

**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**