

## CLIENT REFERRAL FORM

*To be completed when requesting a specialist homelessness or domestic and family violence support service.*

*This form can be completed by the client or referring service.*

Type of referral	Self	Service completing on behalf of a client
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### Referrer details

If you are filling this form out for yourself, you can leave this section blank.

If you are completing this form as a referral from another service, please provide us information about your service.

Once we receive this form, we will contact the person directly to make a further assessment.

Service Name		
Referrers Name		
Referrers contact number		
Referrers email address		
Has the person provided consent for you to share their information with us	Yes	No

### Client details

Name			
Gender		Date of birth	
Current address			
Client contact number			
Are there any challenges communicating? E.g. language barriers			
What services are they seeking?			
What are your main concerns? E.g. AOD, disability			

### Other family members

Are there other family members requiring support?

If you have children, please provide us their information and include the school they are enrolled in (if applicable).

Name of family member 1			
Gender		Date of birth	
Relationship			
School			
Name of family member 2			
Gender		Date of birth	
Relationship			
School			
Name of family member 3			
Gender		Date of birth	
Relationship			
School			

### Callback details

We will get in touch to do a further assessment.

If there are safety concerns, what is a safe time for us to get in touch with you?	
If we call you, is it safe for us to leave a message?	

Send form to [intake@coastshelter.org.au](mailto:intake@coastshelter.org.au)

We will be in contact within 48 hours between Monday – Friday.

If this form is sent during the weekend, we will be in contact on the next business day.

### Privacy and Confidentiality

Coast Shelter is committed to ensuring that information is used in an ethical and responsible manner and recognises the need to be consistent, careful and thorough in the way that information about clients is recorded, stored and managed. If you require further information, please contact Coast Shelter on 02 4325 3540