



Southern MAC Client Referral Form

Head Office & Information Display Centre:
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ABN: 86 111 113 403 - Builders Licence No: 171286C

REFERRER DETAILS:			
Person making referral:		Date of referral:	
Agency:		Position:	
Telephone:		Email:	
MAC Referral Code			

Reason(s) for this referral:	
Home modifications	<input type="checkbox"/> JHV with SCOPE builder <input type="checkbox"/> OT assessment <input type="checkbox"/>
Have you attached relevant documentation: Y <input type="checkbox"/> N <input type="checkbox"/>	
Are modifications required for discharge from hospital: Y <input type="checkbox"/> N <input type="checkbox"/>	

CLIENT DETAILS:			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:			
Name:			
Address:			
Contact No.			
Alternative Contact Name:		Alternative contact No.	
DOB:		Birthplace:	
Tenure:	Owns home <input type="checkbox"/> With family who owns home <input type="checkbox"/> Rents private <input type="checkbox"/> Rents public <input type="checkbox"/> Other:		
Living arrangements:		Alone <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> With family <input type="checkbox"/> Other:	
Language:		Interpreter required:	Y <input type="checkbox"/> N <input type="checkbox"/>
Aboriginal or Torres Strait Islander	Y <input type="checkbox"/> N <input type="checkbox"/>		

HOME AND SAFETY ACCESS:			
<i>Are there any factors about these premises or this client's situation that could affect access to the premises or the safety of Scope Home Access employees or other sub-contracted workers?</i>			
Parking/Access:	Y <input type="checkbox"/> N <input type="checkbox"/>	Structural hazards:	Y <input type="checkbox"/> N <input type="checkbox"/>
Animals:	Y <input type="checkbox"/> N <input type="checkbox"/>	Other:	

PACKAGE APPROVAL:	
Does client have package:	Y <input type="checkbox"/> N <input type="checkbox"/>
What Level package does client have:	
Package provider details	