

Home and Community Care (HACC) program referral.

Eligibility check list:

- Under the age of 65
- Living with a functional disability, chronic illness or mental illness
- At risk of needing residential or acute care without HACC program supports
- Requires ongoing assistance to maintain home

If you wish to discuss this referral prior to proceeding, please contact hacc@anglicare-tas.org.au

Client details:

Title: Given name:

Surname:

Address:

Suburb: Post code:

Phone: Date of birth:

Client consent obtained: Lives alone: Yes No

If No - what is the relationship to the person or people in the house:

Accommodation:

Own home Private rental Public rental Other

Country of birth: Preferred language:

ATSI origin:

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Not Aboriginal or Torres Strait Islander

Pension type:

Next of kin/Emergency contact:

Name: Relationship to client:

Phone:

Diagnosis and health conditions / history

Details if known:

Current services in place (eg: home care or allied health)

Presenting issue(s) and reason for referral:

Please provide any known risks or hazards below:

GP:

Clinic: Phone:

Referrer:

Phone: Work unit:

Email: