**Community Based Support Intake Form**

If you require **emergency respite**   
please call **Carer Gateway** on **1800 422 737**

**About the carer**

|  |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Preferred name** |  |
| **Date of birth** |  |
| **Gender** |  |
| **Address** |  |
| **Email** |  |
| **Contact number** |  |
| **Employment status** |  |
| **Carer status (e.g. primary carer/secondary carer/young carer)** |  |
| **Relationship to person you care for** |  |
| **Country of birth** |  |
| **Language spoken at home** |  |
| **Disability, impairment or condition of the person you care for** |  |
| **Indigenous status** |  |
| **Alternative carer name** |  |
| **Alternate carer phone number** |  |

**About the referrer**

|  |  |
| --- | --- |
| **Referrer’s name** |  |
| **Referrer’s contact number** |  |
| **Referrer’s email** |  |
| **Does the referrer want to be  contacted about the outcome** | Yes No |
| **Background information about the referral** |  |
| **Reason for referral** |  |

**Consents**

|  |  |
| --- | --- |
| **Consent to share your de-identified information  (i.e. no names shared)** | Yes No  Date: |
| **Carer has consent to act on behalf of the person they care for? (i.e. organise and set up services etc.)** | Yes No  Date: |
| **Consent to have personal information stored in Your Side database** | Yes No |
| **Consent to participate in follow-up research, surveys and evaluation** | Yes No |

**About the care recipient**

|  |  |
| --- | --- |
| **First name** |  |
| **Last name** |  |
| **Preferred name** |  |
| **Type of funded plan/package (NDIS / My Aged Care) (if applicable)** |  |
| **Date of birth** |  |
| **Address** | Street:  Suburb:  State: Postcode: |
| **Contact details** |  |
| **Disability/condition** |  |
| **Home Assessment completed** | Yes No |
| **Details on Home Assessment** |  |
| **Discharge plan** |  |

**Other comments**

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| --- |
|  |

**Once you have filled out this referral form, please email it to:**[**intake@yourside.org.au**](mailto:intake@yourside.org.au)