

**REFERRAL / APPLICATION FOR MAJOR HOME MODIFICATIONS**



**This form is to be completed & forwarded with photos to:**

[majormods@maroochyhomeassist.com.au](mailto:majormods@maroochyhomeassist.com.au) Phone 07 5476 6130

NDIS Registered Provider #4050022513 / QBCC#1030225

**Is this applicant on a Care Package / NDIS:**  Yes  No  
 IF YES, PLEASE SEND REQUEST DIRECT TO THE CARE PACKAGE

Name of Package / NDIS Provider:

**Package Details**  
 Level 1  Level 2  Level 3  Level 4  Not on a package

**NDIS** NDIS Number #  NDIS Managed  Plan Managed  Self Managed

Plan Dates: To: \_\_\_\_\_ From: \_\_\_\_\_

Contact Details of Package / NDIS Plan Manager: \_\_\_\_\_ Contact Phone & Email of Package / NDIS Plan Manger: \_\_\_\_\_

**Is the applicant registered with MY AGED CARE (Over 65)?**  Yes  No

*All clients Over 65 are to be registered with MAC to access the CHSP funding, this is a Government requirement.* OT to send inbound referral to MAC, advising that Maroochy Home Assist is the preferred provider of the Major Mods. <https://www.myagedcare.gov.au/make-a-referral>

Clients AC Number: \_\_\_\_\_

**Client Information**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Mr/Mrs/Miss

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Street Address: \_\_\_\_\_ Suburb / Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 QLD

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Birth:  Australia Other: \_\_\_\_\_

Indigenous Status:  Aboriginal  Torres Strait Islander  Neither Aboriginal or Torres Strait Islander

**Next of Kin or Authorised Person Contact Details:**

Name: \_\_\_\_\_  
 Relationship to client:  Husband  Wife  Child  Friend  Other  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Where does the client live? Accommodation Settings:**

Private Residence (Client or Family Own)  Rental (Require landlords permission prior to commencing works)  
 Supported Accommodation  Independent Living Unit  Other \_\_\_\_\_

**Living Arrangements:**

Lives Alone  Lives with Family \_\_\_\_\_  Group (Related Adults) (Unrelated Adults)  Couple with Dependants

**Pension Type:**

Aged Pension – Full / Part  Disability Support Pension  Carer Payment/Pension  Self-Funded  
 DVA Gold Card  DVA White Card  DVA Orange Card  No DVA Entitlement  Other \_\_\_\_\_

**Disability:**  Intellectual / Learning  Psychiatric  Sensory / Speech  Physical  No Disability

**DISABILITY or MEDICAL CONDITIONS**

Please provide details of specific **DISABILITY or MEDICAL CONDITIONS** which are making it difficult to function in the home? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How does this impact on activities of daily living, such as walking, bathing, dressing etc.**  
 \_\_\_\_\_

**Is the applicant using specialised equipment or mobility aids?**

No      Yes - please list:

**Please circle what type/s of Major Modification/s the applicant is requesting?  
 Bathroom / Stairlift / Ramp / Bidet / Other and include details if applicable**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Send through PHOTOS, Home Assessment Reports, any notes for the applicant**

**Referring OT Details / Organisation:**

**OT Name:**

**Phone:**

**Email:**

**APPLICANT TO COMPLETE -The information below has been explained to me**

- I hereby, give consent, to Maroochy Home Maintenance & Care Assoc. Inc., to release or request information, to or from relevant people or organisations, in the course of providing services
- I understand that information is used for statistical and planning purposes
- I understand that I can withdraw this consent at any time
- I understand that I may also have an advocate present, at any time, in my dealing with, or when services are provided by Maroochy Home Maintenance & Care Assoc. Inc.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness/Authorised Person*

Please circle: Client gives Verbal Consent & Agreement / The client is unable to sign / unwilling to sign  
 Consent To Participate In Follow-Up Research, Surveys & Evaluation Activities:    Y   Or   No

**Privacy Policy**

"The Information That We Collect From You On This Form Includes Your Personal Information. Your Personal Information Is Protected By Law, Including By The Commonwealth Privacy Act 1988. The Client Management System That We Are Using Is an IT System Called The "Dss Data Exchange". This System Is Hosted By The Australian Government Department Of Social Services. Your Personal Information That Is Stored By The Department On The Dss Data Exchange Will Only Be Disclosed To Us For The Purposes Of Managing Your Case. The Department De-Identifies And Aggregates Data In The Dss Data Exchange To Produce Information For Policy Development, Grants Programme Administration, And Research And Evaluation Purposes. This Includes Producing Reports For Sharing With Service Providers. This Information Will Not Include Information That Identifies You, Or Information That Can Be Used To Re-Identify You, In Any Way.

You Can Find More Information About The Way The Department Will Manage Your Personal Information In The Department's App Privacy Policy, Which The Department Has Published On Its Website. This Policy Contains Information About How You May Access The Personal Information About You That Is Stored On The Dss Data Exchange And Seek Correction Of That Information. This Policy Also Includes Information About How You May Complain About A Breach Of The Australian Privacy Principles By The Department, And How The Department Will Deal With Your Complaint." During the course of providing services to you, Maroochy Home Maintenance & Care Assoc. Inc. will need to request or release certain personal information about you. Obtaining, storing and releasing this information is subject to MHMC privacy policy. MHMC will never release, sell or make available your information, to any third party who is not directly involved in the provision of our services.

All information gathered, whether it is paper based or electronic, is stored in a safe and secure environment in line with State and Federal legislation. All information is held, for the period of time, as set out by the relevant laws and statutes, of State and Federal Governments, and following this storage period, will be destroyed, by a professional document destruction company, also in line with government legislation. Electronic information is also deleted / made in-active after the cessation of services.

**Privacy Collection Statement**

Maroochy Home Maintenance & Care Assoc. Inc (we, our) collects personal information directly from you and from third parties for the purposes of providing you with support services, volunteering opportunities, sending you newsletters or other information that may be of interest to you; for purposes related to the performance of our functions or activities or as required by law. We collect, use and disclose sensitive information about you with your consent. We may disclose information about you to service providers, Commonwealth or State departments, or any other party that assists us in providing services or operating our business. If the personal information is incomplete or inaccurate, we may not be able to provide you with the services you seek. Our Privacy Policy (available on request) sets out how you can access and ask for correction of your personal information; how you can complain about privacy related matters and how we respond to complaints. Contact details: The Manager, 103 Enterprise Street Kunda Park Qld 4556