**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:  | [ ]  Male [ ]  Female [ ]  Other |
| Disability/Disabilities:**Please do not list Complex Medical or Health Conditions** |  |
| Cultural Background |  |
| Current Living Situation | [ ]  Own [ ]  Private Rental [ ]  Public Housing [ ]  Homeless |
| Is there a Public Guardian Appointed? | [ ]  Yes [ ]  No |
| Is there a Power of Attorney or Enduring Power of Attorney? | [ ]  Yes [ ]  No |
| Is the Public Trust appointed for financial management? | [ ]  Yes [ ]  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? | [ ]  Yes [ ]  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.**

***Signature of person making request:***

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

***Signature of person seeking assistance:***

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