



General client information

Name: _____ Date of birth: _____ Male Female

Address: 39 Myall Avenue

Kensington Gardens, SA Postcode: 5068

Phone: 08 8331 3623 Mobile: _____

Aboriginal/Torres Strait Islander? Yes No

Country of birth: _____ Primary language: _____

Interpreter required? Yes No If yes, language: _____

What is client's most effective method of communication? english

Relationship status: Never married Married/De facto Widowed Divorced
 Separated Unknown

Family/Advocate: Nil Relationship to client: _____

Contact details/comment: 8331 3623

Financial and legal information

Are there current Guardianship Board Orders in place? Yes No

If no, finances are managed by: _____

If yes, please specify: Guardianship Section 32 Administrative Community Treatment Order

Nominated Guardian: _____ Admin Officer: _____

Liaison Person: _____

Advance Directives: Enduring Power of Attorney Enduring Power of Guardianship
 Medical Power of Attorney Anticipatory Directive

Directive held by: _____

Any other legal orders? (eg good behaviour bond, restraining order, parole) Yes No

If yes, please specify: _____

Income: Aged Pension Disability Support Pension Newstart/Allowance
 Veteran's Affairs Pension Youth Allowance Self-Funded
 Other income/assets:

Diagnosis

Disabilities

Intellectual:

Specific learning/ADD (other than intellectual) Autism/Asperger syndrome

Acquired Brain Injury:

Neurological/Dementia:

Sensory/Speech:

Mental Health

Schizophrenia

Physical Health

eg major illness,
mobility

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Substance Abuse

eg tobacco,
alcohol, drugs

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Other eg ageing,
memory problems

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Agency contacts

Service	Contact Person/ Case Manager	Contact Details	Contact in last 12 months (Y/N/Unknown)
General Practitioner			
Mental Health Services			
Psychiatrist			
Disability SA			
RDNS			
Correctional Services			
Drug & Alcohol Services			
Other eg psychologist			

Description of current situation

Has the client lived independently in the last two years? Yes No

Has the client been an in-patient in a long stay ward/institution at any time? Yes No

If yes, when?

Has the client lived in any other SRFs? Yes No

Where has the client been living before now?

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What health and/or disability challenges does this client have that prevent them from living independently and leads to an SRF being considered at this point?

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Client’s consent to release and exchange of information

I, consent to the release and exchange of information about me for the purpose of assessing eligibility for subsidised entry and accommodation in the SRF sector.

Signed: Date:

Person completing this referral

Name: Agency:

Signature: Date:

Work Address:

..... Postcode:

Phone: Fax:

Lodging this form:

Please fax or email a scanned copy of this form to the SRF Intake and Support Team

Tel: 8448 4600

Fax: 8448 4603

Email: srfintakeandsupport@dfc.sa.gov.au

Thank you for your assistance.