



Helping Hands, Building Service

12 Rodmay St, TUNCURRY

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CLIENT INFORMATION / INTAKE FORM

Date: _____ Referral Source: _____

1. Client Details

Ms / Miss / Mrs / Mr First Name: _____ Surname: _____

Preferred Name: _____ Address: _____

Suburb: _____ P/Code: _____ Phone: _____ Mobile: _____

Email: _____ DOB: ____ / ____ / ____ Male Female

Country of Birth: _____ Language Spoken: _____ GP Name: _____

Medicare No: _____ Position on Card: _____

Ethnicity: Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander Non ATSI

Emergency Contact Name: _____ Emergency Contact No.: _____

2. Living Arrangements and Pension Status

Pension Status: Aged Carer Pension No: _____

DVA Card Holders Status: Gold Card White Card DVA No.: _____

Living Arrangements: Lives Alone Lives with Family Lives with Others

Accommodation: Private-Owned Private-Rented Public-Rental Rented-Aboriginal Council

NDIS Client: YES NO NDIS No: _____

3. Services Required

Building Modifications Cleaning Care Service

Lawn Mowing Maintenance Transport

Reason for Referral: _____

Other Comments: _____

4. How did you hear about Helping Hands?

Internet Local Search Internet Local Search Phone Book Yellow Pages Phone Book

Brochure Marketing Stall Friend Other _____

BILLING INFORMATION (OFFICE USE ONLY)

Service Type: _____

Bill to: _____ Email: _____

Address: _____

Contact Person: _____ Contact Phone: _____

Policy Claim No: _____