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REFERRAL FORM

REFERRED BY: DATE:

ORGANISATION:

EMAIL: PHONE:

**Send to** [**admin@grampiansadvocacy.org.au**](mailto:admin@grampiansadvocacy.org.au) \* **ALLOW** up to 5 business days for a response referral

Logo

Description automatically generated

**PLEASE READ this checklist for who can be referred – place a cross into the square box**

**Person has a disability** which is attributable to an intellectual, psychiatric, cognitive, neurological,

sensory or physical impairment or a combination of those impairments OR is a carer/family member

of a person with a disability

**Lives in GdA catchment area** – West Wimmera, Horsham. Hindmarsh, Yarriambiack, Northern Grampians,

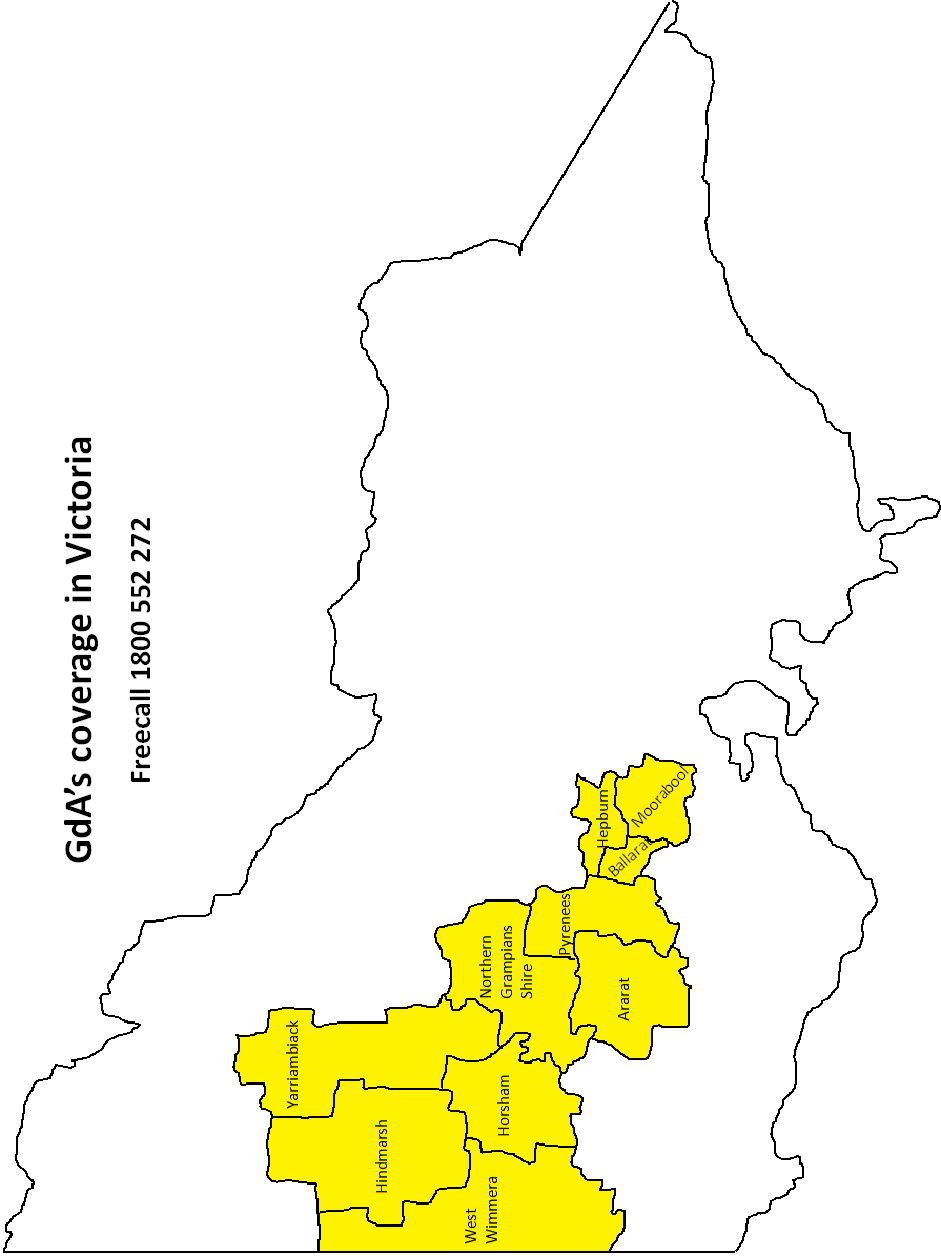
Ararat, Hepburn, Ballarat, Moorabool Shires, (see map page 2)

**There is a particular issue/s that the person needs help with**

\*\* if you have ticked ALL THREE boxes, please send through your referral to Intake: admin@grampiansadvocacy.org.au√

Office Use only:

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| --- | --- |
| CLIENT NAME  **CLIENT NAME**  DATE OF BIRTH | GENDER: FEMALE MALE OTHER |
| ADDRESS  PHONE NUMBERS |  |
| EMAIL ADDRESS  PREFERRED METHOD OF CONTACT |  |
| ABORIGINAL OR TSI  LANGUAGE SPOKEN | INTERPRETER NEEDED? |
| DISABILITY DIAGNOSIS |  |
| ISSUE/s |  |
| OUTCOME/s SOUGHT |  |
| SUPPORTING EVIDENCE  (e.g.MEDICAL REPORTS)  PLEASE LIST |  |
| SUPPORTS – FORMAL  SUPPORTS - INFORMAL |  |
| DSP PARTICIPANT  DSP APPEAL | DATE OF REJECTION |
| LENGTH OF TIME ATTENDING JOB SERVICE PROVIDER (program of support) |  |
| NDIS PARTICIPANT | DATE OF DECISION TO BE APPEALED |
| ROYAL COMMISSION RELATED  (DETAILS) >>> |  |
| DECISION MAKING STATUS  (GUARDIAN, POWER of ATTORNEY) |  |
| HAS PERSON GIVEN CONSENT TO BE  CONTACTED BY GdA? | YES NO |

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