



REFERRAL FORM

My Way Community Alliance Ltd.

Perth 08 6146 6296 | referrals-hcp@myway.org.au
Geraldton 08 6182 1703 | referrals-hcp@myway.org.au
Melbourne 03 9969 0300 | referrals-hcp@myway.org.au
www.myway.org.au/home-care

AGED CARE FUNDING INFORMATION

Is this a transition from another provider?

Yes No

Start date of Aged Care Plan: (DD / MM / YYYY)

End date of Aged Care Plan: (DD / MM / YYYY)

Aged Care ID Number:

Funding

- Government Funded Home Care & Flexible Care
 Self-Managed
 Other (please specify below)

REQUIRED SERVICES

Required Services (including duration, frequency, date and timing)

Home Care and Flexible Care

- Level 1
 Level 2
 Level 3
 Level 4

Contact Details for Invoices (If applicable):

First name

Last Name

Contact Number

Email



CONSUMER'S DETAILS

First name

Last Name

Date of Birth (DD / MM / YYYY)

Gender

Medicare Card

Medicare Individual Reference Number (IRN)

Address

Contact Number

Email

Alternative Contact Details

First name

Last Name

Contact Number

Email

Language

Preferred Language Spoken

Interpreter Required?

Yes No

Sign Language Required?

Yes No

Preferred Method of Communication

Face-to-face Phone Call Text Message Email Letter
 Visual (images/video) Contact with the Representative



CONSUMER'S BACKGROUND

Country of Birth

Is the consumer of Aboriginal or Torres Strait Islander origin?

- Aboriginal
- Torres Strait Islander
- Neither
- Both

Is the consumer a refugee or asylum seeker?

- Refugee
- Asylum Seeker
- Neither

Closest Branch

- GERALDTON WA
- GIRRAWHEEN WA
- GOSNELLS WA
- JOONDALUP WA
- MANDURAH WA
- MIDLAND WA
- OSBORNE PARK WA
- ROCKINGHAM WA
- SUNSHINE VIC
- WERRIBEE VIC
- NOT SURE

REFERRER'S DETAILS

First name

Last Name

Contact Number

Email



REFERRAL FORM

OFFICE USE ONLY

Referral Outcome

Referral Accepted

Referral not Accepted

Name/Position

ACCEPTED

Details

Allocation Date

Date entered on the database

Notes

NOT ACCEPTED

Details

Reason not accepted

Comments/Actions e.g., referred on to [name of service]