

OFFICIAL USE ONLY	
Date Entered:	
ID Number:	
Entered By:	

**PLEASE USE 1 FORM PER PERSON**  
**ENSURE YOU ENTER CORRECT CONTACT DETAILS**

**Date Of Request:** \_\_\_\_\_

**Requested By:**       Self (Section A)       Other Party (Section B)

## SECTION A – DETAILS OF PERSON REQUIRING ASSISTANCE

Full Name:			
Street Address:	_____		
Contact Number:	_____		
Date of Birth:	Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Other
Disability/Disabilities:	_____		
<b>Please do not list Complex Medical or Health Conditions</b>	_____		
	_____		
	_____		
	_____		
Cultural Background	_____		
Current Living Situation	<input type="checkbox"/> Own	<input type="checkbox"/> Private Rental	<input type="checkbox"/> Public Housing <input type="checkbox"/> Homeless
Is there a Public Guardian Appointed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a Power of Attorney or Enduring Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the Public Trust appointed for financial management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## SECTION B – DETAILS OF OTHER PARTY MAKING REQUEST

Your Name / Organisation's name:	_____		
Your relationship with the person:	_____		
Contact Number:	_____		
Email:	_____		
Does the person know, understand and consent to you making this request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**SERVICE REQUEST PROCESS**

**You will be contacted within ten (10) business days by the Intake Officer who will review the request, conduct an eligibility assessment and discuss your options.**

**We may provide you self-advocacy assistance or link you to an alternative service and/or organisation that is more suitable.**

**SECTION C – DESCRIPTION OF ISSUE/S**

Please give a brief overview of why assistance is required AND what steps have been taken to resolve the matter/s.

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*Signature of person making request:*

\_\_\_\_\_ Date: \_\_\_\_\_

*Signature of person seeking assistance:*

\_\_\_\_\_ Date: \_\_\_\_\_