

CONSUMER REFERRAL FORM - INCOMING

Date of Referral: / /

MDSI Caseworkers Name (if known): _____

Forward to: **Macarthur Diversity Services Initiative Ltd**

Level 3, 171 – 179 Queen Street

P O Box 525 (if posting by mail)

Campbelltown NSW 2560

Tel. No: 02 4627 1188, Fax No: 02 4628 6068, Email: info@mdsi.org.au

1. DETAILS OF THE INITIATING / REFERRING ORGANISATION

Name of the organisation making this referral: _____		
<input type="radio"/> Community Organisation <input type="radio"/> Government Agency <input type="radio"/> Other \implies please provide details _____		
Contact Person's Name: _____		
Work Tel. No: _____	Mobile No: _____	Email: _____

2. CONSUMER'S DETAILS / IMPORTANT INFORMATION

Family name: _____		Given names: _____	
Address: _____			Postcode: _____
Telephone No: _____	Gender: <input type="radio"/> F <input type="radio"/> M	Date of Birth: _____	
Mobile No: _____		ID Validation: _____	
Email: _____			
Country of Birth: _____	Date of Arrival: _____	Visa Category: _____	Living with a Disability? <input type="radio"/> Yes <input type="radio"/> No
Does the consumer identify themselves as being from a Culturally or Linguistically Diverse background? <input type="radio"/> Yes <input type="radio"/> No		Does the consumer identify themselves as being from an Aboriginal or Torres Strait Island background? <input type="radio"/> Yes <input type="radio"/> No	
How well does the consumer speak English? <input type="radio"/> Very well <input type="radio"/> Not well <input type="radio"/> Well <input type="radio"/> Not at all		Is an interpreter required? <input type="radio"/> Yes Language _____ <input type="radio"/> No	
Has this consumer undergone a recent Risk Assessment? <input type="radio"/> Yes <input type="radio"/> No			
Date of the last Risk Assessment undertaken for this consumer _____ a copy of this, has been attached <input type="radio"/> Yes <input type="radio"/> No			

3. CONSUMER'S OTHER FAMILY MEMBERS AND THEIR DETAILS

Name	M / F	Age	Relationship to this consumer

4. CONSUMER BEING REFERRED TO Macarthur Diversity Services Initiative for:

(Please tick all of the applicable services that you feel that the consumer maybe needing assistance in / with)

- Aged Care / Dementia Care / Home Support / Social Groups / Activities / Outings
- Case Management
- Claymore Child & Family Connect Program
- Complex Case Support (CCS)
- NDIS Disability Service Delivery / NDIS Disability Support Coordination
- Domestic Violence Support
- Early Intervention and Prevention Program/s
- Electricity / Water / Telstra Bill - Payment Advice / Assistance
- English Classes
- Home Interaction Program for Parents and Youngsters (HIPPY)
- Immigration Advice / Support / Network Information
- Men's Shed / Social Support / Networking
- No Interest Loan Scheme (NILS)
- Parenting Programs / Parenting Support / Resilience Programs
- Playgroups / Parenting Support
- Settlement Support / Integration Support / Resilience Programs
- Social Support / Social Inclusion / Group Activities
- Women's Support Groups / Development Groups / Resilience Programs
- Youth Services / Youth Outings / Youth Groups / Youth Resilience Programs / Youth Employment Assistance Programs
- Other ➡ Please give details _____

5. ANY ADDITIONAL COMMENTS / RELEVANT INFORMATION