

Home Care Package Referral for Home Maintenance and Spring Cleans



To be completed by Home Care Package providers for requests.

Title

First Name

Surname

Mr

Mrs

Miss

Ms

Preferred Name

Date Of Birth



Day Month Year

Street Address

Suburb and Postcode

Postal Address (if different from above)

Suburb and Postcode

Phone

Mobile

E-Mail

Additional Contact Person

Relationship to Client

Phone

Mobile

Consent to act on behalf of recipient

Yes

No

HCP Level

- 1
- 2
- 3
- 4

STRC Programme

STRC Programme Start Date

Day Month Year

STRC Programme End Date

Day Month Year

HCP / STRC Provider**HCP / STRC Contact Person****Postal Address****Suburb and Postcode****Phone****Mobile****E-Mail****E-Mail Address for Quotes (if different from above)****E-Mail Address for Tax Invoices (if different from above)**

Residency Type

- Private Residence (Client or Family Owned/Purchasing)
- Private Rental
- Public Rental
- Independent Living Unit

Dwelling Type

- Highset
- Lowset

Owner / Landlord / Agency Name (if applicable)

Owner / Landlord / Agency Postal Address

Suburb and Postcode

Phone

Mobile

E-Mail

Work Request 1

Instructions

Pre-approved amount up to \$

Quote not required proceed

Pre-approved amount

Quote required (\$55.00 fee is payable should the requested work not proceed)

Work Request 2

Instructions

Pre-approved amount up to \$

Quote not required proceed

Pre-approved amount

Quote required (\$55.00 fee is payable should the requested work not proceed)

Work Request 3

Instructions

Quote not required proceed

Pre-approved amount

Quote required (\$55.00 fee is payable should the requested work not proceed)

Pre-approved amount up to \$

Work Request 4

Instructions

Quote not required proceed

Pre-approved amount

Quote required (\$55.00 fee is payable should the requested work not proceed)

Pre-approved amount up to \$

All work requested has been discussed with and has the consent of the client and/or their carer. Client is aware of the \$55.00 fee should the requested work not proceed or if the referral is cancelled 24 hours after submission.

Yes

Please return completed referral to:

Home Assist Community Services - 133 Adelaide Street, Maryborough QLD 4650

hcp@homeassist.org.au

