details: *E.g. services required, hours, days, brief task overview, special staff/volunteer requirements.*** |
|  |

|  |
| --- |
| **Any other information:** |
| **Staff Member Completing Form:** * Added on Expedite
* Allocated NAR and Debtor Number
	+ NAR Number:
	+ Debtor Number:

Service Commencement Date:  |

**PRIVACY NOTE**: Council will collect and hold the personal information contained in this application for the purpose of attending the Aged and Disability Services Home and Community Care program’s  *processing the application,* *to consider your eligibility*. The intended recipients of the personal information are officers within Councils, Aged and Disability Team. The supply of personal information by you is voluntary, however if you cannot provide, or do not wish to provide the information sought, Council may be unable to process your application.

You may make an application for access or amendments to your personal information held by Council under the *Privacy and Personal Information Protection Act 1998* (**PPIP Act**) or the *Government Information (Public Access) Act 2009* (**GIPA Act**). You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the PPIP Act.

Information provided to Council in correspondence, submissions or requests, including your personal information, may be made publicly available, including on Council's website, under the GIPA Act. Please notify us if you object to the disclosure of your personal information.

**DATE REFERRED TO SERVICE DEVELOPMENT TEAM:**