

**KURRI KURRI COMMUNITY SERVICES LIMITED**

**Builders Lic#299905C Trading as:**

**ODYSSEY BUILDERS AUSTRALIA**

**REFERRAL DATE:**

**REFERRER DETAILS:**

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| **NAME** |  | **POSITION:**  |
| **ORGANISATIONSDETAILS** |  | **DAYS OF WORK** |  |
| **EMAIL ADDRESS:** |  | **PHONE:****MOBILE:** |  |
| **QUOTE MADE OUT TO:****Please provide details if client is not cost responsible** |  |
| **QUOTE SENT TO:** **(Include contact name and email address and/or postal address)** |

**SERVICE REQUIRED: (SELECT 1 ONLY)**

Occupational Therapy (OT) Home Assessment

OT/Builder joint consultation

Builder consultation (OT assessment already completed)

Quote for home modifications –

OT RECOMMENDATIONS & PLANS ARE ATTACHED

**CLIENT DETAILS:**

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| **NAME****Mr Mrs Miss Ms****Master – include** |  | **TELEPHONE:** |  |
| **ADDRESS** |  | **MOBILE:** |  |
| **POST CODE** |  |
| **EMAIL:** |  |
| **CONTACT PERSON** **IF OTHER THAN CLIENT** |  | **PHONE/MOBILE:** |  |
| **RELATIONSHIP TO CLIENT** | **CONTACT PERSONS****DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****This is so we can ensure we are liaising with the nominated person** |
| **EMAIL ADDRESS:****Best person to send information if required** |  |
| **ASSISTANCE NEEDED WITH COMMUNICATION** | [ ] No [ ] Yes (Specify): | **INTERPRETER REQUIRED** | [ ] No [ ] Yes (Specify): |
| **FUNDING SOURCE:****☐ NDIS complete the below information** **Provide client NDIS/ID/REF #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provide client DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Support Budget Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Support item# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NDIS client provide Plan Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****CLIENT HAS APPROVED THESE RECOMMENDATIONS YES NO** [ ]  DVA – Provide #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  INSURANCE - Provide claim # & details of insurance company - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  PACKAGE PROVIDER – Provide details - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  CLIENT/SELF [ ]  OTHER: …………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TENURE****NOTE: if owner is other than the client please provide owners name and address** | [ ] Owner[ ] Private Rental. Landlord consent form attached[ ] Private Rental. Landlord consent form not attached[ ] Other:……………. | **EMERGENCY CONTACT PERSON & BEST CONTACT DETAILS****PHONE/MOBILE:** |  |
| **OWNERS DETAILS:** |  |

**Comments / Alerts for Service Provider (anything about the client or their home that may impact on the health & safety of staff?):**

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**PLEASE PROVIDE A DESCRIPTION FOR REASON OF REFERRAL**

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**Please return to referral@odysseybuilders.com.au**