H&H Care SA Pty Ltd	Form32. Service Referral Form Australian Government Support at Home Program	
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H & H Care SA Pty Ltd
Phone 0401 919 555 / 0403 927 966 | handhcaresa.com.au

Complete this blank form to request services for yourself or refer another person. Tick relevant boxes and leave fields blank if unknown or not applicable. A referral is subject to discussion, suitability and service availability.

1 Participant details

First name _____

Surname _____

Date of birth: _____ Preferred name: _____

Address _____

Suburb: _____ Postcode: _____

Phone: _____ Email: _____

Client status: ☐ New client ☐ Existing client

Preferred contact: ☐ Phone ☐ Email ☐ Through nominated contact

Preferred language: _____ Interpreter needed: ☐ Yes ☐ No

2 Referrer or nominated contact

Referral made by: ☐ Participant ☐ Family / carer ☐ Support coordinator
☐ Health professional ☐ Other: _____

Name _____

Organisation and relationship to participant _____

Phone: _____ Email: _____

Person to contact about this referral: ☐ Participant ☐ Referrer ☐ Other below

Other contact name and phone _____

3 Services requested

☐ NDIS services ☐ Supported Independent Living (SIL)
☐ Short Term Accommodation (STA) / Respite
☐ High Intensity Daily Personal Activities ☐ Community Nursing Care
☐ Assistance with Daily Personal Activities ☐ Community Participation
☐ Transport & Travel Assistance ☐ Other: _____

4 Aged care Support at Home services

Complete this section for aged care referrals. H&H Care SA delivers agreed services under its service delivery arrangement with H&N Future Pty Ltd trading as The Fig Trees Support at Home, the registered provider. Services require written authorisation, suitable staff and confirmation of availability.

Requested services

Nursing

☐ Nursing service by Registered Nurse

☐ Nursing service by Enrolled Nurse

Independence supports

☐ Personal care

☐ Social support and community engagement

☐ Respite

☐ Transport

☐ Passive overnight support

Everyday living supports

☐ Domestic assistance

☐ Home maintenance and repairs

☐ Meal preparation

Referral and authorisation details

My Aged Care ID if known: _____

Support at Home classification / funding if known: _____

Registered provider: _____

Care manager / approving contact: _____

Phone: _____ Email: _____

Authorised service types and tasks: _____

_____

Hours / frequency: _____

Location: _____ Start date: _____

Written authorisation: ☐ Attached ☐ To be obtained before services commence

Relevant care plan: ☐ Available ☐ Requested

Task restrictions or special instructions: _____

_____

The registered provider confirms the approved services and funding arrangements. This referral does not itself authorise service delivery.

5 Support needs and preferences

Reason for referral and support requested

_____

_____

_____

Participant goals, preferences and communication or cultural needs

_____

_____

Relevant health, mobility, personal care or safety needs for planning support

_____

_____

Preferred start date: _____ Preferred days / times: _____

Service location and approximate hours required _____

6 Funding and supporting information

Funding: ☐ NDIS ☐ Aged care ☐ Private ☐ Other / unsure: _____

NDIS number if applicable: _____

NDIS management: ☐ Self managed ☐ Plan managed ☐ NDIA managed ☐ Unsure

Plan dates if known: _____ to _____

Plan manager or funding contact if applicable _____

Relevant documents available: ☐ Support plan ☐ Relevant funding information
☐ Clinical / allied health summary ☐ Other: _____

Provide only information relevant to this referral. Contact H&H Care SA to arrange secure transfer of supporting documents.

7 Consent and referral declaration

☐ I am the participant and agree to H&H Care SA contacting me and using the information supplied to assess this referral and discuss suitable services.

☐ I am referring another person and confirm that I have their consent to make this referral and share the information provided.

☐ I am an authorised representative. My authority is: _____

Complete the option that applies. If consent or authority has not been obtained, contact H&H Care SA before sharing identifiable or sensitive information.

Name: _____ Relationship / role: _____

Signature: _____ Date: _____

Privacy and return instructions: Please contact 0401 919 555 or 0403 927 966 to arrange a secure way to return this completed form. Do not upload completed forms through the general website enquiry form. This form is not monitored for emergencies; call 000 in an emergency.