

Email To (preferred)	office@maroochyhomeassist.com.au	/ /2020
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**PLEASE CLEARLY MARK PRIORITY**

REQUIRED FOR HOSPITAL DISCHARGE		URGENT (within 5 business days)		MODERATE (within 15 business days)	
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Name Mr/Mrs/Miss/Ms \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M / F

Country of Birth (if not Aust) \_\_\_\_\_ Is an Interpreter Required Yes / No

Marital Status \_\_\_\_\_ Pension Type \_\_\_\_\_

Name of next of kin or carer: \_\_\_\_\_ Phone: \_\_\_\_\_

Lives in: House / Unit / Caravan \_\_\_\_\_ Living Alone: Yes / No

Home Owner / Rental / Public Housing (Rentals require landlords permission prior to commencing modification work which may impact service delivery)

Medical Condition or Disability (only if **relevant** to work required): \_\_\_\_\_

Details of works required (if possible please provide photos of area where mods are required) \_\_\_\_\_

Is the client on a Home Care Package or NDIS? HCP / NDIS / Neither

HCP Provider \_\_\_\_\_ Level Package 1 / 2 / 3 / 4

HCP Care Co-Ordinator \_\_\_\_\_

(If NDIS) Plan Managed by (circle one) NDIA / Plan Manager (name) \_\_\_\_\_ / Self

Is the client registered with My Aged Care (Over 65 only)? Yes / No

M.A.C Registration Number AC \_\_\_\_\_ NDIS No and plan dates \_\_\_\_\_

OT or Health Professional Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I agree with the recommendations listed and authorise this information to be shared with Maroochy Home Maintenance & Care Assoc.

**Clients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_