



ROZELLE NEIGHBOURHOOD CENTRE INC.

Weekend Respite and Recreation Programme

Referral Form

Phone: 9555 8988 Fax: 9810 8532

Please note: this form is a referral only. Placement within the programmes of Rozelle Neighbourhood Centre is subject to HACC eligibility criteria, assessment and risk assessment.

Date _____

Referral From:

Organisation/Person _____

Phone _____ E-mail: _____

Client Details

Name _____ D.O.B. _____ Gender: M F

Address _____

_____ Postcode _____

Phone _____

Siblings _____

Country of Birth _____

Main Language spoken at home _____

Nature of disability _____

Other Services being received _____

Background:

Aboriginal Torres Strait Islander Other _____

Language(s): English Other _____

Requires an interpreter: Yes No Language _____

Primary Carer Details

Name _____ Phone (h) _____ (w) _____

Relationship to client Parent Guardian Advocate Partner

Other _____

Background:

Aboriginal Torres Strait Islander Other _____

Language(s): English Other _____

Requires an interpreter: Yes No Language _____

Please state nature of disabilities and current/relevant past health problems

How will any of these conditions affect the client's participation in the programme?

Please state any current or relevant past challenging behaviours

Is assistance required with the following?

Dressing/Undressing?	Yes___	No___
Eating a meal?	Yes___	No___
Using the toilet?	Yes___	No___
Walking/Mobility?	Yes___	No___

Office Use Only

Date Received _____ Received by _____

Assessment date _____ Assessment venue _____

