Share&Care
Community Services Group
Building resilience in communities

PRIVATE & CONFIDENTIAL

REFERRAL TO Share & Care Community Services

Share & Care program/s you are referring to (please tick):

- ☐ Commonwealth Home Support (seniors)
- ☐ Home Care Packages (seniors)
- ☐ Seniors Social Club
- ☐ Other food services (seniors)
- ☐ Mental Health Support Service
- ☐ Suicide Bereavement Service
- ☐ Homemaker Program

- ☐ Financial Counselling
- ☐ Emergency Relief

- ☐ Emergency Accommodation
- ☐ Jacaranda House - Homelessness
- ☐ Men's Lodge
- ☐ Housing Support

- ☐ Magnolia Women's Centre – Northam F&DV
- ☐ F&DV - Child Support Service
- ☐ F&DV - Coordinated Response Service
- ☐ F&DV – Safe At Home Program
- ☐ F&DV – Northam Mobile Outreach

- ☐ Rainbow Women's Centre – Narrogin F&DV
- ☐ Narrogin F&DV Outreach & Counselling Service
- ☐ Narrogin F&DV Counselling Service
- ☐ Narrogin F&DV Mobile Outreach
- ☐ Rainbow Women's Skills Café, Narrogin

REFERRAL FROM

Name of Referring Agency: _____

Date: _____ / _____ / _____

Postal Address: _____

Contact Person for this Referral: _____ **Signature:** _____

Contact number: _____

Your Email: _____

CLIENT DETAILS

Name of Client: _____

Date of Birth: _____ / _____ / _____

Address: _____

Phone Number: _____

Country of Birth: _____

☐ Aboriginal/ATSI ☐ CaLD ☐ Unknown ☐ Non-Indigenous

Relevant Health or other Information:

Services being provided by other agencies:

Details of service/s required:

Any other details:

CONSUMER CONSENT

The consumer and / or Carer agrees to this referral: **YES ☐** **NO ☐**

Consumer Signature: _____

Carer Signature (where applicable): _____

Date of Birth: _____ / _____ / _____